

KNOWLEDG, ATTITUDE, AWARENESS ON SCOPE OF ORAL AND MAXILLOFACIAL SURGERY SPECIALITY AMONG MEDICAL AND DENTAL PROFESSIONALS

- A QUESTIONNAIRE BASED SURVEY

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ABSTRACT :

Aim: The aim of this study is to assess the knowledge and awareness of oral and maxillofacial surgery among the medical and dental professionals .

Materials and Methods: A cross-sectional questionnaire-based survey consisting of 15 questions was conducted over a period of 6 months among 200 participants, including medical and dental professionals. The questionnaire assessed awareness, specialty perception, and referral preferences across various clinical scenarios. Data were analyzed using descriptive statistics.

Results: A high level of awareness of OMFS was observed (92.5%), with 93% of participants correctly identifying it as a dental specialty. The majority of respondents appropriately preferred OMFS for management of jaw fractures (94.5%), temporomandibular joint disorders (92%), orthognathic surgery (91%), and cleft lip and palate (86%). However, significant variability was noted in referral patterns for facial space infections, where only 10% selected OMFS, with most preferring ENT specialists (84%). Moderate preference was observed in areas such as dental implants (66.5%), facial aesthetic procedures (67.5%), and microvascular surgery (70.5%). High preference for OMFS was also seen in salivary gland pathologies (80.5%), head and neck cancers (85.5%), and cysts and tumors (77.5%)

Conclusion: Although general awareness of OMFS is high, inconsistencies in clinical application and referral patterns persist. Strengthening interdisciplinary education and improving awareness of the comprehensive scope of OMFS are essential to ensure appropriate referrals and optimal patient care.

How to cite this article: M Pallavi 1 P Venkata Krishna2 Dr.Ponugoti Satyanarayana Rao3Dr. Balaji Rathod4Dr J Sai Teja5 Dr.Nalluri Meghana6 Dr Shaik Mobeen7. KNOWLEDG, ATTITUDE, AWARENESS ON SCOPE OF ORAL AND MAXILLOFACIAL SURGERY SPECIALITY AMONG MEDICAL AND DENTAL PROFESSIONALS. Int J Drug Deliv Technol. 2026;16(78s):767-771. DOI: 10.25258/ijddt.16.78s.88.

INTRODUCTION : Oral and Maxillofacial Surgery (OMFS) represents a specialized branch of dentistry that integrates surgical expertise with medical knowledge to manage a broad spectrum of conditions affecting the facial region, oral cavity, jaws, and associated structures. As a discipline, OMFS encompasses a diverse range of procedures, including maxillofacial trauma management, orthognathic surgery, temporomandibular joint disorders, craniofacial deformities, oral pathology, oncology, reconstructive surgery, and cosmetic interventions.

Despite its comprehensive scope, awareness of the full range of OMFS services remains inconsistent among healthcare professionals⁽¹⁾. This lack of awareness can contribute to delayed diagnosis, inappropriate referrals, and missed opportunities for interdisciplinary collaboration—particularly in

cases where timely surgical intervention is critical. While dental professionals may have more exposure to OMFS during their academic training, the extent of understanding among medical practitioners is often limited due to the perceived dental orientation of the specialty⁽²⁾

Assessing the current level of awareness among both medical and dental professionals is vital for identifying educational gaps and improving interdisciplinary coordination⁽³⁾. Enhanced awareness not only facilitates appropriate referrals but also supports integrated patient care in areas where the specialty significantly overlaps with other medical fields.

This survey-based study was designed to evaluate the awareness and understanding of the scope of oral and maxillofacial surgery among medical and dental professionals. The findings aim to provide insights

into existing knowledge levels and highlight the need for targeted educational initiatives that promote comprehensive recognition of the specialty within the broader healthcare system.

MATERIALS AND METHODS

The short survey was conducted for a period of 6 months. An online questionnaire form containing 15 simple questions (Table 1) regarding different treatment scenarios and containing different medical specialities like Plastic Surgeon, General Surgeon, Dermatologist, ENT surgeon, OMFS, Neurosurgeon, orthopaedic surgeon, Pediatric surgeon and Dental specialists like Prosthodontist, Periodontist, and other options like not sure in the options was circulated and their responses were recorded. Around 200 responses were recorded. Out of 200 people, 61.5% were dental graduates, 12% were medical graduates, & 7% were medical specialists and 19.5% were dental specialists (fig 1). Among them 66.5% have academic practice, 16.5% have private practice and 17.5% have both academic and private practice (fig 2).

The questionnaire was intended to determine the percentage of respondents who would choose the correct speciality and also determine the percentage of awareness towards the speciality among the four groups.

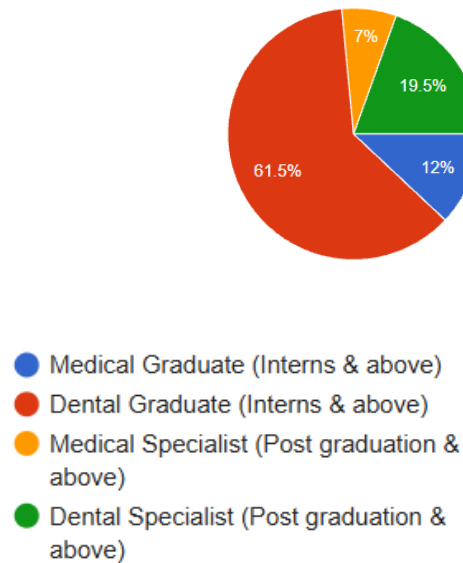
TABLE 1 : Questionnaire for awareness of OMFS speciality

1. Are you aware of the specialty Oral and Maxillofacial Surgery (OMFS)?
2. To which branch do you think OMFS Specialty belongs to?
3. Definitively management of patient with jaw bone fractures in casualty are effectively managed by?
4. Patients with facial space infections (Ludwig's angina, Cavernous Sinus thrombosis) are referred to?
5. Temporomandibular joint disorders (Ankylosis, Joint dislocations) are best treated by?
6. Cleft lip and palate repairs are executed by?
7. Aesthetic considerations of jaw deformities are best treated by?
8. Who would you prefer for oral rehabilitation (dental implants)?
9. Impactions and Extractions are best executed by?
10. Facial aesthetic procedures (Botox, fillers, hair transplantation, face lift, rhinoplasty) are best executed by?
11. Who would you prefer to treat facial trauma and deformities (Orthognathic surgery)?
12. Microvascular surgery is best executed by?
13. Pathologies of salivary gland are best treated by?
14. Head and Neck cancers are referred to?

15. Cyst and tumor is best managed by?

Profession

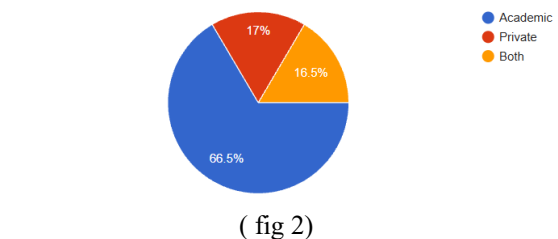
200 responses



(fig 1)

Type of Practice

200 responses



(fig 2)

RESULTS

Demographic data was analysed. A total of 200 participants responded to the survey assessing awareness and perceptions regarding the scope of Oral and Maxillofacial Surgery (OMFS). The responses of participants to the questions included in the survey was reported.

Awareness of OMFS

Out of the total 200 participants, the majority (92.5%, n = 185) reported that they were aware of the specialty of Oral and Maxillofacial Surgery (OMFS). A small proportion of respondents (5%, n = 10) indicated that they were not aware of the specialty, while 2.5% (n = 5) expressed uncertainty regarding their awareness. (fig 3)

Perceived Branch Association

When asked which branch OMFS belongs to, the majority (93%, n = 186) identified OMFS as a dental specialty. A small proportion of respondents (5%, n = 10) considered it to be a medical specialty, while 2% (n = 4) were not sure about its branch affiliation. (fig 4)

Management of Maxillofacial Trauma

For the definitive management of jaw bone fractures in casualty, an overwhelming 94.5% (n = 189) recognized the maxillofacial surgeon as the primary specialist. Only a minority identified plastic surgeons (3%, n = 6), orthopaedic surgeons (2%, n = 4), or neurosurgeons (0.5%, n = 1) as being responsible (Fig. 5).

Referral for Facial Space Infections

Regarding referral patterns for patients presenting with facial space infections such as Ludwig's angina or cavernous sinus thrombosis, striking majority of respondents (84%, n = 168) preferred referral to ENT specialists. In contrast, only 10% (n = 20) identified maxillofacial surgeons as the appropriate specialists. A smaller proportion opted for general surgeons (4%, n = 8) and neurosurgeons (2%, n = 4) for management (Fig. 6).

Clinical Preference in Management of Temporomandibular Joint Disorders

A pronounced inclination toward maxillofacial surgeons was observed for the management of temporomandibular joint disorders, with 92% (n = 184) of respondents selecting them. Orthopaedic surgeons were chosen by 6.5% (n = 13) of participants, while ENT specialists accounted for 1% (n = 2). Plastic surgeons were least preferred, representing only 0.5% (n = 1) of responses (Fig. 7).

Perception of Specialty for Cleft Lip and Palate Procedures

For the execution of cleft lip and palate procedures, a clear majority of respondents (86%, n = 172) identified maxillofacial surgeons as the primary specialists. A smaller proportion preferred plastic surgeons (10%, n = 20), while only 4% (n = 8) opted for pediatric surgeons. None of the respondents (0%, n = 0) selected ENT specialists for this procedure (Fig. 8).

Preferred Specialist for Aesthetic Correction of Jaw Deformities

Maxillofacial surgeons were most frequently selected for the aesthetic correction of jaw deformities, accounting for 88% (n = 176) of responses. Plastic surgeons were chosen by 10% (n = 20) of participants, while a small fraction preferred orthopaedic surgeons (3%, n = 6). Notably, none of the respondents (0%, n = 0) opted for general surgeons in this context (Fig. 9).

Choice of Specialist for Dental Implant Therapy

A distinct preference was observed for maxillofacial surgeons in implant-based oral rehabilitation, with 66.5% (n = 133) of participants selecting them. Prosthodontists accounted for nearly one-fourth of responses (24.5%, n = 49), while periodontists were chosen by 9% (n = 18). General dentists were also selected by 9% (n = 18) of respondents (Fig. 10).

Provider Choice for Routine Dento Alveolar Procedures

A strong consensus was observed in favor of maxillofacial surgeons for performing impactions and extractions, with 87.5% (n = 175) of respondents selecting them. In comparison, 12.5% (n = 25) of participants preferred general dentists for these procedures (Fig. 11).

Perception of Expertise in Facial Aesthetic Treatments

With regard to facial aesthetic procedures such as Botox, fillers, hair transplantation, face lift, and rhinoplasty, maxillofacial surgeons were most commonly preferred, accounting for 67.5% (n = 135) of responses. Plastic surgeons were selected by 20% (n = 40) of participants, followed by dermatologists at 10% (n = 20). Only a small proportion (2.5%, n = 5) chose ENT specialists for these procedures (Fig. 12).

Specialist Selection for Orthognathic Surgery and Facial Trauma

A clear predominance was observed in favor of maxillofacial surgeons for the management of facial trauma and deformities, with 91% (n = 182) of respondents choosing them. Plastic surgeons accounted for 6.5% (n = 13) of responses, while orthopaedic surgeons were selected by 2.5% (n = 5). Notably, none of the participants (0%, n = 0) opted for ENT specialists in this context (Fig. 13).

Perceived Expertise in Microvascular Surgery

Responses showed a clear inclination toward maxillofacial surgeons for microvascular surgery, with 70.5% (n = 141) of participants favoring them. Neurosurgeons were the next most selected group at 16.8% (n = 34), followed by plastic surgeons at 14% (n = 28). General surgeons were least preferred, accounting for only 5% (n = 10) of responses (Fig. 14).

Perception of Expertise in Salivary Gland Pathologies

An evident inclination toward maxillofacial surgeons was noted for the management of salivary gland pathologies, with 80.5% (n = 161) of respondents favoring them. General surgeons were selected by 10.5% (n = 21) of participants, while ENT specialists accounted for 5.9% (n = 12) of responses (Fig. 15).

Referral Preference for Head and Neck Cancer Management

A dominant trend toward maxillofacial surgeons was evident, with 85.5% (n = 171) of respondents indicating them as the preferred specialists for head and neck cancer cases. In contrast, general surgeons accounted for 8% (n = 16) of responses, while ENT specialists contributed 5% (n = 10). Plastic surgeons represented the smallest proportion at 2.5% (n = 5) (Fig. 16).

Observed Preferences in Treating Cystic and Tumorous Conditions

A clear preference emerged for maxillofacial surgeons in the management of cysts and tumors, accounting for 77.5% (n = 155) of responses.

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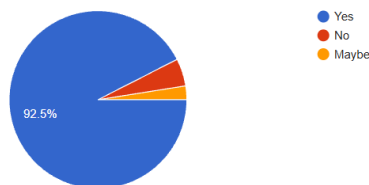
General surgeons contributed a notable share at 20.5% (n = 41), whereas plastic surgeons and ENT specialists were selected only rarely, each representing 1% (n = 2) of the total responses (Fig. 17).

TABLE 2 : The table shows the percentage of people who chose OMFS across clinical scenarios .

No	Scenario	OMFS %
1	Awareness	92.5
2	Specialty recognition	93
3	Jaw fractures	94.5
4	Infections	10
5	TMJ disorders	92
6	Cleft lip/palate	86
7	Jaw deformities	88
8	Implants	66.5
9	Extractions/Impactions	87.5
10	Aesthetic procedures	67.5
11	Trauma/Orthognathic	91
12	Microvascular	70.5
13	Salivary gland	80.5
14	Head & neck cancer	85.5
15	Cysts/Tumors	77.5

Are you aware of the specialty Oral and Maxillofacial Surgery (OMFS)?

200 responses



DISCUSSION :

The present study evaluated the awareness and perception regarding the scope of Oral and Maxillofacial Surgery among medical and dental professionals. The findings demonstrate that although overall awareness of the specialty is high, there exists a notable variation in the understanding of its comprehensive scope across different clinical scenarios.

A high level of general awareness was observed in the present study (92.5%), which is consistent with previous studies that have reported increasing recognition of OMFS among healthcare professionals ⁴. Similarly, the majority of participants (93%) correctly identified OMFS as a dental specialty. However, this also reflects a limited appreciation of its dual medical-dental nature, a concern that has been highlighted in earlier research ⁵

In terms of trauma management, an overwhelming majority (94.5%) of respondents correctly identified maxillofacial surgeons as the primary specialists for jaw fractures. This finding aligns with studies by Adeyemo et al. and Subhashraj et al., which reported high awareness of the role of OMFS in maxillofacial

trauma ^{6,7}. Likewise, strong preference for OMFS was noted in temporomandibular joint disorders (92%) and orthognathic surgery (91%), indicating good recognition of the specialty in core surgical domains.

However, a significant discrepancy was observed in the management of facial space infections, where only 10% of participants preferred OMFS, while a majority (84%) opted for ENT specialists. This finding is in agreement with previous studies that reported confusion among healthcare professionals regarding the management of deep facial infections ³. Such misconceptions may lead to inappropriate referrals and delay in definitive treatment.

With respect to cleft lip and palate (86%) and aesthetic jaw deformities (88%), a majority of respondents correctly identified OMFS as the appropriate specialty. These findings suggest moderate awareness of the reconstructive and aesthetic aspects of the specialty. Similarly, for dental implant rehabilitation, 66.5% of participants preferred OMFS, although a considerable proportion opted for prosthodontists and periodontists, reflecting overlapping domains in implant dentistry⁸.

In the domain of facial aesthetic procedures, 67.5% of respondents selected OMFS, while plastic surgeons and dermatologists also accounted for a notable share. This distribution indicates evolving but still incomplete recognition of the role of OMFS in cosmetic procedures. Furthermore, for microvascular surgery, 70.5% of participants preferred OMFS, though responses were also distributed among neurosurgeons and plastic surgeons, suggesting partial awareness of advanced reconstructive capabilities.

A high level of preference for OMFS was observed in the management of salivary gland pathologies (80.5%), head and neck cancers (85.5%), and cysts and tumors (77.5%). These findings are consistent with previous literature emphasizing the expanding role of OMFS in oncologic and pathological conditions ¹.

Overall, the results indicate that while awareness of OMFS is substantial, there remains inconsistency in referral patterns, particularly in areas such as infections and interdisciplinary procedures. This highlights the need for improved integration of OMFS education in both medical and dental curriculum, along with enhanced interprofessional collaboration.

CONCLUSION

These findings emphasize the need to move beyond mere awareness toward strengthening application-based clinical knowledge. Integrating focused OMFS training into undergraduate medical and dental curriculum, along with regular continuing education programs and interdisciplinary learning, can help address existing gaps. Additionally, increasing awareness among general practitioners

through initiatives by organizations such as the Association of Oral and Maxillofacial Surgeons of India and Dental Council of India is essential. The development of clear referral protocols and promotion of collaborative practice will further enhance patient care and optimize treatment outcomes.

SOURCE OF FUNDING AND CONFLICT OF INTEREST

None .

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CONCLUSION :

SOURCES OF FUNDING AND CONFLICT OF INTEREST

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