

Orthodontic Managements of Postoperative Complication

Eric Liou

What would you do when there is postoperative relapse of mandibular prognathism or maxillary hypoplasia, a persisting or gradual deviation of mandible or occlusal cant after surgery, or a postoperative bimaxillary protrusion profile in Class II or III patients? Could second orthognathic surgery be acceptable for patients, although it might be the easiest way to solve? Non-surgical postoperative orthodontic managements for solving the above mentions are difficult but could be an alternative. The purpose of this presentation is to illustrate the orthodontic alternatives in managing the postoperative complications or relapse without second orthognathic surgery.

Surgery First for Mandibular Retrognathism or Class II Patients

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It has been almost well developed for the surgery first approach in patients with Class III malocclusion, facial asymmetry, or bimaxillary protrusion, since it is relatively simpler and easier to setup a postoperatively orthodontic treatable malocclusion without compromising the postoperative jaw relationship and facial profile. To change a Class III facial profile into a straight profile with an excessive overjet could be acceptable. However, to change a Class II profile into a Class III profile with protrusive lower lip and anterior cross bite could be unpleasant and not acceptable by patients. This presentation is to illustrate the setup of a postoperatively pleasant facial profile with an orthodontic treatable malocclusion in patients with mandibular retrognathism or Class II malocclusion.