

## Complications and medicolegal problems

Young-Kyun Kim, D.D.S., Ph.D.

Editor-in-Chief of JKAOMS

*Department of Oral and Maxillofacial Surgery, Section of Dentistry, Seoul National University Bundang Hospital, Seongnam, Korea*

Oral and maxillofacial surgery deals with a wide variety of treatment areas. In detail, it includes minor oral surgeries such as extractions, pre-prosthetic surgery, implant surgery, traumatology, oncology, reconstructive surgery, dentofacial deformities, temporomandibular disorders, infections, salivary gland surgery, orofacial pain, esthetic surgery, and surgery on medically compromised patients. Therefore, to become a specialist, continuous study to acquire a wide range of medical knowledge and hard training is required. In carrying out professional treatments of oral and maxillofacial surgery, complications related to surgical treatment are unavoidable. Surgeons are bound to experience complications and medical disputes, great and small. Although minor and known complications are easily settled, unexpected and/or unusual complications occur continuously. In rare cases the complications of infectious diseases can be worsened and bring about fatal results, and severe systemic complications can occur after surgical treatment for medically compromised patients. For example, the occurrence of facial nerve paralysis after orthognathic surgery or progressive lipodystrophy and auditory changes after implant surgery and orthognathic surgery, respectively, perplex surgeons<sup>1-3</sup>. Patients may think the operation went wrong and the medical team may claim that the complication has nothing to do with the operation and thus they have no responsibility for it. In these situations, the occurrence of a medical dispute between the two parties is unavoidable. All responsibility for the occurrence of complications does not rest with the medical team. If a medical team is well aware of the presumed cause and treatment of complications, and offers detailed explanations to patients during the course of treatment, most complications can be settled without big problems, and medical disputes can be minimized. Even if any fatal complication occurs, performing an appropriate treatment with best efforts will not put the medical team at a disadvantage in a medical dispute.

The number of medical disputes has been rapidly increasing recently, and is expected to keep increasing. The major

cause of medical disputes is a lack of communication with the patient and complications that occur after treatment. Complications can occur even when normal treatment has been performed. Oral and maxillofacial surgeons should be well aware of the problems and various complications related to surgical treatments, explain them well to patients, and actively cope with them. Patients are not totally ignorant in respect to medicine, and both their interest in their own health and their medical common sense have noticeably increased. Also, patients request the investigation of causes and want detailed explanations when inappropriate results are brought about; if a medical team does not cope with this appropriately, it can lead to medical disputes, and in many cases a judge will decide against the medical team and hospital. To conclude, I would like to emphasize the following.

1. Medical teams should pay attention to various problems and complications related to surgical treatment and actively cope with them.
2. When a complication occurs, the medical team should explain it to the patient in detail and do their best to settle it.
3. The most important way to minimize medical disputes is for a medical team to have close relationships with patients.

### Conflict of Interest

No potential conflict of interest relevant to this article was reported.

### References

1. Acebal-Bianco F, Vuylsteke PL, Mommaerts MY, De Clercq CA. Perioperative complications in corrective facial orthopedic surgery: a 5-year retrospective study. *J Oral Maxillofac Surg* 2000;58:754-60.
2. Stone J. Parry-Romberg syndrome: a global survey of 205 patients using the Internet. *Neurology* 2003;61:674-6.
3. Yaghmaei M, Ghoujehgi A, Sadeghinejad A, Aberoumand D, Seifi M, Saffarshahroudi A. Auditory changes in patients undergoing orthognathic surgery. *Int J Oral Maxillofac Surg* 2009;38:1148-53.