



The nation's network

## **Orthognathic Surgery**



We would like to invite you to complete a Quick Poll on orthognathic surgery. Its purpose is to identify knowledge and management of dentofacial deformities within the dental community.

## What is your area of expertise:

- General dentist
- Periodontist
- Orthodontist
- Prosthodontist
- C Endodontist
- Pediatric dentist
- Maxillofacial radiologist
- Orofacial pain specialist
- Oral & Maxillofacial Surgery (OMFS)

In the last 5 years, how many of your patients have undergone orthogonathic surgery?

- C <5
- C 6-10
- O 11-15
- C 16-20
- C 20+

When managing a patient with a clear dentofacial deformity or facial asymmetry, my primary

referral for further evaluation would be:	
0	Orthodontist
O	Primary care physician/Pediatrician
O	Oral & Maxillofacial Surgeon (OMFS)
O	Plastic Surgeon
O	Other
When managing a patient with a history of obstructive sleep apnea, my primary referral for further evaluation would be:	
O	Otolaryngology (ENT)
O	Primary care physician
O	Oral & Maxillofacial Surgeon (OMFS)
O	Sleep medicine
O	Dental sleep medicine
0	Other
Please select which of the following that you strongly agree with: (Check all that apply)	
	Orthognathic surgery is only indicated for dental malocclusions.
	Orthognathic surgery is an evidence-based treatment option for obstructive sleep apnea.
	Orthognathic surgery will require a patient's jaw to be wired shut.
	Orthognathic surgery can only be performed safely in teenagers and young adults.
□ well	Orthognathic surgery is expected to significantly impact a patient's psychological sense of self image and -being.
	Orthognathic surgery is expected to affect upper airway size or breathing.
	Orthognathic surgery to correct malocclusion is expected to positively affect speech, chewing, and long- n dental health.
	Orthognathic surgery is very risky in patients with a history of cleft lip/palate.
	Orthognathic surgery is only rarely covered by medical insurance.
	Submit Survey

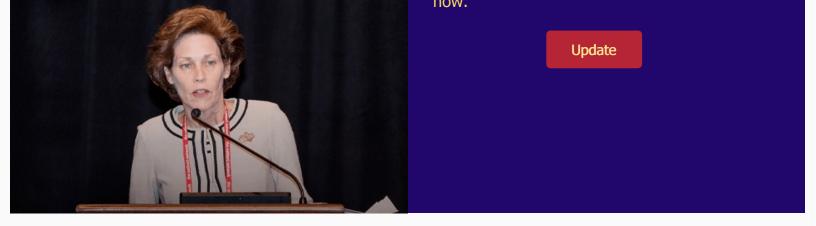
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