AIM

Orthognathic surgery is becoming a common treatment alternative in the correction of dentofacial deformities. Aesthetic improvement has been reported to be a strong motivating factor for many persons who decided to undergo orthognathic surgery. Even though orthognathic treatment changes the dentofacial disharmony, many patients refrain from surgery or select orthodontic treatment only. The aims of the study to evaluate psychological/social/economical factors for selection of orthodontic treatment, selection both surgical orthodontic treatment and refrain from both treatment.

METHODOLOGY

Patients with dentofacial deformities with an indication for orthognathic intervention in the year 2013-2016 were included in the study. Patients were evaluated with cephalogram using COGS analysis by Burstone et al. A questionnaire proforma was given to the patients and were asked to self complete the questionnaire. 52 patients were included in our study. Out of 52 patients 17 were male and 35 were female patients. All 52 patients were asked to self complete the questionnaires. The questionnaires contain demographic data and 5 oral health related quality of life questionnaire and 20 orthognathic quality of life questionnaire. The questionnaire was evaluated and statistically assessed.
RESULTS

The present study was conducted to evaluate the psychological/social/economical factors which influence them to make decision for surgical treatment and refrain from treatment. In our study no female and male difference for selecting particular treatment and declining particular treatment was found. People with younger age group (20-23 years) were willing to undergo surgical orthodontic treatment and more mandibular angle and mandibular retrusive patients selected surgical orthodontic treatment whereas maxillary protrusive patients select orthodontic treatment. There was correlation between psychological factor and social factor selection of orthodontic treatment in our study. Many patients refrain from any type of treatment because of psychological and economic factors.

CONCLUSION

A patient wants a cure but none will enjoy the surgical procedure. Even though patients have skeletal disharmony most of them refrain from treatment due to psychological factor (risk of nerve injury, fear and discomfort of surgery, unwanted side effect) and cost factor. To overcome this difficulties patients motives and fear are explored during consultation and surgeons must work hard and make surgical treatment are more affordable and reinforce the importance and value of orthognathic surgery to insurance providers and make better arrangement for financial assistance.

KEYWORDS: Orthognathic surgery, psychological factor, social factor, economic factor.