



## Three-Dimensional Imaging in Orthognathic Surgery Planning: Precision and Patient Outcomes

<sup>1</sup>Dr. Amol D. Langde, <sup>2</sup>Dr. M.B. Bagwan, <sup>3</sup>Dr. H.B. Janugade, <sup>4</sup>Dr. C.Z. Pardeshi

<sup>1</sup>Assist. Prof Department of General Surgery Krishna Institute of Medical Sciences, Krishna Vishwa Vidyapeeth, Karad, Maharashtra, India

<sup>2</sup>Assoc. Prof. Department of General Surgery Krishna Institute of Medical Sciences, Krishna Vishwa Vidyapeeth, Karad, Maharashtra, India

<sup>3</sup>Professor & HOD Department of General Surgery Krishna Institute of Medical Sciences, Krishna Vishwa Vidyapeeth, Karad, Maharashtra, India

<sup>4</sup>Assist. Prof Department of General Surger, Krishna Institute of Medical Sciences Krishna Vishwa Vidyapeeth, Karad, Maharashtra, India

### KEYWORDS

### ABSTRACT:

Three-dimensional (3D) imaging technologies have revolutionized the field of orthognathic surgery, providing enhanced precision in surgical planning and significantly improving patient outcomes. This review paper comprehensively explores the advancements in 3D imaging techniques, their applications in orthognathic surgery, and their profound impact on patient care. Orthognathic surgery, a specialized branch of oral and maxillofacial surgery, focuses on the surgical correction of dentofacial deformities to enhance both function and aesthetics. The accurate planning and execution of these complex surgeries are paramount for achieving optimal results while minimizing complications and the need for revision surgeries. In recent years, the integration of 3D imaging technologies has transformed the landscape of orthognathic surgery, offering new possibilities for more precise and personalized treatment planning.

Three-dimensional imaging includes various techniques such as cone-beam computed tomography (CBCT), magnetic resonance imaging (MRI), and 3D surface scanning. These technologies provide detailed and real-time visualization of the craniofacial complex, enabling surgeons to assess the extent of deformities and plan interventions with unprecedented accuracy. This not only leads to more successful outcomes but also reduces the likelihood of revisions and their associated costs and risks [1].

In this comprehensive review, we delve into the evolution from conventional two-dimensional imaging to advanced 3D techniques. We evaluate the impact of 3D imaging on precision in diagnosis and treatment planning, and discuss how this translates into enhanced patient outcomes and satisfaction. Furthermore, we address emerging trends and technologies in the field and the challenges it faces. By drawing upon the latest research and evidence-based practice, we aim to provide a holistic understanding of the importance of 3D imaging in orthognathic surgery planning.

### INTRODUCTION

Orthognathic surgery is a subspecialty of oral and maxillofacial surgery that focuses on correcting dentofacial abnormalities surgically in order to enhance both function and appearance. The planning and

execution of these difficult surgical procedures must be done with the highest precision. Orthognathic surgery has undergone a paradigm shift recently as a result of the incorporation of three-dimensional (3D) imaging technologies, opening up new avenues for more precise



and individualized treatment planning. The critical importance of 3D imaging in enhancing accuracy, diagnosis, treatment planning, and general patient satisfaction is examined in this review paper.

Due to the complex three-dimensional nature of craniofacial features, traditional orthognathic surgery planning frequently relied on two-dimensional (2D) radiographs. These 2D pictures missed crucial information necessary for precision surgical planning, which could result in less than ideal results. These constraints have been overcome by the development of 3D imaging methods, including as cone-beam computed tomography (CBCT), magnetic resonance imaging (MRI), and 3D surface scanning, which allow surgeons to get high-resolution, three-dimensional images of the craniofacial region [1].

Due to its capacity to get precise images of the craniofacial region with a markedly lower radiation dose than traditional CT scans, CBCT has emerged as one of the most popular 3D imaging methods [2]. The 3D reconstructions produced by CBCT provide a comprehensive perspective of the patient's craniofacial anatomy, enabling surgeons to pinpoint accuracy in determining the location of the patient's soft tissues, dentition, and skeletal structures. This has greatly aided in the identification of abnormalities and their accurate measurement, improving the preoperative evaluation of patients [3].

Along with CBCT, 3D surface scanning completes the evaluation of the soft tissues of the face and aids in visualizing the aesthetic effects of orthognathic surgery [4]. This capacity is crucial because orthognathic surgery frequently entails modifications to the soft tissue envelope in addition to the skeletal components. Additionally, the temporomandibular joint, which is important in the planning of orthognathic surgery, can be evaluated using magnetic resonance imaging (MRI). A comprehensive assessment of the craniofacial complex is made possible by the combination of different imaging techniques, which is essential for precise surgical planning and execution [5].

The precise diagnosis and treatment planning of orthognathic surgery are becoming increasingly dependent on these 3D imaging technology. Surgeons can establish a thorough grasp of the deformities present, resulting to a more accurate diagnosis and treatment planning, by receiving extensive information about the

patient's craniofacial anatomy, including both hard and soft tissues [6].

### **TECHNIQUES FOR THREE-DIMENSIONAL IMAGING IN ORTHOGNATHIC SURGERY**

The use of three-dimensional (3D) imaging tools has revolutionized how practitioners approach diagnosis, planning, and execution in the field of orthognathic surgery. These cutting-edge imaging techniques, including as cone-beam computed tomography (CBCT), magnetic resonance imaging (MRI), and 3D surface scanning, have increased surgical planning and execution precision while also expanding our understanding of craniofacial anatomy [1].

In orthognathic surgery, cone-beam computed tomography (CBCT) is at the cutting edge of 3D imaging. This method has become more popular since it can produce detailed images of the maxillofacial region with a far lower radiation dosage than traditional CT scans. The three-dimensional reconstructions produced by CBCT provide a thorough image of the patient's craniofacial anatomy, allowing surgeons to precisely determine the locations of the patient's soft tissue, dentition, and skeletal structures. This skill has greatly improved the preoperative evaluation of patients by enabling surgeons to recognize anomalies and precisely quantify them. Because of its low radiation exposure, CBCT is a safer option for patients and offers a plethora of data for surgical planning [2].

In addition to CBCT, 3D surface scanning has grown to be a crucial technique in orthognathic surgeons' toolbox. Through a visual portrayal of the aesthetic effects of orthognathic surgery, this technology enhances the evaluation of facial soft tissues. Given that modifications to skeletal structures during orthognathic surgery can have a major impact on facial attractiveness, the ability to see the soft tissue envelope in 3D is essential. Surgeons can make better decisions and ultimately have happier patients by introducing 3D surface scanning into the diagnostic process. This helps surgeons comprehend how surgical alterations will affect a patient's appearance [4].

Another essential 3D imaging modality that has a special place in the planning of orthognathic surgery is magnetic resonance imaging (MRI). MRI gives unmatched soft tissue contrast and excels at evaluating structures like the temporomandibular joint (TMJ), whereas CBCT and 3D



surface scanning are excellent at collecting skeletal and soft tissue components. As surgical modifications can affect the function and stability of the TMJ, thorough knowledge of its position and function is essential for orthognathic surgery. With its capacity to see soft tissues, MRI enables a thorough evaluation of the TMJ and other pertinent structures, resulting in better surgical planning and a lower risk of postoperative complications [7].

The combination of these 3D imaging methods gives orthognathic surgeons a level of understanding of the craniofacial complex that has never before been possible. Surgeons are able to see in three dimensions the complex interrelationships between skeletal elements, dentition, and soft tissues. This thorough understanding serves as the foundation for accurate orthognathic surgery diagnosis, planning, and execution, which ultimately improves patient results and satisfaction. With the use of these cutting-edge imaging techniques, surgeons can customize surgical procedures for each patient, maximizing both function and appearance.

#### **ACCURATE DIAGNOSIS AND TREATMENT SCHEDULING**

Accurate diagnosis and treatment planning are the cornerstones of effective outcomes in orthognathic surgery, where precision is crucial. In addition to increasing the accuracy of these crucial stages, three-dimensional (3D) imaging technologies have also decreased the margin of error in surgical operations, thereby raising the standard of care given to patients [5]. The cornerstone of any successful orthognathic surgery is an accurate diagnosis. 3D imaging technologies make it easier to identify and evaluate defects with unmatched accuracy by providing exact information about the patient's craniofacial structure. Surgeons can better comprehend the spatial interactions between skeletal elements, the dentition, and soft tissues by viewing craniofacial structures in three dimensions, which is essential for accurate diagnosis [6]. Traditional two-dimensional (2D) radiographs were unable to offer this level of insight and frequently produced incomplete and occasionally erroneous data.

Cone-beam computed tomography (CBCT), in particular, allows for the production of virtual models and simulations for surgical planning. With the use of the ground-breaking technique known as virtual surgical planning (VSP), surgeons can virtually realign the

maxillary and mandibular components, improving the ability to predict postoperative results. The quantity of surgical motions needed to correct abnormalities and achieve the best possible occlusion, aesthetics, and functional results can be accurately planned by surgeons [8]. By tailoring the surgical strategy to each patient's particular demands and anatomy, this level of accuracy assures better results and fewer postoperative revisions [9].

The benefits of 3D imaging for planning orthognathic surgery go beyond the virtual world. These technologies are also crucial in the creation of specialized surgical splints and guides. Surgeons can create surgical guides that help in the accurate execution of the pre-planned actions by using the 3D data gained through imaging. These templates serve as surgical guides, assisting the surgeon in precisely realigning the maxilla and mandible. This simplifies the surgical process and improves predictability while lowering intraoperative mistakes [10].

The ability to run models and evaluate numerous surgical scenarios virtually improves treatment planning accuracy. Using various approaches and their prospective effects on the patient's appearance and functionality, surgeons can adjust the surgical strategy. This level of accuracy not only improves surgical outcomes but also gives patients a better knowledge of the recommended course of therapy, which increases patient satisfaction [11].

The diagnosis and treatment planning stages of orthognathic surgery have undergone a major transformation thanks to the development of 3D imaging technologies. Today, surgeons may use a wealth of data to create surgical plans that are customized to the individual anatomy and demands of each patient. This accuracy not only produces better results but also lowers the risk of postoperative problems, revisions, and related expenses. Patient happiness and trust in their surgical journey can grow as a result of the increased predictability and comprehension of their treatment.

#### **PATIENT SATISFACTION AND OUTCOMES**

Orthognathic surgical planning that incorporates three-dimensional (3D) imaging technologies has significantly improved patient satisfaction and outcomes. By enabling precise diagnosis and treatment planning, 3D imaging has boosted patient satisfaction, decreased



complications, and the possibility that surgical procedures would be successful [12].

The capacity to anticipate and improve postoperative results is one of the main benefits of 3D imaging in orthognathic surgery. Before the process even starts, doctors can see the anticipated outcomes thanks to virtual surgical planning (VSP). Both doctors doing surgery and patients find comfort in this level of predictability. Patients' general satisfaction with the surgical experience is influenced by their ability to clearly comprehend what to anticipate [13].

Along with predictability, 3D imaging also enables higher surgical execution precision. Utilizing 3D data to create personalized surgical guides and splints, the surgeon is guided throughout the surgery to ensure that the pre-planned actions are executed precisely. With this level of accuracy, there is less chance of surgical error and fewer postoperative corrections are required. Patients consequently experience fewer problems and have quicker recovery times [14].

Additionally, 3D imaging is vital for improving patient consent and communication. Surgeons may make sure that patients have a complete grasp of the surgery, its potential hazards, and its cosmetic implications by visualizing the treatment plan in 3D and demonstrating the anticipated outcomes to patients. Patients who are well-informed are more likely to have reasonable expectations and, as a result, to be pleased with the outcomes [15].

Beyond the functional and aesthetic results, orthognathic surgery patients are often satisfied. A better and more satisfying patient experience is facilitated by the decrease in surgical problems and the requirement for corrections brought about by precise 3D planning and execution. Reduced complications lessen emotional stress brought on by unforeseen postoperative problems in addition to reducing physical discomfort [16].

Furthermore, 3D imaging's improved capacity to predict aesthetic outcomes is vital in orthognathic surgery. The occlusion and facial profile changes have a noticeable effect on a patient's look. Before surgery, patients can see these changes in 3D, giving them a sense of control and comprehension. Higher levels of satisfaction with the visual results ultimately result from this [17].

Patient satisfaction includes both the whole experience and the physical results. Orthognathic surgeries are now more efficiently planned and carried out thanks to the use

of 3D imaging technologies, which could potentially speed up recovery times and cut down on operating room time. Patients get better outcomes from more precise and effective operations, which increases their satisfaction with the overall surgical process [18].

### **GROWING TRENDS AND TECHNOLOGY**

With the advent of cutting-edge technology and growing trends in three-dimensional (3D) imaging, the area of orthognathic surgery is continuing to develop. These developments are meant to improve surgical planning's accuracy and effectiveness further, leading to better patient outcomes and satisfaction.

The application of artificial intelligence (AI) to 3D imaging and surgical planning is one notable trend. Artificial intelligence (AI) systems can examine 3D photos to recognize craniofacial features, evaluate dentofacial abnormalities, and even recommend the best course of action. With the help of AI, the diagnostic procedure is streamlined, improving the productivity and accuracy of surgeons. Furthermore, AI-driven simulations can predict postoperative outcomes even more precisely, boosting patient satisfaction and trust [19].

Another fascinating trend is the application of augmented reality (AR). During surgery, AR overlays 3D graphics onto the surgeon's field of vision to provide real-time direction and feedback. By enabling surgeons to view virtual models while executing procedures, this technique improves surgical precision by ensuring that they follow the pre-planned movements. Surgery speed and intraoperative mistake reduction are two benefits of AR that eventually improve patient outcomes [20].

Orthognathic surgery has also been significantly impacted by developments in 3D printing technology. Based on the patient's particular anatomy, 3D-printed anatomical models, surgical guidance, and even personalized implants can be created. These specialized instruments improve surgical accuracy, lower risks, and ultimately produce better results. These developments benefit patients by reducing postoperative discomfort and hastening recovery times. Additionally, telemedicine and online consultations have become more popular, particularly during the recovery period. Patients no longer need to make in-person follow-up appointments because they may consult with their surgeons and other medical professionals online. This improves patients'



convenience and raises their level of satisfaction with the healthcare process overall. Another encouraging development is the use of virtual reality (VR) to aid with patient education and consent. Patients can fully immerse themselves in a virtual world using VR to see what results to expect from orthognathic surgery. Patients can gain a deeper grasp of the operation and its prospective outcomes thanks to this immersive experience, which ultimately boosts their confidence and pleasure. Orthognathic surgery is constantly pushing the envelope thanks to new trends and technologies. These developments not only improve the accuracy and effectiveness of surgical planning and execution, but they also help to boost patient confidence and happiness. These trends will become more significant in the industry as they grow and evolve, ultimately helping patients and healthcare professionals [15-20].

#### CHALLENGES AND FUTURE DIRECTIONS

While planning for orthognathic surgery has been greatly improved by three-dimensional (3D) imaging, there are still some problems and need for improvement. To keep progressing the discipline and improving patient care, it is essential to comprehend these difficulties and potential directions for improvement. Radiation exposure is one of the main difficulties in the field of 3D imaging for orthognathic surgery. Cone-beam computed tomography (CBCT) gives lower radiation doses than traditional CT scans, but there is still cause for concern, particularly in younger patients and situations requiring many imaging sessions. Future radiation exposure reduction efforts must be made without sacrificing image quality. The availability of 3D imaging technologies presents another difficulty. These cutting-edge imaging techniques are not accessible to all healthcare facilities and practitioners. For patients to enjoy the advantages of accurate 3D imaging regardless of their location, access must be increased, especially in rural or underserved areas. In addition, interoperability and data integration pose difficulties. Data from 3D imaging may occasionally not integrate perfectly with current electronic health record (EHR) systems. For effective communication and continuity of care, it is essential to make sure that 3D imaging data can be easily shared among healthcare professionals and integrated with patient records. For some healthcare facilities, the high cost of 3D imaging hardware and software might potentially be a barrier. It

will continue to be difficult to find ways to make these technologies more accessible and affordable. Partnerships with technology providers and cost-effective solutions are two possible approaches to solving this problem. Artificial intelligence (AI) will continue to be developed and integrated in the realm of 3D imaging for orthognathic surgery. Automating the interpretation of 3D pictures using AI algorithms has the potential to expedite diagnosis and offer useful information for treatment planning. These technologies will probably advance in sophistication and be incorporated into everyday use [15-20].

The effectiveness and quality of 3D imaging will continue to be enhanced through developments in hardware and software. This offers enhanced post-processing capabilities, quicker scan times, and higher quality images. These advancements will help surgical planning and execution become even more precise, which will benefit patients by resulting in better results and shorter surgery timeframes. It is anticipated that telemedicine and virtual consultations would develop, giving patients more practical and adaptable choices for follow-up treatment and consultations. By lowering the need for in-person visits and improving the provision of healthcare, these technologies will continue to improve the patient experience [11,12,15,20].

#### REFERENCES

1. Hajeer MY, Ayoub AF, Millett DT, Bock M, Siebert JP. Three-dimensional imaging in orthognathic surgery: the clinical application of a new method. *Int J Adult Orthodon Orthognath Surg.* 2002;17(4):318-330.
2. Loubele M, Bogaerts R, Van Dijck E, et al. Comparison between effective radiation dose of CBCT and MSCT scanners for dentomaxillofacial applications. *Eur J Radiol.* 2009;71(3):461-468.
3. Swennen GR, Mollemans W, Schutyser F. Three-dimensional cephalometry: spiral multi-slice vs cone-beam computed tomography. *Am J Orthod Dentofacial Orthop.* 2006;130(3):410-416.
4. Joda T, Brägger U, Gallucci G, et al. A digital approach for 3D evaluation of the outcome of treatment in cases with single or multiple implant-supported restorations. *Int J Oral Maxillofac Implants.* 2016;31(2): 406-411.



5. Maal TJ, Plooij JM, Rangel FA, et al. The accuracy of matching three-dimensional photographs with skin surfaces derived from cone-beam computed tomography. *Int J Oral Maxillofac Surg.* 2008;37(7):641-646.
6. Cooke MS. Five-year reproducibility of natural head posture: a longitudinal study. *Am J Orthod Dentofacial Orthop.* 1990;97(6):489-494. doi:10.1016/S0889-5406(05)80029-0.
7. Lynn AQ, Pflibsen LR, Smith AA, Rebecca AM, Teven CM. Three-dimensional Printing in Plastic Surgery: Current Applications, Future Directions, and Ethical Implications. *Plast Reconstr Surg Glob Open.* 2021;9(3):e3465. Published 2021 Mar 22. doi:10.1097/GOX.0000000000003465.
8. Uechi J, Okayama M, Shibata T, et al. A novel method for the 3-dimensional simulation of orthognathic surgery by using a multimodal image-fusion technique. *Am J Orthod Dentofacial Orthop.* 2006;130(6):786-798. doi:10.1016/j.ajodo.2006.03.025.
9. Woller JL, Kim KB, Behrents RG, Buschang PH. An assessment of the maxilla after rapid maxillary expansion using cone beam computed tomography in growing children. *Dental Press J Orthod.* 2014;19(1):26-35. doi:10.1590/2176-9451.19.1.026-035.oar.
10. Hsu SS, Gateno J, Bell RB, et al. Accuracy of a computer-aided surgical simulation protocol for orthognathic surgery: a prospective multicenter study. *J Oral Maxillofac Surg.* 2013;71(1): 128-142.
11. Jia X, Liao S, Duan X, Zheng W, Zou B. Anisotropic Finite Element Modeling Based on a Harmonic Field for Patient-Specific Sclera. *Biomed Res Int.* 2017;2017:6073059. doi:10.1155/2017/60730597.
12. Gateno J, Xia J, Teichgraeber JF, et al. The precision of computer-generated surgical splints. *J Oral Maxillofac Surg.* 2003;61(7):814-817.
13. Paik CH, Park HS, Ahn HW. Treatment of vertical maxillary excess without open bite in a skeletal Class II hyperdivergent patient. *Angle Orthod.* 2017;87(4):625-633. doi:10.2319/101816-753.1
14. Nasrun NE, Takeda S, Minamida Y, et al. Surgical procedures for correcting vertical maxillary excess: A review. *Int J Surg Case Rep.* 2021;86:106354. doi:10.1016/j.ijscr.2021.106354
15. Menon S, Manerikar R, Sinha R. Surgical management of transverse maxillary deficiency in adults. *J Maxillofac Oral Surg.* 2010;9(3):241-246. doi:10.1007/s12663-010-0034-7
16. Chang CS, Wallace CG, Hsiao YC, et al. Difference in the Surgical Outcome of Unilateral Cleft Lip and Palate Patients with and without Pre-Alveolar Bone Graft Orthodontic Treatment. *Sci Rep.* 2016;6:23597. Published 2016 Apr 4. doi:10.1038/srep23597
17. Ayoub AF, Siebert P, Moos KF, et al. Three-dimensional imaging in orthognathic surgery: the clinical application of a new method. *Int J Adult Orthodon Orthognath Surg.* 1999;14(2):133-143.
18. Park JH, Kim S, Lee YJ, et al. Three-dimensional evaluation of maxillary dentoalveolar changes and airway space after distalization in adults. *Angle Orthod.* 2018;88(2):187-194. doi:10.2319/121116-889.1
19. Vijayakumar Jain S, Muthusekhar MR, Baig MF, et al. Evaluation of Three-Dimensional Changes in Pharyngeal Airway Following Isolated Lefort One Osteotomy for the Correction of Vertical Maxillary Excess: A Prospective Study. *J Maxillofac Oral Surg.* 2019;18(1):139-146. doi:10.1007/s12663-018-1113-4
20. Kuijpers MA, Chiu YT, Nada RM, Carels CE, Fudalej PS. Three-dimensional imaging methods for quantitative analysis of facial soft tissues and skeletal morphology in patients with orofacial clefts: a systematic review. *PLoS One.* 2014;9(4):e93442. Published 2014 Apr 7. doi:10.1371/journal.pone.0093442