Surgically Assisted Rapid Maxillary Expansion with local anesthesia

Comparative Study

Introduction: The techniques of rapid expansion of the jaw in adult patients are a gradient of difficulty, among others, depending on the patient’s age. The difficulties of obtaining results in orthopedic patients skeletally mature, can be overcome with surgery assistance. Methods: From a sample of 9 adults, divided into three groups, undergoing rapid expansions, this study, evaluated the information, techniques, results and their consequences. The groups subject to expansion with surgical assistance, were subject to interventions under general anesthesia or local respectively in separate groups. Results: The study in patients treated in the HSJ-EPE, revealed that the SARME produces greater effect than the mature orthopaedic patients with the ORME. The use of local or general anesthesia, using more invasive or more conservative techniques, does not produce clearly different results, therefore indicating the more conservative technique as the most appropriate choice. Cephalometric studies show that usually the problem associated with these treatments, increasing the vertical dimension of the face, is only a transitory effect, and the clinical values post-containment return very close to the original ones. Discussion: Using a less invasive assisted surgery technique, on these patients, under local anesthesia, can bring benefits both in the reduction of resources used, as well as having a minor impact on the patient. Although not causing the result to be more inferior than the more invasive option. The completion of this act in ambulatory, promotes greater accessibility to treatment, allowing a greater number of orthodontists to include this stage in their plans for therapeutic treatment. Allowing other non-hospital medical service units, having appropriate conditions, to perform this procedure as well. Conclusion: In conclusion it was observed that the SARME technique is more effective in the treatment of adult patients than ORME. The OMRE produces more dental-alveolar compensation than SARME in adults. The SARME, with local and general anesthesia are equivalent in terms of cephalometric and orthopaedic results. The SARME with local anesthesia is less invasive and produces similar results to the SARME with general anesthesia, but with better post-operative prognosis for the patient. It is not technically demanding and can be carried out relatively safely in ambulatory.