



TMJ FELLOWSHIP PROGRAM

INSTITUTO PORTUGUÊS DA FACE
LISBON, PORTUGAL

Prof. Dr. David Ângelo



A man with a beard and short hair, wearing a white lab coat over a dark shirt and tie. He has his arms crossed and is wearing a watch on his left wrist. The background is a light, neutral color.

TMJ FELLOWSHIP PROGRAM

INSTITUTO PORTUGUÊS DA FACE
LISBON, PORTUGAL

A unique opportunity to advance your training and deepen your expertise in mini-invasive and surgical treatments for Temporomandibular Disorders.

Dear Colleague,

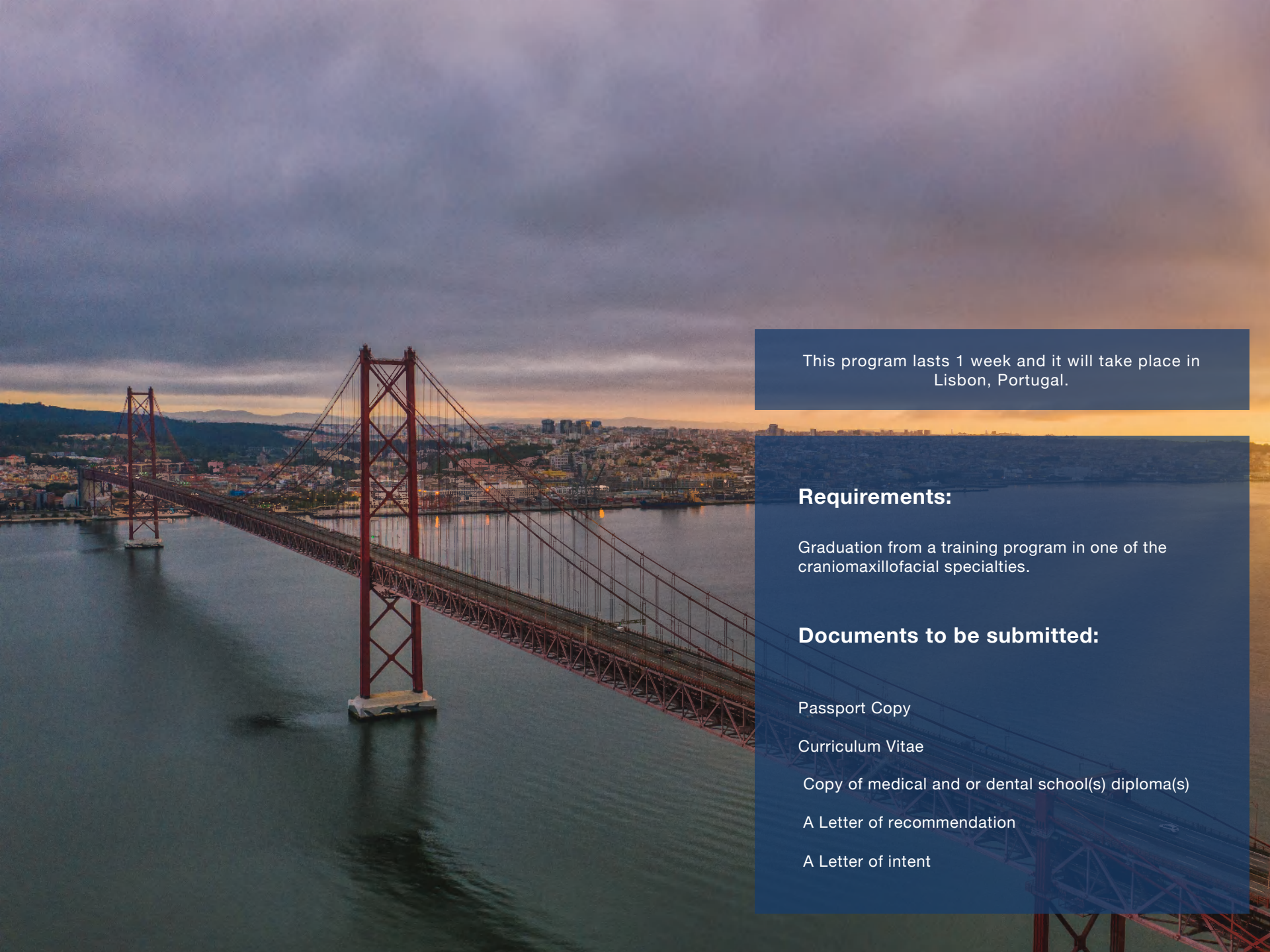
The TMJ Fellowship Program is a great opportunity to visit a leading center in Temporomandibular Disorders. It will be a one-of-a-kind chance to closely interact with my daily practice in my pursuit of excellence in temporomandibular diagnosis and treatments.

I look forward to receive your fellowship application,

David Faustino Ângelo
Medical Doctor PhD

Associated Professor Faculty of Medicine – Lisboa University – Portugal
Clinical Director Instituto Português da Face – Lisbon – Portugal
European Society of Temporomandibular Joint Surgeons
American Society of Temporomandibular Joint Surgeons

www.davidangelo.org



This program lasts 1 week and it will take place in Lisbon, Portugal.

Requirements:

Graduation from a training program in one of the craniomaxillofacial specialties.

Documents to be submitted:

Passport Copy

Curriculum Vitae

Copy of medical and or dental school(s) diploma(s)

A Letter of recommendation

A Letter of intent

FELLOW PROGRAM

Sunday

Transfer Airport – Turim Hotel (Avenida da Liberdade)*

- Preferred hotel

1st Day (Monday)

MORNING AND AFTERNOON

9h-18h

TMJ Consultations (Pre and Post Operative)

TMJ Mini-Invasive Treatments (Botox and Arthrocentesis)

2nd Day (Tuesday)

MORNING AND AFTERNOON

9h-18h

TMJ Consultations (Pre and Post Operative)

TMJ Mini-Invasive Treatments (Botox and Arthrocentesis)

Observation of a TMJ physiotherapist

3rd Day (Wednesday)

MORNING AND AFTERNOON SURGERIES

8h-16h

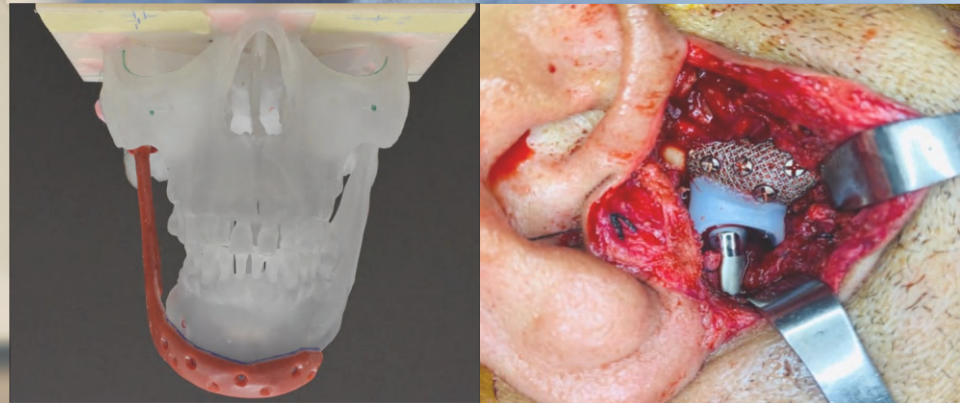
TMJ Surgeries

Photos with a professional photographer

NIGHT

Dinner in Alfama*, birthplace of *Fado* with Prof. Dr. David Ângelo

*Preferred



A photograph of two surgeons in an operating room. They are wearing blue scrubs, surgical masks, and patterned surgical caps. The surgeon on the left is looking towards the camera, while the surgeon on the right is looking down at the patient. The background shows medical equipment and bright surgical lights.

FELLOW PROGRAM

4th Day (Thursday)

MORNING AND AFTERNOON

Observation of a TMJ physiotherapist

5th Day (Friday)

MORNING

9h-13h

TMJ Consultations ((Pre and Post Operative)

Lisbon tour with private driver

6th Day (Saturday)

Possibility of surgeries

7th Day (Sunday)

Free Time

Transfer Turim Hotel (Avenida da Liberdade) - Airport

NEW TECHNIQUES CREATED BY PROF. DR. DAVID ÂNGELO

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Maxillofacial
Surgery*

Technical Note TMJ Disorders

Temporomandibular joint arthroscopy: inverted portal technique for more effective retrodiscal coblation

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D.F. Ângelo: *Temporomandibular joint arthroscopy: inverted portal technique for more effective retrodiscal coblation. Int. J. Oral Maxillofac. Surg. 2019; xxx: xxx-xxx.* © 2022 International Association of Oral and Maxillofacial Surgeons. Published by Elsevier Inc. All rights reserved.

Abstract. Temporomandibular joint (TMJ) retrodiscal tissue coblation is regularly performed as part of level 2 arthroscopy. It is usually performed with a coblator probe, which is introduced into the joint via an anterior working portal and visualized with an arthroscope connected to the posterior cannula. Coblation with the traditional landmarks is relatively easy in the medial, posterior, and anterior parts of the TMJ upper compartment; however, TMJ arthroscopy cannot access the entire upper compartment. Using the classical technique, it was estimated that surgeons can reach approximately 50–65% of the joint, and it is almost impossible to access the lateral and posterolateral areas. This technical note describes a simple and effective technique that improves access to the posterolateral area of the capsule for optimal retrodiscal coblation, increasing the treatment area by an estimated 10–15% without the need for any additional puncture.

Key words: temporomandibular joint; minimally invasive surgical procedures; arthroscopic surgery; ablation techniques; radiofrequency therapy.

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Fig. 1. A) RHITNI skin marks; B) Exposition of the temporomandibular joint with RHITNI approach; C) postoperative RHITNI approach with 6 months; D) 3 months; E) 15 days F) 1 week.

RHITNI: invisible incision in open temporomandibular joint surgery

PREVIOUS TMJ FELLOWSHIP



I traveled 3500km to meet this team and had the opportunity to see how the IPF works behind the scenes: the authenticity, professionalism and kindness of the team impressed me.

Dr^a Iulia Teodora from Romania

The examination are very systematic, the follow-up are very professional and systematic. The treatments are up to date with the latest evidence and experience out there. I think it's an excellent way to extend your network, to make great connections, to get motivated and then go home, practice, improve and reflect.

Dr Iman Azarmehr from Sweden





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