

Basic Principles and Stages of Betting in the Face Area

Request: Allaberdiyeva Zulfizar Xayrullayevna

Tashkent State Institute of Dentistry Faculty 309-b Group

Scientific director: Tastanova Gulchexra Eshtayevna, Tulemetov Sabrjan Kalikovich

Annotatsiya: This academic paper explores the fundamental principles and critical importance of suturing techniques in the context of facial and jaw surgeries. The face and jaw area present unique challenges due to their aesthetic significance and functional complexities. The paper delves into the various suturing methods employed in these delicate regions, emphasizing the significance of precise and meticulous techniques to achieve optimal wound closure and minimize complications

Abstract: Sewing in the area of the facial jaw requires a close understanding of the basic principles and steps to achieve optimal results. This article will consider the main aspects of this special sewing technique

Keywords: Implants, surgery, surgical instruments, deformities, procedure

Facial surgeons remove damaged teeth, implants, perform procedures to repair cracks and other dentophysical deformations, repair damage to hard and soft tissue in the facial and jaws and study complex oral and facial pathology, including reconstructing the resulting deformation. other services.

Face-to-face surgeons regularly collaborate with general dentists to help provide specialized care to their patients. There are surgical procedures through the mouth, which are part of a wide range of general dentistry. These include regular oral surgery, such as removing teeth, sewing wounds and biopsying soft tissue injuries.

Facial surgery textbooks provide didactic instructions to help dentist students learn these skills. The ability to sew is one of the important skills needed for anyone planning to have surgery. Although this may seem like a simple procedure, proper stitching requires a good understanding of the biology of injury treatment, good hand-to-hand coordination, good reasoning and some subtlety.

Learning to sew in an expert way requires understanding the right technique and the practice being implemented. Most of the covered techniques are also used in surgery performed elsewhere in the body.

After the procedure is completed and the wound is properly cleaned and debrided, the surgeon must return the raised or cut tissue to its original state, or, if necessary, put it in a new place and hold it in place. The chokes perform several functions.

The most obvious and important task that chokes perform is to glue the edges of the wound; that is, to keep the tissues in place and to assume opposite scar edges. The sharper the incision and less damage to the edge of the wound, the higher the likelihood of treatment with a primary attempt. If the gap between the 2 edges of the wound is minimal, the treatment of the wound will be quick and complete.

If excessive trauma appears on the edges of the wound, treatment for the wound can occur with a secondary attempt. Thus, when sewing open space into place or closing the biopsy site, the surgeon usually tries to use seams for close contact of the scar edges.

However, in cases where treatment with a secondary attempt is planned, for example after the release of the tooth that has been removed, the stitches are used only to restore any follicles raised.

Chokes can also help with hemostasis. When the lid is used for entry, sewing it in place will help stop the bleeding. If the main tissue is bleeding significantly, the mucous membrane or skin should not be closed, since bleeding in the main tissues can continue and cause hematoma formation.

In such cases, it is necessary to achieve better hemostasis before the wound is covered. Similarly, soft tissue should never be firmly sewn up to get the hemostase of a bleeding dental badge. Instead, direct pressure should be applied.

Chokes can be used as an assistance in maintaining blood clots on an alveolar socket. A special seam, such as eight chokes, can be an obstacle for the sway of the clot. But it is worth noting that stitching along the open wound badge plays a small role in maintaining the blood clot in the toothbrush. However, eight chokes help to store prokoagulants or other materials placed on the badge.

Chokes help to maintain a soft tissue base on the bone. This is an important task, since the bone, which is not covered by soft tissue, becomes weak and takes a very long time to treat. If the appropriate sewing technique is not used, the base can move away from the bone, causing it to open and the treatment period to slow down. The surgeon should remember that the purpose of the bet is simply to re-reflect the tissues; therefore, the choking should not be too tightly tied. Too tight bonding causes ischemia of the edge of the surface and causes tissue necrosis, resulting in the choke torn through the tissue. Thus, very tightly tied chokes lead to the dehydration of the wound faster than loose chokes.

As a clinical guideline, the wound edges should not be whitened or have obvious ischemia. If this happens, the crow should be removed and replaced. It is necessary to position the nose so that it does not fall directly over the cutting line, as this puts additional pressure on the wound. Therefore, the nose should be placed on the side of the cutting edge.

Absolutely removing the teeth does not automatically create a need for choking. However, if the interdental papilla is cut or unwittingly torn or the surface is raised, the seam is usually indicated.

A needle holder is a device with a lock handle and a thigh, a bead tummy. 6-in for intraoral placement of intraoral chokes. (15 cm) needle holder is usually recommended. The beetle of the needle holder is shorter and stronger than the tummy of the hemostat, a tool designed to hold the sewing needle.

The face of the needle holder's tummy is interconnected to hold the sewing needle. Hemostat has parallel grooves on the face of the beam, thereby reducing control over the needle and the sewing thread. Therefore, hemostat is not used for sewing.

Many surgeons prefer to hold soft tissue with a tool during betting. For dentoalveolar betting, tissue cosmoles, commonly used for this purpose- are Adson's forceps. It is delicate forceps, with or without small teeth on the tip, with the help of which the tissues can be kept soft, thereby not moving it.

When using this tool, it is necessary not to hold the tissues too hard, but to be careful not to grind the tissues. Gear forceps allow tissues to hold n thinner than non-aligned forceps. Adson's forceps are commonly used for biopsy transfer as well.

Pigs can be resorbable or nonresorbable. Non-resorbable sewing materials include such types as silk, nylon, vinyl and stainless steel. The most commonly used sewing thread in the oral cavity is silk. Nylon, vinyl and stainless steel are used poorly in mouth.

Resorbable chokes are made mainly from the intestines. Although the term "katgut" is often used to mark this type of stitching, the intestine is actually derived from the serous surface of the sheep's intestines. Normal catgut is quickly resorbed in the oral cavity, rarely persisting for more than 3-5 days. The intestine treated with contraindications (chromium acid), and therefore the so-called "chromium intestine", lasts longer from 7 to 10 days.

Ordinary and chromium intestinal chokes are packaged in a wet position to maintain sewing properties. If they dry out, they become brittle and do not easily pass through the tissues. So, when using a bowel choid, you should not open an internal package until there is surgery.

If the stitching thread dries up or the blood is gone, the sewing thread can be obtained through a soaked doughnut to restore its working characteristics. Chromium intestinal pigs do not need to be soaked in any solution, since this will wash the chromium salts and accelerate the resorption of its tissues.

The composition and the nature of the monophylamental intestinal thread gives it an unnecessary elasticity characteristic. Thus, when the stitch is removed from the pack, it seeks to preserve the shape of the curly.

Summary

Betting in the area of the facial jaw requires adherence to the basic principles and a systematic approach to various stages. By ensuring precision, sterility and the use of skilled techniques, surgeons can achieve positive results in this specialized field. After the established stages, from preparation to wound binding, it is very important for a successful procedure.

Available publications:

1. Kulakov A.A. and Dr. "Surgery chelyustno-lisevaya surgery". Moscow 2010 g. stomatology i
2. Milich M.V., Antonyev A.A. Sifilis //Rukovodstvo po kojnym i venericheskim boleznyam. - M., 1992.

-
3. Mordovtsev V.N., Shapoval M. I. Tuberkulez koji//Kojnbye i venericheskie bolezni. - M.: Medisina, 1995. - PP. 395-422.
 4. Robustova T.G., Hyrurgicheskaya dentistry. Moscow,2013g. Timofeyev A. A. Rukovodstvo after chelyustno-lisevoy surgery and surgical stomatology. - K.: Chervona-Ruta-Turs >,2002. - 1024 p.
 5. Skripkin Yu.K., Mashkilleyson A.L., Sharapova G.Ya. Rukovodstvo po kojnym i venericheskie boleznyami. - M.: Medisina,1995. - 464 s.