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The Practice of Oral and Maxillofacial Surgery in Nigeria: Some Challenges and Way-forward

M.O. Etetafia[1], E.D.Odai[2]

[1.] *Department of Oral and Maxillofacial Surgery, Delta State University, Abraka, Delta State, Nigeria.*
[2.] *Department of Oral and Maxillofacial Surgery, University of Benin Teaching Hospital, Benin-City, Edo State Nigeria*
Corresponding author: E.D. Odai

Abstract: *Oral and Maxillofacial Surgery is a specialty of dentistry with a scope ranging from the treatment of orofacial congenital anomalies such as cleft lip and palate, through orofacial infections, maxillofacial traumatology, temporomandibular disorders, salivary gland diseases, orofacial pain to neoplasms involving the orofacial region. Being an emerging specialty in Nigeria, it is faced with several challenges. This study was aimed at determining the demographics of the practitioners in Nigeria and to highlight some of the challenges facing the practice. The study design is cross-sectional. Less than 50% of the practitioners had 76-100% of their surgeries done as scheduled. Thirty-five per cent of the surgeons had fifty percent or less of their surgeries performed on schedule. Main reasons reported by surgeons for performance rate less than optimal were patients' factors, facilities and anaesthetic factors, reported by 80.0%, 57.5% and 57.5% respectively by the surgeons. Reasons that were reported for patients missing surgery appointments were poverty (77.5%), ignorance/preference for alternative medicine (72.5%) and fear (70.0%). Seventy per cent of the surgeons reported an absence of dedicated Oral and Maxillofacial Surgical ward. Poverty, facility, ignorance and fear were identified as the major challenges. The authors therefore conclude that the government and the practitioners should live up to their responsibilities by raising the standards of living, providing necessary facilities and making available necessary healthcare information to the population.*

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I. Introduction

The need to treat injured service men during the World War II heralded the emergence of the specialty of oral and maxillofacial surgery. In Nigeria, there was hardly any specialization in dentistry or medicine, before independence. In 1966, Akinosi was appointed the first maxillofacial surgeon in University College Hospital, Ibadan[1,2]. Oral and Maxillofacial Surgery is a specialty of Dentistry with a scope ranging from the treatment of orofacial congenital anomalies such as cleft lip and palate, through orofacial infections, maxillofacial traumatology, temporomandibular disorders, salivary gland diseases, orofacial pain to neoplasms involving the orofacial region[2-4]. The specialists in maxillofacial surgery have also contributed to the training of maxillofacial surgery manpower as well as dental surgery assistants[5]. Being a specialty in its infancy, there exists the need to assess the challenges to effective and efficient practice of the profession in the country, with a view to providing information that is necessary for the efficient planning of health care, organization of training and re-training of personnel and appropriate allocation of the available resources. This study was, therefore, aimed at determining the demographics of the practitioners in Nigeria andto highlight the various challenges facing the practice.

II. Materials and Methods

This study was designed as a cross-sectional study, using structured questionnaire as the instrument for data collection. All the maxillofacial surgeons present at the 6thbiennial conference of Nigerian Association of Oral and Maxillofacial Surgeons (NAOMS) held in Enugu in 2016 were targeted. Those not present but on the register of members were contacted in person, except a few who could not be reached. Data of interest were demographics, years of practice, locationof practice, the extent of maxillofacial surgery practiced in the respondent's center and challenges facing the practice of maxillofacial surgery in various centers.

III. Results

A total of sixty-five questionnaires were distributed. The number retrieved was sixty. There were twelve filled by persons not practicing as consultant maxillofacial surgeons. The number of questionnaire filled and returned by practicing consultants were forty-eight; of these, eight were not completely filled. Therefore forty questionnaires were available for analysis.

The profession is made up mainly of males constituting 31 (77.7%) of the practitioners. Most of the practitioners were in their fourth decade of life (Table 1). Most (50.0%) of the practicing maxillofacial surgeons were five years of less in practice. The majority (72.5%) of practitioners were in teaching hospital. Of these, 21 (52.5%) were in federal teaching hospital, while 8 ((20%) were in state teaching hospital. Most practitioners (62.5%) were in urban areas; whereas only 2.5% practiced in rural areas. The 'terrorist prone area' of north Nigeria had more males (25.0%) and less females (2.5%) practicing in the area (Table 1).

Less than 50% of the practitioners had 76-100% of their surgeries done as scheduled. Thirty-five per cent of the surgeons had fifty percent or less of their surgeries performed on schedule (Figure 1). Main reasons reported by surgeons less expected performance rate were patients' factors, facilities and anaesthetic factors, reported by 80.0%, 57.5% and 57.5% respectively by the surgeons (Figure 2). Reasons that were reported for patients missing surgery appointments were poverty (77.5%), ignorance/preference for alternative medicine (72.5%) and fear (70.0%) (Figure 3). Whereas 70.0% of the surgeons reported an absence of dedicated Oral and Maxillofacial Surgical ward, 60.0% reported an availability of basic surgical equipment for the practice (Figure 4).

Table no 1 Shows the sociodemographic picture of the Maxillofacial Specialists numbers (%).
More males (77.5%) than females (22.5% were in the practice. Most practitioners were in the urban setting and were located mainly in southern Nigeria.

VARIABLES	FEMALES	MALES	TOTAL
Age (Years)			
31-40	0 (0.0)	6 (15.0)	**6 (15.0)**
41-50	6 (15.0)	17 (42.5)	**23 (57.5)**
51-60	3 (7.5)	8 (20.0)	**11 (27.5)**
Years of Experience			
0-5	2 (5.0)	18 (45.0)	**20 (50.0)**
6-10	3 (7.5)	6 (15.0)	**9 (22.5)**
Above 10 years	4 (5.0)	7 (17.5)	**11 (22.5)**
Facility type			
Federal teaching hospital	1 (2.5)	20 (50.0)	**21 (52.5)**
State teaching hospital	5 (12.5)	3 (7.5)	**8 (20.0)**
Federal medical center	1 (2.5)	1 (2.5)	**2 (5.0)**
General hospital	1 (2.5)	3 (7.5)	**4 (10.0)**
Military hospital	1 (2.5)	1 (2.5)	**2 (5.0)**
Practice location			
Rural	0 (0.0)	1 (2.5)	**1 (2.5)**
Urban	5 (12.5)	20 (50.0)	**25 (62.5)**
Suburban	4 (10.0)	10 ((25.0)	**14 (35.0)**
Distribution of specialists			
North Central	0 (0.0)	3 (7.5)	**3 (7.5)**
North-East	0 (0.0)	1(2.5)	**1 (2.5)**
North-West	1 (2.5)	6 (15.0)	**7 (17.5)**
South-East	1 (2.5)	3 (7.5)	**4 (10.0)**
South-West	2 (5.0)	9 (22.5)	**11 (22.5)**
South-South	5 (12.5)	9 (22.5)	**14 (35.0)**
Total			**40 (100.0)**

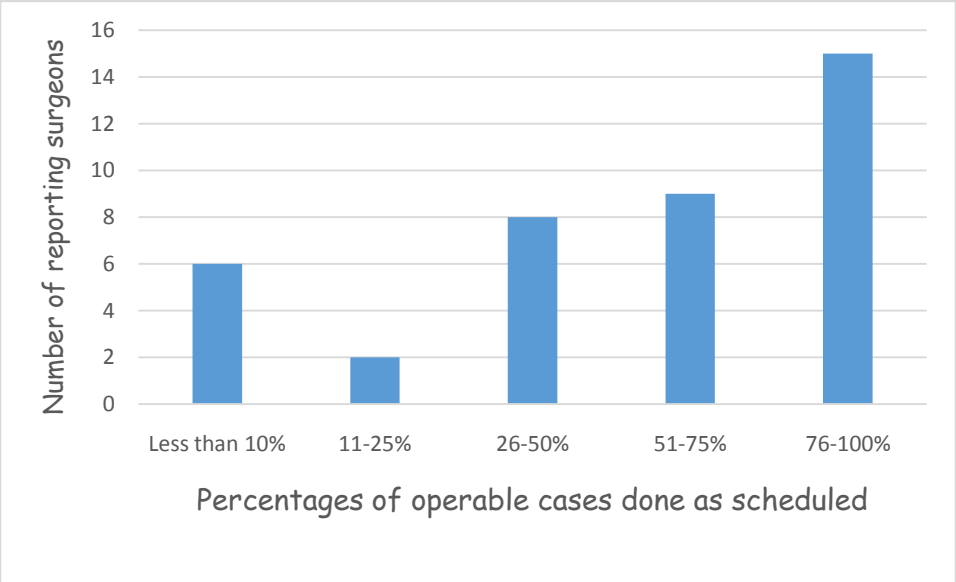

Figure no 1 shows the percentage of operable cases done in the Maxillofacial Surgery Departments across Nigeria. Most practitioners performed less than 76-100% of their scheduled surgeries.

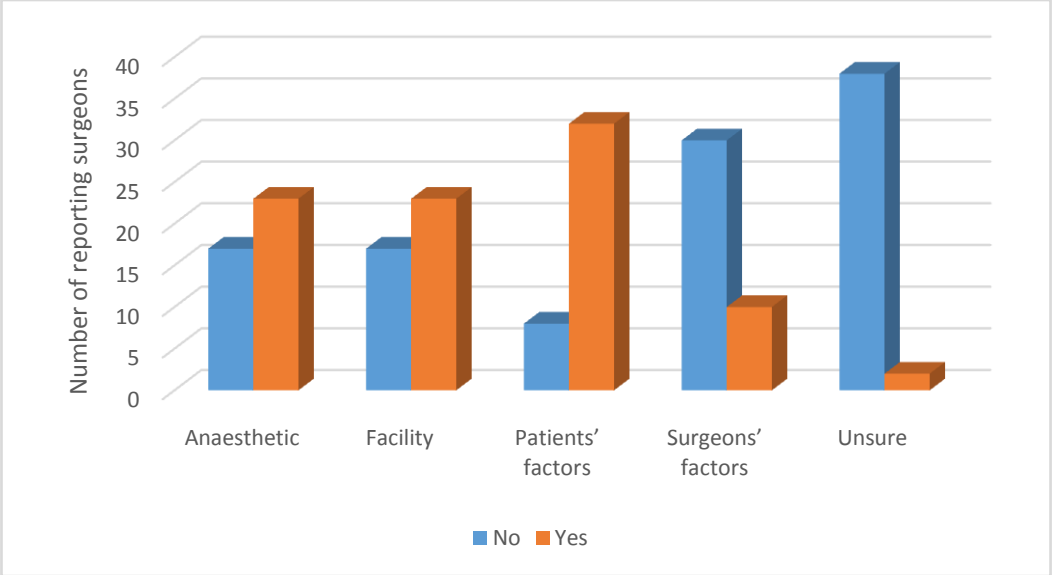

Figure no 2shows the reason for surgeons performing less than 100% of booked cases in the Maxillofacial Surgery Departments across Nigeria. These were mainly patients' factors (80.0%), anaesthetic and facility factors (57.5% each).

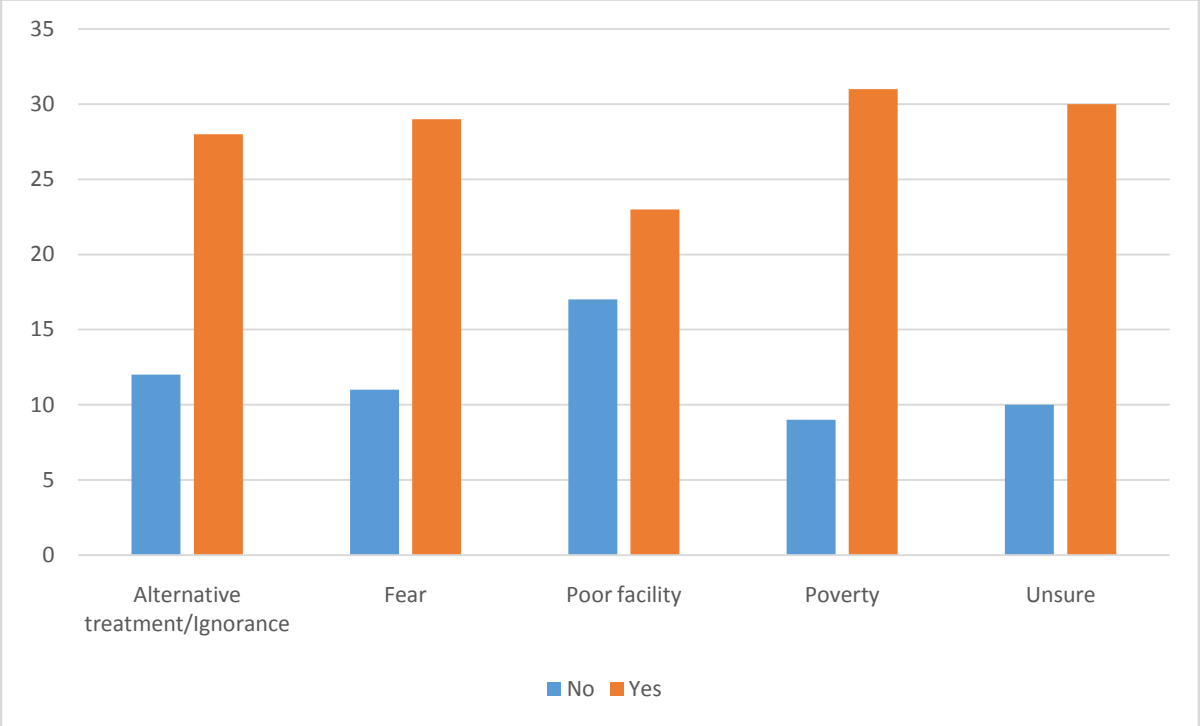

Figure no 3 shows reasons for patients missing appointments for surgery in the Maxillofacial Surgery Departments across Nigeria. These were mainly poverty, ignorance and fear.

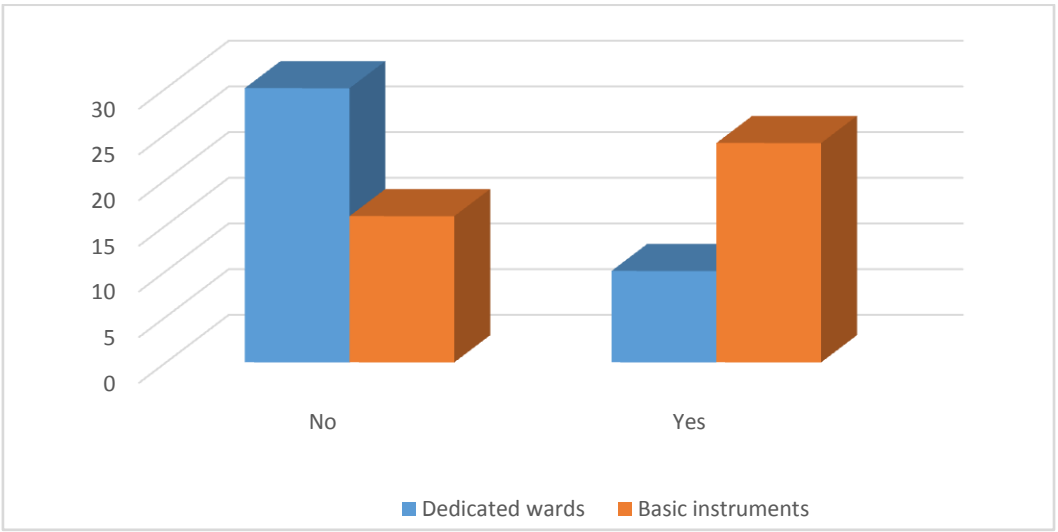

Figure no 4 shows the availability of dedicated wards and basic instruments available for surgery in the Maxillofacial Surgery Departments across Nigeria. Only 30.0% has dedicated wards, but 60.0% has basic equipment for practice.

IV. Discussion

Most Oral and Maxillofacial Surgery specialists in Nigeria are aged 50 years or less. This finding is similar to an earlier finding of Akinmoladun *et. al.*,[2] and is a pointer that fact the specialty is still emerging and in its infancy in the country. However, whereas Akinmoladun *et. al.*, found 25.0% of practitioners aged 51 years and above, this present study recorded less than 15.0% as aged 51 years and above. There was no decline in absolute numbers but in proportions. Another pointer to the fact that the profession is emerging is the fact that over 70.0% of the practitioners have a ten-year or less experience as specialists (table 1).

Whereas most (52.0%) of the practitioners were domiciled in the federal teaching hospitals and mainly males, there were more females (12.5%) in the state teaching hospitals than males (7.5%) (Table 1). The authors

are of the opinion that the reason for more females being in the state teaching hospitals is cultural, because the females culturally relocates to meet their spouses after training following marriage.

In addition to the evolving status of the specialty and the skewed distribution of the professionals, another challenge facing the practice of oral and maxillofacial surgery in Nigeria is the inability of the practitioners to operate all their scheduled cases (figure 1). Whereas 5.0% of the surgeons wereunsure of exact causes of performing all scheduled surgeries, 95.0% of the surgeons attributed this topatients' factors, facility, surgeons' and anesthetic factors (figure 2).

Most implicated challenge to the effective practice of oral and maxillofacial surgery was patients' factor, contributing about 80.0% of thereasons for 'non-maximal' performance (figure 2). Poverty (77.5%), ignorance/preference for alternative medicine (72.5%) and fear. Many reasons account for these. First the country's gross domestic product (GDP) growth is still less than 3.0% as at 2017 and the unemployment rate is 18.8%.[6] With a population of about 185.6 million, Nigeria with $2,178 GDP per capita remains a poor country, irrespective of the fact that it is Africa's biggest economy. The 2017 budget is N8.612trillion. If the money is shared equally amongst 185 million Nigerians, each person would get a measly 40,000 naira[6].

The degree of poverty and its devastating effects on all aspects of the population's wellbeing cannot be over-emphasized. With only skeletal health insurance in place, healthcare for most citizens is out of pocket expenses. This poses great economic challenge to the patients. The level of ignorance and fear as revealed by this study brings the need for oral health education and campaign to the fore. The populace should be educated on proper oral hygiene, preventive measures for oral cancers and tumour. The education will include highlighting the appropriate treatment for maxillofacial surgical conditions.

About 70% of the Maxillofacial Surgeons in Nigeria practice in hospital with no dedicated wards (figure 4). Even though basic surgical equipment are available. The implication of lack of dedicated wards for the maxillofacial surgery patients is that these patients are lumped with other surgical patients with healthcare auxiliaries who have very little or no idea about the specialist care for maxillofacial patients. Again these is a challenge as instructions may not be adhered to or are neglected entirely. The authors are of the opinion that the relevant authorities should muster the political power to prioritize the healthcare services and give maxillofacial surgery it place on the healthcare ladder.

V. Conclusion

This is an account evaluating the challenges facing the practice of maxillofacial surgery in Nigeria. Poverty, lack of facilities, ignorance and fear were identified as the major challenges to the practice of maxillofacial surgery in this study. The authors therefore conclude that the government and the practitioners should live up to their responsibilities. The government by raising the standards of living and provision of necessary facilities. The practitioners in conjunction with the government and other relevant agencies should make available the necessary healthcare information to the population.

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