



Bapuji Educational Association (R.)

COLLEGE OF DENTAL SCIENCES

IQAC

INTERNAL QUALITY ASSURANCE CELL



Best practices: 1

Title –Aiding the cleft lip & palate infants treatment by Presurgical nasoalveolar moulding

Objective –

Nasoalveolar molding represents a paradigm shift from the traditional methods of presurgical infant orthopedics.

NAM works on the principle of “Negative sculpturing” and “Passive molding”. In negative sculpturing serial modifications are made to the internal surfaces of the molding appliance with addition or deletion of material in certain areas to get desired shape of the alveolus and nose.

The principal objective of presurgical nasoalveolar molding (NAM) is to reduce the severity of the initial cleft deformity. This enables the surgeon and the patient to enjoy the benefits associated with repair of cleft deformity that is of minimal severity. These goals include lip segments that are almost in contact at rest, symmetrical lower lateral alar cartilages, and adequate nasal mucosal lining, which permits postsurgical retention of the projected nasal tip. Additional objectives of NAM include reduction in the width of the alveolar cleft segments until passive contact of the gingival tissues is achieved.

The context –

Despite the advancement in nasoalveolar molding the usage of it remain less due to incognizance of it towards the procedure as well as its technique sensitivity and planning. Health services are focused towards emergency health services and not in peruse of rehabilitative measures. Despite the increase in the number of dental colleges in India, there are reduced number of clinicians who are well versed in handling the usage of appliance.

The major crisis faced is to educate and make the parents of the CLCP patients, aware of the importance of them approaching a pedodontist as early as possible.

In the practice, procuring impression trays for the patient is difficult. While fabricating care should be taken not to allow acrylic to penetrate into the palatal cleft region

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to allow the closure of the gap. The most common problems observed during NAM therapy are irritation to the oral mucosa, gingival tissue or nasal mucosa. Also even the parents are educated and persuaded for the treatment, there are a lot of hindrances faced to get the patients for follow-up visits.

The practice –

The practice of NAMS in dental colleges promises to provide the society with healthcare specialist who can help the patients face society better later in life.

The procedure involves initial evaluation and then an intraoral maxillary impression is taken with a silicone elastomeric impression material for the construction of the NAM plate on the stone plaster casts. Nasoalveolar molding appliance consists of an intraoral molding plate with a nasal stent, and adhesive tapes used across the upper lip segments. The palatal plate is made of acrylic resin. Care is taken not to allow acrylic to penetrate into the palatal cleft region to allow the closure of the gap. The appliance is retained with surgical adhesive tapes attached to both cheeks. Adjustment of the palatal plate is done weekly by removing hard acrylic and adding soft acrylic liner to move the alveolar segments to the desired area in order to reduce the alveolar cleft (AC) width. In bilateral cleft patients, firstly the premaxilla is derotated and the expansion of the palatal arch is aimed to permit the premaxilla for retraction and alignment. Adhesive tapes are placed by parents on the lip segments to adduct the lip segments and also narrow the alar base of the cleft segment. The need for periodic follow-up is emphasized to all of the parents. When the width of the AC is decreased to at least 5 mm, a nasal stent is added to the acrylic plate to reshape the nasal cartilages. The treatment is terminated when the columella is sufficiently lengthened, the nasal tip moved toward the midline and the AC narrowed. The mean treatment duration of the NAM therapy is 3.3_1.3 months in UCLP group, whereas that of the BCLP group is 3.7_1.6 months. Model casts are obtained before and at the end of the NAM therapy.

Evidence of success –

The benefits of NAM are numerous. In the short term, the tissues are well aligned before primary lip and nose repair, which enables the surgeon to achieve a better and more predictable outcome with less scar tissue formation.

In the long term, studies indicate that the change in nasal shape is stable with less scar tissue and better lip and nasal form. This improvement reduces the number of surgical revisions for excessive scar tissue, oronasal fistulas, and nasal and labial deformities.

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With the alveolar segments in a better position and increased bone bridges across the cleft, the adult teeth have a better chance of erupting in a good position with adequate periodontal support. Studies have also demonstrated that 60% of patients who underwent NAM and gingivoperiosteoplasty did not require secondary bone grafting. The remaining 40% who did need bone grafts showed more boneremaining in the graft site compared to patients who have had no gingivoperiosteoplasty. Fewer surgeries also result in substantial cost savings for families and insurance companies.

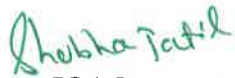
Problems encountered and resources required –

There is a lack of education regarding NAMS in the society due to lack of awareness amongst the medical professionals themselves. The health care community belonging to namely gynaecologists, pediatricians, surgeons etc. should ideally be educated regarding the same so as to refer CLCP patients to pedodontists for an early intervention in the correction of the same. Thus it reduces the number of surgeries the patients undergo later in life and has a better appearance when compared to those with surgical correction.

Notes –

In College of Dental Sciences, Davangere, the post graduate students are trained in nasopalveolar moulding.

Nasopalveolar molding has significantly improved the surgical outcome of cleft lip and palate patients. Studies have proved that molding used to decrease the cleft abnormality does not constrain midfacial growth. Despite a lot of research and high-level evidence, nasopalveolar molding still deserves further study.



IQAC co-ordinator



Principal

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Best practices: 2

Title of the practice: Tobacco deaddiction – timely approach to stop oral cancer

Objectives:

- A. To detect harmful effects of tobacco use which can be clinically apparent in the oral cavity quite in the early stages of use.
- B. To motivate the individuals with tobacco addiction to quit the habit by conducting habit counselling.
- C. To create awareness against tobacco consumption and thereby create a tobacco-free environment.
- D. To identify young adolescents who are at the risk of developing habits and educating them against the ill-effects of tobacco and preventing them from getting entangled in the claws of adverse habits.
- E. To identify females of childbearing age and educate them of the dangers of both active and passive exposure towards tobacco during pregnancy.

The Context/ Challenges Faced:

Despite, the knowledge and the concerted preventative efforts at both national and state level tobacco still threatens the health and wellbeing of many individuals and those individuals exposed to a smoking environment. Smoking or chewing tobacco can seriously affect oral, as well as general health and tobacco consumption is one of the main causes of oral cancer, a serious and growing worldwide problem. In our context the challenges faced were:

- A. Persuading the patients to attend the tobacco cessation counselling
- B. Lack of response and co-operation from few patients to attend regular counselling sessions.

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The Practice:

Dentists are in a unique position to educate and motivate patients concerning the hazards of tobacco to their oral and systemic health, and to provide intervention programs as a part of routine patient care. Strategies for tobacco cessation involves 5 A's and 5 R's approach, quit lines and pharmacotherapy. The five A's: Ask, Advise, Assess, Assist and Arrange and five R's: Relevance, Risk, Rewards, Repetition, Roadblocks were effectively use in helping the patients to quit the habit. In addition to this tobacco awareness leaflets, brochures, continuing patient education materials regarding tobacco cessation was made available to patients.

The patients were segregated into two groups.

The individuals who reported with symptoms and signs associated with the usage of tobacco related products who sought the treatment for the symptoms they presented with and also for quitting tobacco and willing to undergo treatment for the lesions.

The individuals who came with the complaint other than the tobacco usage and who were eventually identified to have had the adverse habit of tobacco consumption.

The methods of counselling and therapy for the individuals belonging to above groups were planned according to the need of the patients.


Counselling done by displaying educational material depicting the pictures and information about the ill effects of tobacco consumption.

Evidence of Success:

About 75% of the patients who attended the counselling and therapy reported to have quit the habit.

Problems Encountered and Resources Required:

- Following up of patients and keeping track of their abstinence from tobacco
- Lack of long term co-operation from the patients in giving feedback about the received counselling and therapy
- Professional and personal constraints faced by the patients in turning up for further assessment of their oral health condition.


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