Bedfordshire and Hertfordshire Priorities forum statement
Number: 11
Subject: Mandibular or maxillary osteotomy
Date: February 2016
Date review due: February 2019

GUIDANCE

This statement applies to osteotomies as an elective procedure in orthognathic surgery for patients with dentofacial deformities. These include severe facial asymmetries, anterior-posterior and vertical jaw discrepancies. An osteotomy is often the only suitable treatment option for the select group of patients who have severe facial deformities, beyond the scope of non-surgical orthodontics[1].

The evidence supports the use of maxillary and mandibular osteotomies as an elective procedure in orthognathic surgery, but consists mainly of clinical and literature reviews. All common types of facial osteotomy have been shown to provide a predictable and stable correction of facial malformations, with little relapse.

Osteotomies are only one aspect of the multidisciplinary care required for this type of patient. Preparatory surgery may be needed and preoperative orthodontic treatment is almost always a necessity. Case selection and treatment planning must be a rigorous, multidisciplinary process if treatment is to be a success. Treatment is successful when the occlusal (biting) relationships of the teeth are corrected and satisfactory facial aesthetics are achieved[1.]

Osteotomies should continue to be provided for adult patients with any of the features below:

I. A significant jaw size discrepancy which is causing functional problems or psychological distress (please see footnote)
II. Severe facial deformities
III. Congenital defects of the head and face e.g. cleft-associated defects

Patients must also have:

I. A suitable psychological profile with realistic expectations
II. Good motivation, as reflected in their clinical record of attendance

[1] Proffitt WR, White RPJr. Saver DM 2003 Contemporary Treatment of Dentofacial Deformity *Mosby* pp. 2-27

Human Rights and Equalities Legislation has been considered in the formation of this statement.