Preface

Orthodontics for the Oral and Maxillofacial Surgery Patient

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Editors

The specialties of Oral and Maxillofacial Surgery and Orthodontics are intimately related. In fact, it can be stated that, in many cases, “an Oral and Maxillofacial Surgeon (OMFS) is only as good as their Orthodontist.” This relationship and collaboration between these 2 specialties are critical to the success of the orthodontist and surgeon, and, in turn, the success of their patient. This could not be more evident than in the field of orthognathic surgery, where the outcomes, and, in actuality, the frank ability of the surgeon to perform the procedure are dictated by the level of appropriate orthodontic preparation of that patient, based upon an initial, and evolving, treatment plan determined by the surgeon, orthodontist, and patient.

However, the basic principles and clinical relevance of orthodontics to orthognathic surgery are often overlooked in an Oral and Maxillofacial Surgery residency training program. The rationale, planning, and execution of the orthodontic component of a combined orthodontic-oral and maxillofacial treatment are often lacking in the education of an OMFS surgeon and is often secondary to the attainment of surgical knowledge. The lack of appreciation for this crucial collaboration between specialties would be similar for dental implant surgery in which the OMFS trainee who does not understand or appreciate the prosthetic components of those combined treatment approaches. Therefore, the development of this critical relationship may be delayed or inhibited from the outset and difficult to incorporate into the treatment paradigm at a later time. This relationship and knowledge of each other’s specialties capabilities and limitations are essential, not only for orthognathic surgery and management of dentofacial deformities but also, for example, in the case of management of impacted teeth, the use of techniques for skeletal anchorage, the diagnosis and relevance of obstructive sleep apnea, and the need for adjunctive procedures, such as aesthetic facial surgery. In addition, a knowledge of dentofacial orthopedics and other common orthodontic maneuvers and techniques will allow the OMFS surgeon to...
make more informed and appropriate decisions in the management of the “growing” patient. Therefore, we set out to produce a clinical reference for orthodontists and OMFSs in training and in clinical practice.

This issue of the *Oral and Maxillofacial Surgery Clinics of North America* is the first of a 2-part series. The second issue, “Orthodontics for the Craniofacial Surgery Patient,” is intended to build upon the foundational framework of the information presented in this issue, however, with a further application of these principles to a more complex patient population—those patients with craniofacial anomalies, facial clefts, craniofacial dysostoses, and other congenital and acquired anomalies of the head and neck.

To accomplish our goal of providing current collaborative practice guidelines and engaging those individuals who we deemed to be authorities on the orthodontic and surgical aspects of the proposed topics, we utilized a unique approach in author recruitment. We solicited both an orthodontist and an OMFS, deemed to be an expert in each of their respective fields, to coauthor each article in a collaborative fashion. These individuals were chosen without concern of their institutional origin to avoid potential single-institutional bias in practice philosophies. This was an incredibly challenging endeavor since most clinicians are most experienced in publishing their literature with the team with whom they practice. Despite the potential risks of not identifying compatible authors, all of the authors graciously and enthusiastically accepted the invitation to be part of this project and looked forward to establishing a new relationship, and working with, another author with whom they may or may not have had the chance to interact with in the past. We believe that this unique approach to authorship for this issue highlights the importance of the collaboration between the orthodontist and OMFS and led to the production of this unique text produced herein. We thank all of those who have contributed as they are the value of this unique text.

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