OPEN ACCESS Freely available online

ISSN: 2572-5629
Diabetes Case Reports

Opinion Article

Preoperative and Postoperative Clinical Protocols in Coronoidectomy: Safety Measures and Functional Recovery Guidelines

Patrick Whelan*

Department of Oral and Maxillofacial Surgery, Riverstone University College of Dentistry, Dublin, Ireland

DESCRIPTION

Coronoidectomy is a surgical intervention performed to address restricted mouth opening caused by mechanical limitation of mandibular movement. Because the procedure involves bone removal in proximity to important muscular and neurovascular structures, careful attention to preoperative and postoperative precautions is necessary to ensure safe execution and functional recovery. Clinical outcomes depend not only on surgical precision but also on structured preparation before surgery and disciplined rehabilitation afterward.

Before surgery, patient evaluation begins with a detailed medical and dental history. Conditions such as bleeding disorders, systemic infections, or medication use that may influence healing are carefully documented. Particular attention is given to airway assessment, as restricted mouth opening may complicate intubation and anesthesia planning. Coordination with the anesthesia team is essential to determine the safest airway management strategy, often involving nasotracheal intubation or alternative assisted techniques.

Radiographic imaging is reviewed thoroughly during the preoperative stage. Computed tomography scans are commonly used to assess the shape, size, and position of the coronoid process in relation to adjacent skeletal structures. This information helps determine the extent of surgical removal required and assists in planning the safest surgical access route. In cases where bilateral involvement is suspected, both sides are evaluated even if symptoms appear unilateral.

Laboratory investigations are conducted to ensure the patient is fit for surgery. Hemoglobin levels, coagulation profile, and other routine parameters are checked to reduce intraoperative risks. If any abnormalities are detected, corrective measures are taken before proceeding with the procedure. Patients are also advised to discontinue certain medications such as anticoagulants under medical supervision when appropriate.

Preoperative counseling forms an important part of preparation. Patients and caregivers are informed about the expected surgical steps, possible discomfort, and the need for postoperative exercises. Realistic expectations are discussed regarding improvement in mouth opening, as functional recovery depends heavily on postoperative compliance. Dietary modifications are also explained in advance so that patients are prepared for temporary changes in eating habits after surgery.

During the surgical phase, precautions include careful positioning of the patient to ensure optimal access and airway safety. Instruments are selected based on anatomical considerations, and soft tissue protection is maintained throughout the procedure to avoid unnecessary trauma. Hemostasis is monitored continuously to reduce intraoperative bleeding, and bone removal is performed in a controlled manner to prevent damage to surrounding structures.

Postoperative care begins immediately after completion of surgery. Airway monitoring is maintained until the patient regains full consciousness and stability. Pain control is initiated using prescribed analgesics, and anti-inflammatory medication is often administered to reduce swelling. Ice application is recommended during the initial postoperative period to limit edema formation.

Dietary modifications continue during the recovery phase. A soft or liquid diet is advised initially to avoid excessive strain on the surgical site. Gradual transition to normal diet is allowed based on healing progress and comfort level. Adequate nutritional intake is emphasized to support tissue repair and overall recovery.

Potential postoperative complications include swelling, infection, hematoma formation, and temporary limitation in jaw movement. Early detection of these issues is important for timely management. Patients are advised to report any unusual pain, fever, or persistent restriction in movement during the recovery period.

Correspondence to: Patrick Whelan, Department of Oral and Maxillofacial Surgery, Riverstone University College of Dentistry, Dublin, Ireland, E-mail: patrick@rucd.ie

Received: 27-May-2026, Manuscript No DCR-26-32203; **Editor assigned:** 29-May-2026, PreQC DCR-26-32203 (PQ); **Reviewed:** 12-Jun-2026, QC No DCR-26-32203; **Revised:** 19-Jun-2026, Manuscript No. DCR-26-32203 (R); **Published:** 26-Jun-2026, DOI: 10.35248/2161-1122.26.16.769

Citation: Whelan P (2026). Preoperative and Postoperative Clinical Protocols in Coronoidectomy: Safety Measures and Functional Recovery Guidelines. J Dentistry. 16:769.

Copyright: © 2026 Whelan P. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

CONCLUSION

Successful management of coronoidectomy depends on careful preparation before surgery and disciplined recovery practices afterward. Preoperative precautions ensure patient safety and surgical readiness, while postoperative measures focus on restoring mandibular function and preventing recurrence of restriction. Consistent follow-up and patient cooperation remain essential components in achieving stable and functional outcomes. Follow-up evaluation includes measurement of mouth opening, assessment of pain levels, and review of functional improvement. Imaging may be repeated in selected cases to confirm anatomical stability. Adjustments to physiotherapy regimens are made based on clinical progress.