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POST OPERATIVE INSTRUCTIONS FOR OSTEOTOMIES:

1. POST OPERATIVE PAIN:

Due to nerve involvement during your operation, you will experience less pain as anticipated. As a result, your lower lip and chin area will be numb, and subsequently you will need fewer painkillers as anticipated. In the case of the upper jaw, your gums and palate will be numb. The numbness is usually temporary, but in certain cases it could be permanent in a small area. Sensation loss can last for 6 weeks up to 6 months. Since it is the sensory nerve which is involved, the numbness is not visible, and very seldom a major problem.

2. POST OPERATIVE SWELLING:

Swelling will start 12 hours after the operation and will last for up to 48 – 72 hours. This will depend on the operation you have received. Facial strapping and small drains (in the case of the lower jaw), will be applied to reduce swelling. All will be removed before discharge from the hospital. To reduce swelling, ice packs are placed around the area of swelling, and physiotherapy is started in hospital. Ice packs should be applied for at least 4-5 days, after which heat packs are applied for another week to enhance jaw movement and reduce swelling (bean bags).



FACIAL STRAPPING WITH DRAINS (LOWER JAW OSTEOTOMY)

3. BLEEDING POST OPERATIVELY:

Minor bleeding can occur after surgery, but in case of the upper jaw, nasal bleeding is common and can in some cases be severe. Very seldom is bleeding a major problem. Nasal packs are sometimes placed to stop bleeding. In swallowing blood post operatively, can lead to vomiting due to the dead blood in the stomach. In some cases, vomiting can occur as a result of the unaesthetic.

4. NASAL STUFFINESS AND NOSE BLOWING:

Only in case of upper jaw surgery will the patient experience nasal bleeding with nasal stuffiness. You will be encouraged not to blow your nose for 1 week. Nasal sprays can be administered to clear the stuffiness. Due to the sinus involvement in the upper jaw operation, nasal bleeding can occur for up to 2 weeks post operatively. In case of major bleeding, contact the rooms.

5. MEDICATION AND HOSPITAL STAY:

Your medication post operatively will consist of Antibiotics, anti- inflammatory medication, painkillers and a mouthwash. All your medication will be in a liquidized form for easy swallowing. All this will be dispensed by the hospital prior to discharge. While you are in the hospital, an IV line will supply you of IV fluid and IV medication. Pain medication will be administered intra- muscular or via the IV line. Your hospital stay will be 1 night in case of the lower jaw operation, or 2- 3 nights in case of bi-maxillary procedures. The first night in case of the bi- maxillary procedure, will be in a high care facility.

6. WIRING OF THE JAWS AND ELASTIC THERAPY:

Very seldom are the jaws wired together. This is only applicable in case of a bad split of the jaw with multiple fractures. The jaws will then be wired only after 3- 4 days post operatively. In all cases, elastics are placed. (Red packet elastics). You will be able to open your mouth slightly with your elastics in place, but you are not allowed to open wide with your elastics in place. This could lead to a non-union of your bone segments. Once you are at home, try to remove your elastics before eating, exercise your jaw by opening and side movements.

Place heat packs on your TM joint area to enhance mouth opening. After eating, brush your teeth and replace your elastics. A new set of elastics should be placed after every 3 days. Replace your elastics exactly the way they were placed post operatively. Once you see your orthodontist after 10 days after your operation, your elastics will be removed and replaced.

Plates and screws are placed for fixation of your bone segments mostly intra- orally. In most cases these plates and screws will not need to be removed. In the placement of screws in the lower jaw, a trans buccal approach might be necessary, meaning that you could have a removable stitch on each cheek on the outside of your mouth. A Band Aid plaster will be placed, which needs to be replaced daily for 5 days. Clean the extra- oral area with surgical spirits every day. Intra- oral sutures are self-dissolvable and need not be removed.

7. YOUR DIET AND ORAL HYGIENE:

You are not allowed to eat anything for 6 weeks which needs to be chewed before swallowing. You will subsequently be on a liquidized diet for 10 days following by a soft diet for the remaining period up to 6 weeks. (see diet).

Your oral hygiene will consist of rinsing for the first couple of days with water and your mouthwash. Once you are able to brush your teeth, use your normal toothbrush and toothpaste to brush your teeth. This could be even over your elastics if you are unable to remove them whichever way, you will have to clean your mouth after every meal. Make sure that your fluid intake is sufficient (2-3 litres a day). Also enhance your general health by taking extra vitamins.

You could lose at least 3-4 kg of weight post operatively in your recovery phase. This is why you will be required to have at least 6 meals a day.

8. PHYSIOTHERAPY AND EXERCISES:

The purpose of post-operative physiotherapy and exercises are to:

1. Reduce swelling and associated pain.
2. Restore normal function.
3. Minimize scar tissue formation.
4. Accelerate your healing process.
5. Enhance your eating ability

In hospital, you will receive physiotherapy treatments with further instructions from your physiotherapist.

At home your exercise will consist of opening and closing, left and right and forward movement of your lower jaw. This once you have removed your elastics, and once you have applied heat packs on your face and hot salt water in your mouth to heat the muscles. You should be able to get at least 2 fingers in your mouth after 4-6 weeks post operatively. If not, you will have to revisit the physiotherapist.

Most dent-facial deformities present with clicking / pain in the joints pre- operatively, the TM joints can become painful post operatively, which will be aggravated by the wearing of elastics.

9. **POSSIBLE RISKS AND COMPLICATIONS;**

1. Sensation loss in the lower lip and chin are in case of the lower jaw.
2. Sensation loss on the gum and palate in case of the upper jaw.
3. Infection, resulting in abscess formation leading to facial swelling after 3-4 weeks. This is usually a result of bad oral hygiene.
4. Injuries to adjacent teeth in the upper jaw due to segmental surgery. The teeth can discolor.
5. Fracture of orthodontic brackets.
6. Post-operative bleeding from the nose.
7. Relapse of the operation. This is usually after break down of the bone union due to eating solids too soon.
8. TM joints pain and limited jaw movement. This can be as a result of prior joint problems pre-operative or prolonged elastic therapy. Minor changes of position of the joint are present in all orthognathic procedures.

10. **FOLLOW- UP CARE:**

1. Visit the rooms after 10 days post operatively. Follow- up X- rays will be performed. A further follow-up appointment will be arranged for another 4 weeks.
2. Visit your orthodontist after 10 days after your operation, once you have visited your surgeon.
3. Take note of your oral hygiene, your diet, and your exercises.
4. If any questions, please phone our rooms