Evidence-based Maxillofacial Surgery

Unfavorable outcomes including complications among surgically treated maxillofacial patient's places burden on all stakeholders – the patients, the surgeon, as well as the health-care system.[1] Most of the maxillofacial techniques and surgical procedures or their perfection owe their origin to the World War.[2] The adversity that these theaters of war brought in also ushered an era of scientific and biomedical achievements.[3]

The rise of evidence-based medicine gradually extended to maxillofacial surgery.[4,5] However, there is very less research in consensus and evidence for surgical algorithms, protocols, and policies.[4] With multiple suggestions, protocols, and schools of thought, the critical missing link is the "scientifically based evidence."[5] Together in the same timeframe is the spread of technology and consumerism. As a result, the patients, health-care system, and policymakers are influenced by a surgical care outcome that is widely patient centered, technology enabled, and outcomes driven with significant benefits (for individual, provider and societal) at the cheapest price.[5] This large expectation makes complications and unfavorable results unaffordable.

In high esthetic concern zones such as maxillofacial area, often the gap between expectations and reality remains unbridgeable.[6] When this chasm or gray zone is narrow, patient and surgeons are happy, and when wide, they largely remain unsatisfied. This is one area where the past clinical experiences, documented efforts of peers, and case reports would help. Reading the experience and factoring and accounting for deficiencies would help avoid potential pitfalls and take sufficient precautions, including but not limiting to forewarning the patients. For this very effort, documenting unfavorable results in words, photographs, and videos is of vital importance.[1]

In spite of best planning and understanding, no surgery is free from unwanted and unexpected results. Persistent lifelong learning and exchange of ideas, protocols, and schools of thoughts would be needed to combat the same. In this aspect, the field needs to invest and create newer evidence, protocols, and policies.

In maxillofacial surgical practice,we would need to move from clinical experience and intuition and shift to evidence-based practice.[7] For this, I hope that in the days to come, the *Annals of Maxillofacial Surgery* will be bringing in more such evidence, protocols, and policies for maxillofacial surgical practice.

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