EDITORIAL

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Surgery-first orthognathic surgery: beyond patients' satisfaction

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According to a news report, nearly 20% of women in Seoul now undergo cosmetic surgery procedure, and it is an increasingly dominant practice among young people. It is a reflection of the tough competition in the job market and marriage in Korea[1]. Twenty years ago, nobody could imagine that orthognathic surgery would be one of the most popular local clinic-based operations in our country. Amid such boom of orthognathic surgery, there is the concept of surgery-first approach (SFA). The shortening of the total treatment period and immediate facial change would be the most powerful advantages of this approach. Since patients do not need to wait long for orthognathic surgery, the emotional barrier for surgery became attenuated. The innovative improvement in orthodontic treatment also supported the success of this concept considerably. Similarly, I selectively perform mandibular setback surgery using SFA or minimal pre-surgical orthodontics.

The definition of real success in the medical field first started from the recognition of the problem and strong will to overcome such problem. In this perspective, SFA was successful in terms of focusing on the patients' chief problem. Nonetheless, another condition for real success in the medical field - "accountability" - needs more attention. "Accountability" means the surgeon's ability to explain clearly the specific reason and course of treatment in a predictable, measurable way. I wonder whether the SFA concept can ensure accountability. It might be attributed to the lack of consensus in indication/contraindication and long-term follow-up data. Nowadays, all practitioners and patients are exposed to mass media and high-speed Internet. Every patient can compare the interior/exterior of the clinic, fee for service, and reputation of the surgeon easily via the web community. Even with scarce scientific data, however, some operation techniques were exaggerated by aggressive advertisement in mass media. Our surgeons encounter many patients with hot tempers and high expectations. Moreover, it is difficult to find room for accountability of the new surgical concept in the middle of the battle of priority in orthognathic surgery.

Let's reflect on one example of accountability of the surgical concept. The mortality rate of wounded soldiers was 42% in the late 18th century in the US, 30% in the 2nd world war, and 25% in the Vietnam War. It remained at 25% for 25 years until the Gulf War. Today, it is lower than 12% in the US army in the late 2000s. What was the main reason? It was very simple; surgeons tried to treat patients not more than 6 hours in the emergency unit near the battlefield. After the short, fundamental life-saving procedure, patients were immediately transferred from Afghanistan or Iraq to the US. Sometimes, the surgeon taped the opened abdomen and transferred the patients to an comphrehensive surgery center in the US. Before transferring the soldiers, every primary care surgeon wrote the record very precisely and attached the documents to the soldier's body. This successful new attempt was based on the thorough investigation of the experience in Vietnam War. Following a meticulous analysis of the outcomes of this attempt, the US surgeons finally established the new treatment concept for war casualties[2].

Going back to orthognathic surgery, we know that orthognathic surgery has a certain amount of relapse, instability, and unpredictability. Of course, nearly every patient is satisfied with the surgical outcomes of orthognathic surgery. Still, can we determine the exact number of percentage of long-term relapse in our operations? Can we explain the improvement of stability of the recent 5 years of operations compared to 5 years before that? This fundamental question concerning "accountability" can improve our practice and can make a new breakthrough in our field. As for the conventional orthognathic treatment procedure, SFA needs to show scientific evidence as to whether this procedure can have a definitive advantage in terms of accountability. We need to go beyond patients' satisfaction. If SFA would be a paradigm shift in the orthognathic surgery field, investigation of the scientific basis and objective review of the outcome would be

essential. Otherwise, this might be one of the faddish trials. True, we do not have enough time to spend just for evaluation in this fast-changing environment. Nonetheless, we need to take note that surgeons in other countries did just that under the most challenging situation.

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