

Furthermore, Iltar and colleagues reported that children who start Ponseti manipulation and casting after the age of 1 month had better outcome than those who began before the age of one month. This is possibly due to the anatomy of the cuboid bone of tarsals, which is still not well ossified in the first month of life and may be compressed during the manipulations rather than corrected.²⁵

Study done in Ghana reported that female required significantly ($P = 0.019$) less number of cast than males and female recover early than male.⁹ Nevertheless, in the present study the number of cast required is not significantly related with the gender of children ($P > 0.05$). Similarly a report from Zimbabwe indicated statistically non-significant association between gender and number of cast (AOR = 0.53, 95% CI:-87-1.94).²¹

Study focused on the assessment of severity and monitoring treatment of clubfeet in Children using the Pirani scoring system reported that the mean initial Pirani score of tenotomy group is significantly ($P < 0.001$) different from non tenotomy group, 5.1 ± 1 and 4.1 ± 1.1 , respectively.²⁶ Those who underwent tenotomy had an average score of 5.5 compared to average of 4 for those who did not have tenotomy performed on them. Additionally, in the present study, a significant difference on the overall initial Pirani score between tenotomy and non-tenotomy group (P value < 0.001) was observed. The study found a significantly higher initial Pirani score in feet requiring tenotomy and more number of casts, suggesting that the better feet correct without the need for surgical intervention. This showed that the Pirani scoring system can be used to clarify the need for tenotomy and allow estimating the number of casts per week. Clinically, this finding postulated that parents' concern could be plausibly addressed during the pre-counseling sessions in respect to whether their children would require tenotomy or not and the estimated number of Ponseti cast their baby will require based on the initial Pirani score.

CONCLUSION

The finding of the present study clearly revealed that severity of initial Pirani score can be used to estimate the number of Ponseti cast required for correction of clubfoot deformity and the need for tenotomy. Besides, the number of Ponseti cast required may not be affected by age of a child at the commencement of treatment.

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Potential Patient Education of YouTube Videos Related to Wisdom Tooth Surgical Removal

Özge Özdal Zincir, DDS, PhD,

Aylin Paşaoğlu Bozkurt, DDS, PhD, and Selin Gaş, DDS, PhD

Abstract: This present study aimed to evaluate the education of YouTube videos about wisdom tooth surgical removal for viewers. In this study, the term “wisdom tooth surgical removal” was searched on YouTube. After excluding duplicates, irrelevant videos, non-English-language videos; 92 relevant videos in English were independently examined by 3 reviewers. The videos were categorized as ‘poor’, ‘moderate’ and ‘excellent’ by scoring 9 points in order to evaluate the information they provided to the audience. Chi-square test was performed for categorical variables and differences between groups were compared with

ANOVA-Kruskal Wallis. Correlations were analyzed using Pearson and Spearman test. Statistical significance was set $P < 0.05$. Majority of the videos (63%, $n = 58$) were uploaded by layperson for sharing personal experience, 19.6%, ($n = 18$) healthcare professionals (dentist, orthodontist, surgeon). There were 64 (69.6%) not useful videos, 19 (20.7%) moderately useful videos, and 9 (9.8%) very useful videos. There is no significant correlation between efficiency ratio and source of upload ($P > 0.05$). There is a significant relationship between efficiency ratio and interaction index ($P = 0.019 < 0.05$). Interaction indexes of poor useful videos are more than others. There is a significant relationship between the type of video and video demographics (all data' significant values < 0.05). Mean values of patient's experience are more than others. Healthcare professionals should be aware of the accuracy of information on the internet in order to guide patients.

Key Words: YouTube, oral surgery, third molar, tooth extraction, internet

The rate of impacted tooth increases because of the food consumed by today's people is much softer and smooth-textured than in the past.¹ The incidence of impacted mandibular third molars is between 20% and 30%, but the rate is higher in females.² In addition, the etiology has still not been fully explained. Possible reasons may be the malposition of the tooth germ or the unfavorable eruption position.^{2,3}

The mandibular third molar impacted ratio is 24.4% compared to all the impacted teeth;^{4,5} therefore, surgery of impacted mandibular third molar is the most common operation in the oral and maxillofacial area, and sometimes associated complications such as pain, swelling, trismus, infection, alveolar osteitis, bleeding, nerve injury, dental injury, alveolar bone fracture, temporomandibular joint diseases, work-day loss, etc. may adversely affect life.

Medical and dental information is generally reached through direct consultation with doctors and dentists and through the widely used internet. The use of online resources for access to medical information is very common among people.¹⁰ While the tendency to search for medical information on the internet varies according to age, habits, and region, over 75% of people search the internet for this purpose.⁶⁻⁸ At the time of this writing, the documentation and analysis of the information sourced from the internet has been restricted to medical disciplines.^{9,10} However, many people make a lot of research on the internet about dental procedures.¹¹

YouTube is a website created for free video sharing in 2005 and is now the third most popular website used after Google and Facebook. 100 million videos are watched every day at YouTube and more than 65,000 new videos are added to the site

(www.alex.com). The use of YouTube videos for the education and health promotion of patients has been studied in various health disciplines.¹²⁻¹⁴

YouTube videos are not objectively evaluated videos; therefore, viewers may find incorrect or misleading information in these videos. Although some medical aspects have been evaluated in a few YouTube videos, information about oral health has been evaluated in just a few YouTube videos.¹⁵⁻¹⁸ In our study, we aimed to analyze the accuracy and quality of information about the removal of the third molar tooth (wisdom tooth) in YouTube videos.

MATERIALS AND METHODS

YouTube Search

We searched YouTube (www.youtube.com) in November 2018 for videos related to wisdom tooth surgery using the default settings. It has been shown that most of users conducting an online search the first 60 to 200 videos but first 30 videos are usually scanned by majority of YouTube users.¹⁹ We viewed and analyzed the first 100 videos for search term.

Selection of Videos

Watching of videos was evaluated to exclude videos non-English language, duplicate videos, videos with no sound or heading, videos about other treatments that wisdom teeth surgery, satirical videos, irrelevant videos, advertisement, conference lectures. The remaining videos were analyzed in terms of the accuracy and quality of the information they contained.

Analysis of Videos

We selected 92 appropriate videos to analyze. Three researchers viewed and analyzed the videos independently. All reviewers were blinded to each others' responses. Number of views, total video's duration, total number of comments, likes and dislikes, date of upload, target audience and county origin were recorded for each video. Viewers' interactions were calculated based on the interaction index (number of likes-number of dislikes/total number of views $\times 100\%$) and the viewing rate (number of views/number of days since upload $\times 100\%$).

For each video, we recorded the source of upload that were categorized as healthcare professionals, health companies, individual users, academic institutions, TV channels or news agencies. Furthermore, we assessed and classified videos for the presence of content; definition, indications, contraindications, advantages, procedures involved, complications, feelings after surgery, advice after surgery, prognosis and survival. In addition, all videos recorded for their usefulness score; poor, moderate and excellent (Table 1-SDC, <http://links.lww.com/SCS/A511>).²⁰

Statistical Analysis

Statistical analysis was performed using IBM SPSS 21 Statistical Software. The interobserver agreement was calculated as a kappa score. Continuous variables were analyzed using Anova-Kruskal Wallis tests and categorical variables were analyzed using the chi-square test. Correlations were determined using Pearson-Spearman tests. Statistical significance was set $P < 0.05$.

RESULTS

The first 100 videos were reviewed according to our criteria. A sample of 92 videos was included to the study. In particular, 2 non-English, 3 duplicated in whole or in part and 3 irrelevant videos were excluded (Fig. 1-SDC, <http://links.lww.com/SCS/A511>).

From the Assistant Professor Beykent University Faculty of Dentistry, Beykent, Istanbul, Turkey.

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Address correspondence and reprint requests to Özge Özdal Zincir, DDS, PhD, Beykent University Faculty of Dentistry, Beykent, Istanbul 34500, Turkey; E-mail: ozgezincir@beykent.edu.tr

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The mean length of the videos was 8:53 minutes (range from 55 seconds to 49:47 minutes). The mean number of views for wisdom tooth surgical removal was 2,059,807 (range: 185 – 28,402,592 views). Viewers' interaction with videos was generally positive; the mean interaction index score was 1.59 ± 1.91 (range from -0.005 to 8.53%) (Table 2-SDC, <http://links.lww.com/SCS/A511>).

The source of upload for 54 videos (58.7%) could not be determined, 30.4% (n = 28) were uploaded by users in the USA, 3.3% (n = 3) by users in India, 1.1% (n = 1) by users in Australia, 1.1% (n = 1) by users in Italy, 1.1% (n = 1) by users in India, 1.1% (n = 1) by users in Philippines, 1.1% (n = 1) by users in South Korea, 1.1% (n = 1) by users in Canada, 1.1% (n = 1) by users in Kenya, 1.1% (n = 1) by users in New Zealand.

Majority of the videos (63%, n = 58) were uploaded by layperson for sharing personal experience, 19.6%, (n = 18) healthcare professionals (dentist, orthodontist, surgeon), 15.2%, (n = 14) were uploaded by health information web sites and 2.2% (n = 2) were uploaded by other.

Majority of the videos (62%, n = 57) were uploaded for giving patient's experience and 38% (n = 35) were uploaded for educational (Table 3-SDC, <http://links.lww.com/SCS/A511>).

YouTube videos consisted of alterable information on wisdom tooth surgical removal. The most commonly discussed topics were related to feeling after surgery in the surgery (64.13%, n = 59), and to procedures involved in wisdom tooth surgical removal (55.43%, n = 51). Few videos (3.26%, n = 3) described contra-indications (presence of acute infection, advanced systemic diseases etc.). Some YouTube videos contained information on definition (26.09%, n = 24), indication (20.65%, n = 19), prognosis and survival (19.57%, n = 18), advice after surgery (17.39%, n = 16), advantage (16.30 n = 15) and complications (15.22%, n = 14) of wisdom tooth surgical extraction (Fig. 2-SDC, <http://links.lww.com/SCS/A511>).

The overall usefulness score of included videos ranged from 0 to 9 (mean = 2.38). There were 64 (69.6%) not useful videos, 19 (20.7%) moderately useful videos, and 9 (9.8%) very useful videos.

There is no significant correlation between efficiency ratio and type of video, efficiency ratio and source of upload ($P > 0.05$) (Table 4-SDC, <http://links.lww.com/SCS/A511>, Table 5-SDC, <http://links.lww.com/SCS/A511>).

Anova test was used. There is significant difference between the viewing rate according to the source of upload ($P = 0.005 < 0.05$), between layperson and healthcare professionals (dentist, orthodontist, surgeon) ($P = 0.00 < 0.05$) There is a significant difference between the interaction index according to the source of upload. This difference is in the layperson and the other ($P = 0.00 < 0.05$).

There is no significant difference between efficiency ratio and video demographics (all data's significant values > 0.05).

There is no significant difference between efficiency ratio and viewing rate ($P = 0.185 > 0.05$).

There is significant relationship between efficiency ratio and interaction index ($P = 0.019 < 0.05$). Interaction indexes of poor videos are higher than others.

There is significant relationship between type of video and video demographics (all data's significant values < 0.05). Mean values of patient's experience are statistically higher than others.

There is significant relationship between source of upload and video demographics ($P < 0.05$). Number of views of the videos that uploaded by healthcare professionals (dentist, orthodontist, surgeon) are less than others. In addition, videos of uploaded by layperson have more likes, dislikes and comment than others. Also, duration of these videos is more than others.

Spearman correlation analysis showed significant correlation between interaction index and video demographics ($P < 0.05$). Number of views (32%), number of likes (66%), number of dislikes

(43%), number of comments (59%) and duration (53%) shows positive correlation with interaction index.

Pearson correlation analysis showed significant correlation between viewing rate and video demographics ($P < 0.05$). Number of views (61%), number of likes (47%), number of dislikes (66%), number of comments (52%) shows positive correlation with interaction index. However, there is no significant relationship between viewing rate and duration ($P > 0.05$).

There is a significant correlation between interaction index and viewing rate. ($r = 0.52$, $P < 0.05$). 52% positive correlation are seen between interaction index and viewing rate.

The overall interobserver agreement calculated as weighted kappa score was 0.83 (range: 0.80–0.89).

DISCUSSION

YouTube comprises information on a lot of topics related to wisdom tooth surgical removal; most videos were uploaded by layperson for sharing personal experience included feelings after surgery. Importantly, very few videos contained contraindications about this surgery operation including when there is an acute abscess, significant systemic disease or risk of inferior alveolar nerve injury. In addition, a few videos also contained complications of the surgery. However, wisdom tooth extraction is the most common surgery performed on the oral cavity by oral and maxillofacial surgeons.²¹ The complications have been reported with different frequencies and degrees in terms of severity (bleeding, inferior alveolar nerve damage, oro-antral fistula, alveolar osteitis, swelling, dental injury, infection, dehiscence, hematoma, alveolar bone fracture, temporomandibular joint dysfunction etc.).^{22,23}

Advice of after the surgery including the medication and don'ts were only just discussed in YouTube videos. Our study showed that only a minority of videos included data on advice after surgery for free of problems. These include the effects of smoking, chlorhexidine mouthwashes, topical and systemic antibiotics and corticosteroids, analgesics and muscle relaxants have protective agents including pharmacotherapy.²⁴ The number of literature showing the effect of smoking on wisdom tooth extraction is quite low. Al-Belasy²⁵ compared the effect of cigarette smoking on the socket dry socket after the third molar tooth extraction in males. This rate was reported to be 7% in non-smokers, 31.6% in non-smokers only on the day of surgery, 17.9% in non-smokers up to the second day after surgery, and 10.5% in non-smokers for the third day postoperatively or longer. Also in 2005, in a meta-analysis study of human clinical trials involving mandibular third molar tooth extraction, Caso et al²⁶ compared the use of rinse before surgery, the use of mouthwash in both periods before and after surgery and the control groups. According to the results obtained, the use of chlorhexidine only on the day of surgery has no statistical significance. However, prolonged use of rinse for a few days has been reported to be effective in reducing alveolar osteitis.

Our study showed that YouTube presents various information about wisdom tooth surgical removal that ranges from greatly developed medical or surgical information to general health education and patient experience with the surgical removal. Interestingly, videos uploaded by layperson about patient's experience with wisdom tooth surgical removal, although being generally poor, were viewed more commonly than educational videos because viewers determine this type of videos more amusing and therefore will be more desiring to watch them. However, it was reported that the healthcare professionals provided a number of information by evaluating the patients after the third molar tooth extraction, especially in terms of pain, swelling, and trismus between 2 and 7 days.²⁷

The study highlights the volume of information available regarding wisdom tooth surgical removal, which is uploaded by healthcare

professionals (dentist, orthodontist, surgeon), health companies or health information web sites and layperson (individual user). It is notable that videos posted on YouTube by health companies or health information web sites sources were significantly more useful than videos posted by layperson. This shows that videos uploaded by layperson serve a more social purpose and videos by health companies or health information web sites usually have a more educational information.²⁸ However, majority of videos posted by healthcare professionals are evaluated as poor videos. This is an unexpected result, because in the literature, it is stated that videos containing patient experiences are less than the videos shared by healthcare professionals.⁹ In addition, most of patient's experience videos (72%) are poor useful and most of educational videos (78%) are excellent for patient' education. This result is very important for the healthcare professionals in terms of the accuracy of the information available and for directing the patients to the right sources. This will reduce the level of misinformation obtained by patients.

There is significant relationship between type of video and video demographics. Mean values of patient's experience are more than others. Also there is significant relationship between source of upload and video demographics. Number of views of healthcare professionals are less than others. In addition, videos of uploaded by layperson have more likes, dislikes and comment than others. Also, duration of these videos are more than others. These results show that video viewers find more interesting patient's experiences and videos uploaded by layperson than others.

CONCLUSIONS

YouTube videos related to wisdom tooth surgical removal are limited in amount and educational of information. This study show that these assessed videos were found not enough in terms of giving educational information to patients due to being more interested in patient's experiences videos which are generally poor.

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