

Short Communication

Primary Care for Maxillofacial Trauma

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Introduction

The main principal of Primary care are applied immediately, that contribution can benefit the patient and enhance his chances of Survival. The first priority is the management of trauma is obviously the preservation of the life of the patient.

Maxillofacial trauma involves injury to the facial soft tissues or its bone structure. And it is commonly associated with multiple system injuries. The most common injuries are blunt or crush injuries caused by personal assault and motor vehicle accidents. A major component of maxillofacial trauma is trauma of the jaws, teeth.

Even when the teeth themselves are not affected, they are of key importance in treating patients who have sustained facial injuries.

Injuries of this highly vascular zones are complicated presence of upper airway and proximity with the cranial and cervical structures may be involved. While with non- maxillofacial injuries, a management of breathing, airway, and circulation is relatively well established. Trauma is leading to cause death in young adults and children.

Primary Survey:

Airway management with Cervical spine stabilization

Breathing and Ventilation

Circulation with hemorrhage control

Disability, Neurological status

Exposure and prevention of hypothermia.

Airway management of the patient with maxillofacial trauma:

Maxillofacial Trauma and Airway Injuries: Safe and best airway management of the patient with external body part trauma needs appreciation of the character of the trauma. There square measure many external body part injuries that need immediate treatment, particularly in acute higher airway compromise and/or once abundant hemorrhage happens.

There square measure six specific things related to external body part trauma, which might adversely have an effect on the airway:

- Posteroinferior displacement of a broken jaw parallel to the simple machine of the bottom of the bone could block the bodily cavity airway.
- A bilateral fracture of the anterior jawbone could cause the broken symphysis and also the tongue to slip posteriorly and block the cavum within the supine patient.

- Fractured or exfoliated teeth, vomitus, blood, bone fragments, and secretions similarly as foreign bodies, like debris, dentures, and shell, could block the airway anyplace on the cavum and speech organ.
- Hemorrhage from distinct vessels in open wounds or severe nasal harm from complicated blood provide of the nose may contribute to airway obstruction.
- Soft tissue swelling and hydrops that result from trauma of the top and neck could cause delayed airway compromise.
- Trauma of the speech organ and trachea could cause swelling and displacement of structures, like the cartilaginous structure, gristle cartilages, and vocal cords, thereby increasing the danger of cervical airway obstruction.

Early Airway Maintenance

- Full Stomach
- C-Spine injury
- Maxillofacial Bleeding
- Emergency Situations

Air way management Devices which include

There are various numbers of airway management devices, however, only an tracheostomy tube or endotracheal tube is considered to be definitive when applied at earlier and which this having so many obstacles and to overcome these obstacles various number of airway devices and strategies has been developed.

The air way devices that enable indirect view of vocal cord are

- The FOB
- The Vedio Laryngoscope
- Blindly Placed Airway Management Devices
- The Surgical Airway
- The Conventional Direct Laryngoscopy

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