

THE EFFECT OF SUCTION DRAIN ON POSTOPERATIVE DISCOMFORT AFTER BILATERAL SAGITTAL SPLIT RAMUS OSTEOTOMY

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ABSTRACT

Background: Osteotomies in the ramus area produce significant tissue trauma as periosteal reflection, muscles stripping and bone cutting. These surgical insults result in postoperative pain, swelling and trismus which give rise to considerable patients' discomfort. **Objectives:** The aim of this study was to investigate the effect of placement of suction drain after sagittal split osteotomy on postoperative pain, swelling and trismus. **Methods:** A sample of 24 patients who needed sagittal split ramus osteotomy was equally divided into two groups, group (1) and group (2). In group (1) a suction drain was placed in the surgical wound for 48 hours postoperatively, while in group (2) no drain was placed. Postoperative pain, swelling and trismus were compared between both groups at one, three and seven days postoperatively. **Results:** There was significant difference between both groups regarding postoperative swelling and trismus throughout the observation period in favor of group (1) ($p < 0.05$), while there was no significant difference regarding the pain symptom. **Conclusion:** A suction drain is recommended for ramus osteotomies to reduce postoperative swelling and trismus.

INTRODUCTION

Since its introduction by Schuchardt⁽¹⁾ in 1942, the bilateral sagittal split ramus osteotomy (BSSRO) has become the procedure of choice for correction of mandibular deformities⁽²⁾. The BSSRO is a versatile technique that could be used to correct mandibular prognathism, retrognathism, asymmetry and open bite deformities⁽³⁾. The technique was

popularized by Obwegeser and Trauner⁽⁴⁾ and subjected to a lot of modifications by many others. The BSSRO technique involves extensive reflection of medial and lateral mucoperiosteum of the ramus, masticatory muscles stripping including masseter, temporalis and medial pterygoid muscles⁽⁵⁾. Also the technique involves considerable bone trauma as well. This surgical trauma increases the chance for postoperative blood ooze and fluid accumulation,

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