Summary
Malignancies of the orofacial region can be devastating in their impact on physical structure and function of the affected individual, leading to potentially severe compromises in oral health related quality of life (OHRQol).

In this modern era, one of the most perplexing and demanding maxillofacial endeavours’ is the rehabilitation of maxillofacial defects who has partial or completely resected oral structures. Loss of maxillary or mandibular segments and of normal tissue anatomy as a result of the surgical treatment of maxillofacial tumors frequently represents a specific challenges in the functional masticatory rehabilitation of the patient.

For such interventions, hard and soft tissue and muscle tissue may also need to be forfeited frequently involving significant impairment: facial asymmetry, mandibular deviation, masticatory dysfunction, speech disturbances and swallowing difficulties as well as considerable aesthetic impairment. Body image is impacted significantly by surgical procedures and cosmetic repair.

Recent advances in treatment and rehabilitation, particularly maxillofacial prosthetics, may alleviate the sequelae of many disfiguring surgeries and maintain good function. The major functional capacities affected are chewing, swallowing and speaking.

The prosthodontic rehabilitation of maxillofacial defects patients involves not only the restoration of lost oral structures but also includes the rehabilitation of lost form, Functions and reduction in the patient’s psychosocial upset.

MFFPS (Novel scale) results provide strong evidence about good feasibility, measurement sensitivity, construct validity and predictability.
From this study, the following conclusions were drawn:

1. **Mean Differences** of OHIP-Edent (7.260), OFS (6.220) and MFPPS (4.400) were observed after 2 weeks and 3 months of **Oblurator Prosthesis** function. These findings shows significant improvements of prosthesis in terms of functional, physical, psychological & social parameters after long term follow-up (**3 months**).

2. **Mean differences** of OHIP-Edent (5.486), OFS (2.714) and MFPPS (3.543) were observed after 2 weeks and 3 months of **Mandibular Resection Guidance Prosthesis** function. These inferences indicates remarkable improvements of prosthesis in terms of functional, physical, psychological & social parameters after long term follow-up (**3 months**)

3. After 2 weeks and 3 months follow-up, **Definitive Obturator Prosthesis and Mandibular Resection Guidance Prosthesis** showed highly significant differences (**p value** = .0005) were found in all three scales. There was a significant improvement (70%) of oral health related quality of life in terms of Functional, Physical, Psychological and social aspects.

4. Comparison of **Definitive Obturator and Mandibular Resection Prostheses** after 3 months, there was no significant difference (**p value**=.106) in OHIP-Edent, significant difference (**p value** = 0.025) in OFS and no significant difference in MFPPS (**p value** =.317) were observed.

Within the confines of this study, a Highly Positive Association exists between **Oral Health-Related Quality of Life (OHRQol)** and **Maxillofacial Prosthesis Performance Scale (MFPPS)**.