

BÖLÜM 9

Ortognatik Cerrahiye Hazırlık

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GİRİŞ

Ortognatik cerrahi, iskeletsel maloklüzyonların, dentofasiyal deformitelerin ve ilişkili fonksiyonel bozuklukların düzeltilmesinde sıklıkla tercih edilen tedavi yöntemidir. Cerrahi öncesi ortodontik hazırlık, postoperatif stabiliteyi artırmak, relaps riskini azaltmak ve cerrahi sonrası iskeletsel uyumu desteklemek için kritik öneme sahiptir. Bu aşamada oklüzal ilişkilerin doğru konumlandırılması, dental kompensasyonların düzeltilmesi ve cerrahi sonrası iskeletsel uyumun desteklenmesi temel hedeflerdir. Dentoalveolar dekompanseasyon, kompanseatuvar diş hareketlerini düzelterek iskeletsel ilişkilerin doğru şekilde ortaya çıkarılmasını ve cerrahi düzeltimin kolaylaştırılmasını sağlar. Hazırlık aşamasında kesici dişlerin sagittal pozisyonu ve inklinasyonu, arkların seviyelenmesi, transversal uyumun sağlanması ve oklüzal interferenslerin ortadan kaldırılması cerrahi planlamanın doğruluğunu etkilemektedir. Açık kapanış olgularında seviyeleme çoğunlukla bölümlü arklarla yapılmalı, segmentlerin cerrahi sırasında düzeltilebilmesine olanak tanınmalıdır. Alt arka spee eğrisinin artmış olduğu vakalarda, seviyelemenin kesici diş intrüzyonu veya premolar ekstrüzyonu ile yapılması kararı istenen son yüz yüksekliği göz önünde bulundurularak verilmelidir. Cerrahi hazırlık süreci; ayrıntılı klinik ve radyografik muayene, sefalometrik analizler, üç boyutlu görüntüleme yöntemleri, model cerrahisi, dijital simülasyon tekniklerinin entegrasyonu ile şekillenmektedir. Sonuç olarak cerrahi öncesi hazırlığın titizlikle yürütülmesi komplikasyon risklerini azaltmakta, cerrahi sonrası stabiliteyi ve hasta memnuniyetini arttırmaktadır. Ayrıca periodontal sağlık, temporomandibular eklemler fonksiyonlarının değerlendirilmesi ve oral hijyenin optimize edilmesi, komplikasyonların önlenmesine katkıda bulunmaktadır. Multidisipliner bir yaklaşım, ortognatik cerrahinin uzun dönem başarısının en önemli belirleyicilerinden biridir.

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- * Sefalometrik cerrahi planlama için manuel asetat çizimi teknikleri, foto sefalometrik yöntem, bilgisayarlı sefalometrik tahmin, video sefalometri ve üç boyutlu sefalometrik tahmin kullanılabilmektedir.
- * Maksiller genişletme en az stabil olan ortognatik cerrahi prosedürdür.

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