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### SURGERY-FIRST APPROACH VS CONVENTIONAL ORTHODONTIC SURGICAL TREATMENT OF DENTAL AND SKELETAL MALOCCLUSIONS

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**Aim:** The aim of this study is to assess the benefits, limits and indications of surgery first approach (SFA) and compare main features of conventional combined approach.

**Materials and Methods:** Conventional combined surgical and orthodontic treatment of dentofacial deformity includes a prolonged period of presurgical orthodontic therapy (12-18 months) and often excessively long postsurgical orthodontic period resulting in an extended treatment time (2-3 years) which may be exhaustive for the patient to sustain. The surgery-first approach has been introduced to compensate untoward effects of conventional orthognathic surgery (prolonged treatment period, unsightly long-term braces visibility, worsened facial deformity), produce equally excellent results if carefully selected and appropriately managed.

**Results e Conclusion:** The phenomenon of regional acceleration could be utilized to enhance faster tooth movement which considerably reduces treatment duration. It is very important that the orthodontist and surgeon involved in SF should work closely, not only follow the orthognathic surgery principles but also understand the limitations of orthodontic teeth movement and the surgery-first approach. The indication for the surgery-first approach has widened with technical advancement. However, the limitations of this approach should be considered. Team approach between surgeons and orthodontists is a vital component for successful treatment. The SF approach was developed to improve patient care. The first indication for the surgery-first approach should be patient demand. Patients, generally, do not like preoperative orthodontic treatment. The primary aim of preoperative orthodontics is decompensation and occlusal stability after surgery. The surgery-first approach is basically a team approach between orthodontists and surgeons. Any surgery without a preoperative consultation between surgeons and orthodontists is inadvisable. Based on this consultation, the patients who do not require extensive preoperative orthodontics are indicated for the surgery-first approach. The indications for the surgery-first patient are minimal crowding in the anterior teeth, favorable curve of Spee, and normal range of angle between the basal bone to upper and lower incisors.

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