



Immediate Rehabilitation in Craniofacial Prosthetics

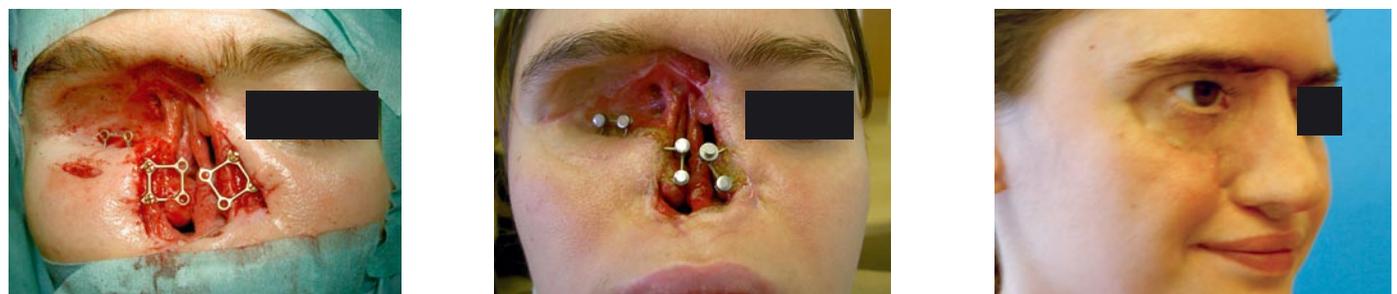
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After disfigurement due to an accident or after the removal of a tumour in the midface, titanium implants are often used as bone anchors for facial prostheses. The osseointegration phase for single posts is generally three months, for extra-oral prosthetics. In a second operation the skin is thinned and abutments and fastening elements are screwed in. This is why a prosthesis is not usually fitted until six months after the operation. This procedure means a long waiting period for patients before reshaping of the plastic facial contours can begin. In view of the psychosocial rehabilitation of the patients, can this waiting period be shortened? We have developed a method of reducing the waiting period.



Immediately following the tumour resection, one side of a 3-D plate (Epitec, Leibinger Stryker) is screwed to the bone. The other side of the plate perforates the skin. Mini-magnets (Steco, Hamburg) are now screwed in and used as fixing elements. These serve as anchors for a facial prosthesis. Next a preshaped prosthesis preshaped as a surgical plate is fitted to the defect as immediate treatment. The prosthesis is made of Mucopren (Kettenbach Dental). This material was modified for epithetic treatment. It is characterized by its short polymerisation periods and by its easy reparability. Initially the prosthesis is used postoperatively as a surgical plate, which greatly alleviates treatment of the defect, since no tamponade and no other bandage is needed to cover the defect. One week after the operation the final prosthesis is fitted. After one to two months it can prove necessary to make final corrections.



After five years of experience with this short-term, extra-oral prosthetic method it can be said that this approach gives no problematic inflammation in the area of the implant or around the posts. Our concept reduces the waiting period for final implant and adaptation of a facial prosthesis from previously three to six months to around two weeks, a result for which the use of Mucopren in epithetics must also be given credit. The reduction of surgery to a single operation is more gentle on the tissue than the two-operations approach, and is less of a strain on the patients. A reduction in the skin-penetration points of the fixing element to approximately one mm in diameter has also proved beneficial for the healing of the wound, since it is not the posts that penetrate the skin but only the small branches of the plate. In the end the immediate provisional and then – after a short period – final reconstruction of the facial contours represent a significant improvement for our patients in terms of quality of life.