



## ASSESSMENT OF POSTOPERATIVE OUTCOME AND PATIENT'S LIFE QUALITY AFTER DIFFERENT ORAL SURGERY PROCEDURE

CENA DIMOVA, MILKA ZDRAVKOVSKA,

KATERINA ZLATANOVSKA, JULIJA ZARKOVA, SANJA NASKOVA, SARITA KADROVA

### INTRODUCTION:

Apicectomy has become an integral part of a comprehensive dental treatment. Generally, endodontic surgery is required to retain teeth that have persistent periradicular pathosis after conservative root canal treatment. The primary objective of apicectomy is to eradicate the etiological agents of periapical pathoses and to restore the periodontium to a state of biologic and functional health.

### AIM:

The aim of this study was to evaluate patient postoperative outcome and quality of life after different oral surgery procedures in everyday practice.

### MATERIAL and METHOD:

The study consisted of 60 patients referred for oral surgical treatment cystectomy, operative extraction of impacted tooth and sinus plastic. Two operator were carrying out the treatments. All patients were given a questionnaire with 6 questions to evaluate their quality of life for 10 days after the oral surgery interventions.

The patient's answers were referred as: not at all -1; very little -2; some- 3; quite a bit – 4; very much-5). An equal number of patients were assigned to each group. Group 1 was treated by apicoectomy, Group 2 was treated by apicoectomy with semilunar flap design. The average time needed for completion the surgical procedure was approximately 70 minutes. The statistical evaluation included descriptive and analytical methods.



Cystis radicularis and sinus proccidens  
(Th: Cystectomy and sinus plastic)



Dens semiimpacta  
(Th: Extractio operativa)



Cystis radicularis  
(Th: Cystectomy)

Table I. Quality of life questionnaire

Day 1-10	Not at all	(1)
	Very little	(2)
	Some	(3)
	Quite a bit	(4)
	Very much	(5)

Taking any pain-killers
Difficulties with mouth opening?
Difficulties with chewing
Difficulties with eating
Difficulties with speaking?
Missed work/school?

### RESULTS:

The average time needed for completion the surgical procedure was approximately 70 minutes. The results showed that patients with cystectomy reported significantly more pain and took significantly more analgesics, as well as the patients with extracted impacted molars reported significantly more difficulty in mouth opening, mastication, and the ability to speak.

Question	1day	2day	3day	4day	5day	6day	7day	8day	9day	10 day
1. Taking any pain-killers	2,9(±2,7)	2,9(±1,9)	2,7(±1,5)	2,6(±1,5)	2,5(±1,1)	2,1(±1,0)	1,6(±0,9)	1,3(±0,1)	1,1(±0,3)	1,1(±0,2)
2. Difficulties with mouth opening?	2,1(±1,9)	2,0(±1,8)	2,0(±1,6)	1,9(±1,4)	1,5(±0,3)	1,4(±0,4)	1,3(±0,2)	1,2(±0,2)	1,0(±0,2)	1,0(±0,1)
3. Difficulties with chewing	2,2(±1,9)	2,0(±1,8)	1,9(±1,6)	1,8(±1,4)	1,5(±0,2)	1,3(±0,4)	1,2(±0,2)	1,2(±0,2)	1,0(±0,2)	1,0(±0,1)
4. Difficulties with eating	2,0(±1)	2,1(±0,9)	1,8(±0,3)	1,8(±0,3)	1,7(±0,3)	1,3(±0,3)	1,3(±0,1)	1,2(±0,2)	1,1(±0,1)	1,1(±0,1)
5. Difficulties with speaking?	1,8(±0,3)	1,8(±0,3)	1,5(±0,4)	1,3(±0,3)	1,3(±0,3)	1,2(±0,1)	1,1(±0,1)	1,3(±0,1)	1,1(±0,1)	1,1(±0)
6. Missed work/school?	3,8(±1,9)	3,2(±1,8)	3,3(±1,3)	2,8(±1,3)	2,8(±1,1)	2,5(±1,3)	2,3(±0,3)	2,1(±0,8)	1,3(±0,3)	1,3(±0,1)

**CONCLUSION:** High incidence of symptoms were reported by the patients in both groups. There were no significant differences found in the distribution of patients according to age, gender, periradicular diagnosis, and site of operation between the two groups. The apicoectomy procedure using semilunar flap design provided significantly less postoperative pain, but more difficulties in mouth opening, mastication, and the ability to speak immediately postoperatively.