



enhance
HEAD NECK REHABILITATION

THE HEAD AND NECK
RECONSTRUCTION SUMMIT
Venue: OT Session - MJM Hospital, Pune | 15th & 16th December 2017
Conference - Crowne Plaza, Pune | 17th December 2017

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CONFERENCE-OUTREACH REPORT

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<p>PRESENTATION WITH LIVE RECORDED VIDEOS Prefabrication of Fibular Flaps for secondary mandibular reconstruction- Integrating Resection, Reconstruction, Prosthetics, Digital Technology and 3D Printing for enhanced patient outcomes.</p>		
<p>PRESENTATION WITH LIVE RECORDED VIDEOS Zygomatic implants: An alternative to free flaps for maxillary defects.</p>	<p>PRESENTATION Digital Technology in Maxillofacial Prosthodontics.</p>	<p>PANEL DISCUSSION Trismus: Concerns, current concepts of management: surgical and prosthetic.</p>
<p>PANEL DISCUSSION Maxillary Cancers, Mandibular Cancers: Integrating Resection, Reconstruction, Prosthetic Rehabilitation.</p>	<p>DEBATE Intra-Op Dental Implants are the standard of care in Oral Malignancy cases.</p>	<p>DEBATE Use of Neoadjuvant Chemoradiation for management of early Oral Malignancies is a useful modality also facilitating earlier prosthetic rehabilitation.</p>

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The aim of the multidisciplinary meeting was to showcase the multidisciplinary effort required to treat head and neck oncology patients. The definition of 'cure' in head and neck oncologic treatment is slowly transforming from mere disease control and extending to include reconstruction and rehabilitation. Quality of Life is slowly becoming the new parameter to gauge success of Head and Neck Oncologic Care.

“We Pledge to offer functional rehabilitation to every head and neck cancer patient we encounter”

-Every delegate at the conference



This Meeting aimed to integrate Oncosurgery, Plastic Reconstructive Surgery, Maxillofacial Prosthodontics, Dental Implantology, Advanced Digital Technology and 3D Printing.

The Meeting was supported by

International Organisations:

- International Society for Maxillofacial Rehabilitation (ISMR)
- Union for International Cancer Control (UICC)
- International Academy for Oral Oncology (IAOO)
- International Journal of Maxillofacial Prosthetics (IJMP)

National Organisations:

- Foundation for Head and Neck Oncology (FHNO)
- Indian Prosthodontic Society, Pune Branch (IPS-P)

Sponsors:

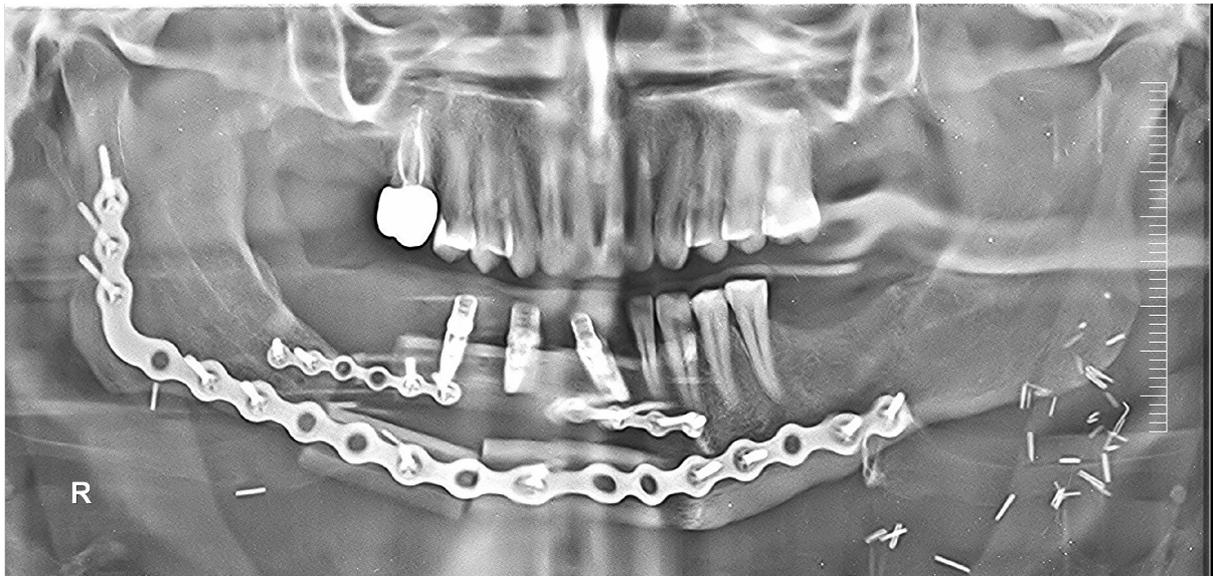
- Nobel Biocare
- Imaginarium
- Riddish Fortuna (Dealer for Stryker)
- Individual Donors through the ISMR

The following activities were conducted during the programme

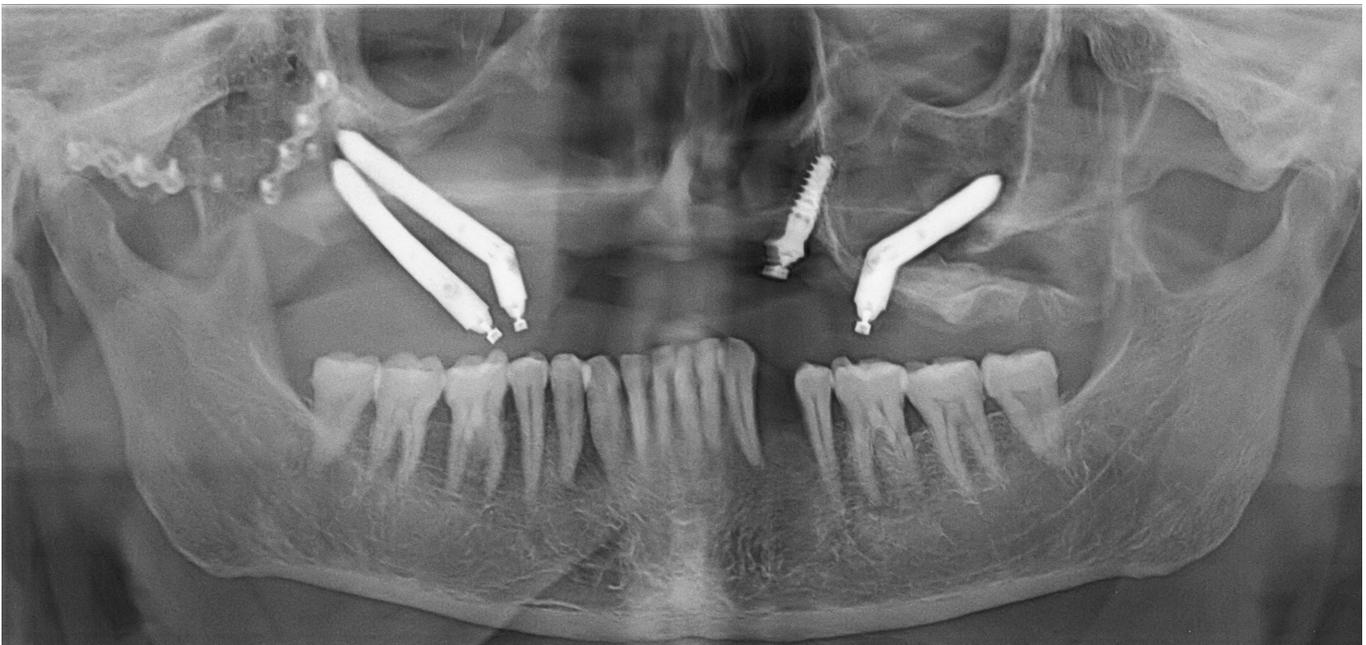
15th,16th Dec.2017: OT Sessions-ISMR Outreach Programme.

2 patients were treated to practically showcase the multidisciplinary effort required for management of patients with maxillofacial defects.

- **Prefabrication of fibular flap to treat secondary reconstruction of a mandibular defect:** Stage 1 was conducted by Dr. Srinivasan, Prosthodontist and Dr. Vishwanath Jigjinni, Plastic Surgeon on 1.11.17. Stage 2 was done by Dr Dennis Rohner, Reconstructive Surgeon, along with Drs Srinivasan and Jigjinni. As planned, a double barrel fibula was used to reconstruct the mandible along with teeth. The patient is doing well and a definitive prosthesis would be given to the patient after 3 months. The backend virtual planning was done by Mr. Joep Kraema from the University Medical Centre Groningen and Dr. Dennis Rohner. We had 2 delegates who attended this case in the OR and learnt the techniques at close quarters.



- **Zygomatic Implants as a viable alternative to free flaps to treat maxillary defects:** A patient with a previous history of maxillectomy for a mucormycosis presented with a functional obturator prosthesis. His dentition was however failing, making him a good candidate for the use of zygomatic implants along with a temporalis flap to cover the maxillary defect. A temporary prosthesis was fabricated based on his existing obturator. His residual dentition was extracted and 3 zygomatic implants along with a single implant were inserted. Temporalis flap was used to cover the defect and fat from the abdomen was used along with a mesh to prevent temporal hollowing. The temporary prosthesis, needing some adjustments could not be inserted immediately due to lack of lab support. We had 4 delegates in the OR for this case, following the proceedings.



The objective of the outreach programme was not just to treat 2 patients and showcase the kind of impact that prosthetics and reconstructive surgery can achieve but also to enable technology transfer to more professionals so that an ongoing service exists.

17th Dec.2017: CONFERENCE

The conference was held at the Crowne Plaza hotel, Pune and attracting **over 100 delegates** comprising of a mix of Oncosurgeon, Head and Neck Surgeons, ENT Surgeons, General Surgeons, Maxillofacial Surgeons, Prosthodontists, General Dentists and Radiation Oncologists.

The deliberations comprised of a mix of presentations, panel discussions, debates and also a panel discussion comprising of rehabilitated patients to be able to understand patients' perception to rehabilitation.

The conference included a signature campaign wherein all delegates pledged their support to head and neck cancer rehabilitation.

All sponsors and supporting organisations got good visibility amongst the audience.

The topics addressed included different aspects of head and neck oncologic treatment emphasising on a multidisciplinary approach to care. The programme ran on time from the beginning with all speakers sticking to their respective time slots.

The registration process of the conference was paperless with registrations being done via a payment gateway. The registered delegates received an instant confirmation on payment by email and sms with a unique barcode to each delegate.

The conference was well promoted via different channels including emails, whatsapp and social media (Facebook, LinkedIn and Twitter) resulting in an effective reach to both the public and professionals alike. As a result there were numerous queries from the public regarding these procedures, fulfilling our objective of creating an awareness amongst the public as well.



Rehabilitated patients speak

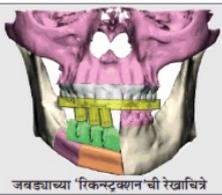
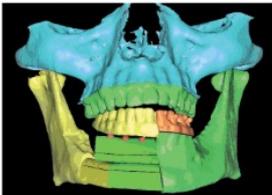


Conference Organisers Dr-Mr/Ms Srinivasan with Key note Speaker Dr.Dennis Rohner

पायाच्या हाडांचा वापर करून जबड्याचे 'रिकन्स्ट्रक्शन'

पुणे : तोंडाच्या कॅन्सरमुळे खराब झालेल्या खालच्या जबड्याच्या 'रिकन्स्ट्रक्शन'साठी मुंबईच्यातील पायाच्या हाडांचा वापर करून नव्या तंत्राद्वारे जबडा बसविण्यात आला. दोन वर्षांनी होणारी ही प्रक्रिया अचूक सहा आठवड्यांत करण्यात पुण्यातील दंतवैद्यकाला यश आले आहे. त्यामुळे जबड्यासह दातांचे पुनर्संजन झाल्याने पुन्हा जगण्याची संधी मिळाली.

रिवाजतुलंड येथील ज्येष्ठ दंत वैद्यक डॉ. डेनिस रोहर यांनी विकसित केलेल्या तंत्राच्या आधारे २८ वर्षांच्या पेशंटचे 'रिकन्स्ट्रक्शन' करणे शक्य झाले. या व्यक्तीला तोंडाचा कॅन्सर आला होता. कॅन्सरमुळे दोन वर्षांपूर्वी खालचा जबडा काढण्यात आला होता. त्यावेळी झालेले रिकन्स्ट्रक्शन हे अयशस्वी झाले होते. त्यामुळे पेशंटला खालचा येत नव्हते तसेच तोंड सहजपणे उघडता येत नव्हते. डॉ. रोहर यांनी शोधलेल्या तंत्राचा वापर करण्यात आला. हे ऑपरेशन डॉ. रोहर यांच्यासह पुण्यातील दंतवैद्यक डॉ. बी. श्रीनिवासन, तसेच प्लास्टिक सर्जन डॉ.



जबड्याच्या 'रिकन्स्ट्रक्शन'ची रेखाचित्रे

विश्वनाथ शिन्नी यांनी केले. 'डॉ. रोहर यांच्या तंत्रानुसार संगणकानुसार ऑपरेशनचे नियोजन करण्यात आले. त्याकरिता परदेशातील सॉफ्टवेअरद्वारे कॅन्युअल आणि श्रुद्धी प्रिटिंगचा वापर करून नियोजन करण्यात आले. दातांची ठेवण कशी असावी त्याचा अंदाज बांधण्यात आला. खालचा जबडा तयार करण्यासाठी त्याच्या आकाराचे हाड असणे आवश्यक होते. त्या करिता मुंबईच्यातील पायाच्या हाडांचा वापर करण्यात आला. पायामध्ये 'टिटांनियम'

न्यू टेक्निक

आणि 'सिल्युला' ही महत्वाची हाडे असतात. त्यापैकी 'टीबीबी' हा महत्वाचा भाग असतो. त्याचा वापर करता येत नव्हते. 'सिल्युला' चा एक भाग रकवाहिनीसह काढण्यात आला. दातांच्या आकारानुसार 'सिल्युला'चा आकार कसा असावा हे हाड असणे आवश्यक होते. त्या करिता संगणकाद्वारे निश्चित केले जाते. त्या नियोजनाकरिता नेदरलँड्समधील विद्यापीठाची मदत घेतली होती,' अशी

माहिती दंतवैद्यकीय डॉ. बी. श्रीनिवासन यांनी दिली. हे ऑपरेशन दोन टप्प्यांत करण्यात आले. पहिल्या टप्प्यात संगणकाद्वारे नियोजन करण्यात येते. श्री डी प्रिटिंगने इम्प्लॉट टेम्प्लेट तयार केले जाते. मुंबईच्यातील पायाचा भाग सरळ असतो. पण जबड्याचा 'यू' आकार असतो. त्याला संगणकाच्या मदतीने खालच्या जबड्याचा आकार देण्याचे आव्हान होते. त्यामुळे पहिल्या टप्प्यात पायाच्या हाडांत तीन डेंटल इम्प्लॉट टाकले. त्यानंतर पेशंटला

दिवानाई देण्यात आला. दरम्यान, कुठिम दात तयार केले. सहा आठवड्यांनंतर दुसऱ्यांदा ऑपरेशन करण्यात आले. त्यानंतर 'जबड्याच्या रिक्वायरी'चा भाग दातासह 'जबड्याचे 'रिकन्स्ट्रक्शन' हा रकवाहिनीसह काढण्यात आला. करण्यात आले, असे डॉ. श्रीनिवासन हाडांला 'यू' आकार देण्यासाठी त्याला यांनी सांगितले.

पेशंटचे अनुभव, तक्रारी कळवा

वैद्यकीय विश्वात दरोज विविध घडामोडी घडत असतात. त्याबरोबर सरकारी तसेच खासगी हॉस्पिटलमध्ये उपचार घेणाऱ्या पेशंटबरोबर नातेवाइकांना विविध अनुभवांना सामोरे जावे लागते. कधी चांगले, कधी वाईट अनुभव त्यांना येतात. अशाच चांगल्या वाईट अनुभव पेशंटनी लिहून पाठवा. त्यासाठी लिहिणे का...

आमचा पत्ता : महाराष्ट्र टाइम्स, टाईम्स हाउस, दुसरा मजला, नामदार गौळड कृष्ण गैरसले रस्ता (फर्ग्युसन कॉलेज रोड), शिवाजीनगर, पुणे ४११००४.

संपादक : मुस्ताफा आतार, Mustafa.Attar@timesgroup.com

(कृपया, पाकेट डॉकिंग ई-मेलवर 'हेल्थ क्लिप' असा उल्लेख करावा.)

यातल्या आणि तुमचे अनुभव MT Citizen Reporter अॅपद्वारेही कळवू शकता.

The event ,well covered in the local media