



**American Academy of Maxillofacial Prosthetics**  
**69<sup>th</sup> Annual Meeting: October 30 – November 1, 2022**  
**Omni Austin Downtown, Austin, Texas**

**Program Speaker – Srini R. Chandra**

**Title**

Longevity and Concerns of use of Free Flaps for Maxillofacial Reconstruction

**Abstract**

Evidence-based medicine was driven by epidemiological trained physicians and scientists in the early 1990s challenging the traditional mechanistic reasoning based or experience based traditional clinical decision making. The evidence was driven by conducting randomized control trials with participants allocated to intervention and control groups, results were assessed systematically during the follow-up and outcomes measured with scores defined in the pre intervention status. This empirical evidence was held to be the foundation for reasoning and theoretical logic. Inherently this was claimed to reduce bias from the actual true result from any influences at experimentation or observation.

Albrektson et al in 1986 introduced the criteria for maxillary and mandibular implant long-term efficacy. This has been utilized in reviewing the longevity and rehabilitation in maxillofacial prosthetics with the free tissue transfer. Although microvascular vascularized composite reconstruction of maxillofacial defects, the rehabilitation is not complete without the dental restoration. Patient selection, ideal free flap choice, backward planning, multidisciplinary reconstruction input with inter and intra arch occlusion establishment with the aid of osseointegrated implants is critical. Along with free flap failure the stress and displacement caused by the maxillofacial prosthetic superstructure are underappreciated. Finite element studies concerning stress transfer, framework choice and design and contralateral ridge and dentition health are all part of a successful maxillofacial restorative rehabilitation. Tissue biology is inconsistent at areas of osteo integration, as is material homogeneity and lack of isotopic linearity in multidirectional maxillofacial prosthetic reconstruction. Successful free tissue flap reconstruction runs hand in hand with optimal design and maintenance of maxillofacial prosthesis.

**Biography**

Srini R Chandra is a fellowship-trained dual board certified craniomaxillofacial and reconstructive microsurgeon with dual qualifications in dentistry and medicine. Clinical and investigative efforts have addressed craniofacial deformity, osseous integration and reconstruction, vascular pathology and composite tissue healing.

He attained dental and OMFS training in India and England with a fellowship from Royal College of Surgeons of England, and American centers of excellence in craniomaxillofacial deformity, head and neck oncology, and reconstructive surgery; he has a cumulative 25 years in surgical practice experience.

He has presented, collaborated and served appointments in internationally renowned societies and universities in OMFS, microvascular and reconstructive techniques with my special contribution to the head and neck surgical world inaccuracy of surgery and vascular tumor pathology. This particular interest leads me to understand the pathogenesis and healing of craniofacial constructs. I am currently on the executive and educational board for the international facial rehabilitation Academy. I serve as the board examiner for international and American specialist board examinations. I also serve as the Associate Editor of JMOS/Springer

I am currently Associate Professor and Program Director of Oral and Maxillofacial Surgery at Oregon Health and Science University, Portland Oregon Health and Science University.