

# **Surgical Planning of Bimaxillary Protrusion - from the Perspective of an Orthodontist**

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Bimaxillary protrusion is a common dentofacial pattern in the Asian population. It is characterized by protrusive and proclined incisors, procumbency of lips, and convex profile. The negative perception of protrusive dentitions and lips are the primary reasons for patients to seek the treatment. Meanwhile, the enhancement of facial esthetics far more than dental esthetics and function is of concern to patients with bimaxillary protrusion. Before making a proper treatment decision, it is reasonable to carefully differentiate the elements of skeletal and/or dentoalveolar problems. In patients who have only dentoalveolar protrusion, it is well accepted that the extraction of bicuspids followed by orthodontic retraction of anterior teeth using temporary anchorage devices. Additionally, surgical correction with anterior subapical setback is required when skeletal prognathism is predominant. In certain cases, total maxillary setback and rotational movement of maxilla-mandibular complex is an alternative when extraction of teeth is not applicable or unnecessary. In addition to assess dentofacial triats, we should consider the limitation of treatment, patient's age, perception of severity and the influence on sleep function while planning the treatment. In the session, we would like to share our experiences of pre-treatment assessment and specific considerations of planning.