Contact Details

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University Hospitals of North Midlands NHS Trust

Patient Information Leaflet

Orthognathic Surgery (Jaw Surgery)
And your hospital stay

Your Orthodontist is _____

Your Surgeon is _____

Your Surgery date is _____

Please speak to a member of staff if you need this leaflet in large print, braille, easyread, audio or another language

Together Compassion Safe Improving PROUD TO CARE

Introduction

This leaflet provides you with information on frequently asked questions about Jaw Surgery and your hospital stay.

If after reading the leaflet you have any questions, please speak to one of the nursing staff.

Before your surgery

- A number of additional appointments are necessary so that we can plan your operation in detail.
- We will need to take a set of impressions (moulds) of your teeth and measurements, X-rays or CT scans.
- Sometimes virtual surgical planning (VSP) will be used to guide your surgeon to fit and correct the jaw segment position during the procedure for the most best result.

Preparing for surgery

- Your jaw surgery may be on either your upper or lower jaw (single jaw osteotomy) or both jaws (bimaxillary osteotomy).
- This is performed under General Anaesthetic (GA) and can take between 2-5 hours.
- You are likely to be in hospital for 2-4 days depending on your progress and how quickly you recover.

Oozing from the cuts inside your mouth. This is normal on the night of the operation. Often you will notice slight bleeding from your nose or a blocked nose, which may take a week or so to settle. **Please do not attempt to blow your nose for a few days after your operation.**

Numbness. Your top or bottom lip may be numb and tingly after the operation. This feeling is similar to the sensation after having an injection at the dentist. The numbness may take several weeks to disappear.

Infection.. The small plates and screws that hold your jaw in its new position are usually left in place permanently. Occasionally, they can become infected and need to be removed. If this happens it is usually several months after surgery.

Adjustment of the bite. A few weeks after surgery, it is necessary to put elastic bands on your orthodontic braces to guide your bite into its new position. A second small operation may be required to reposition the fixing plates and screws if your new bite is not quite right, however this is rare.

Non-union. Occasionally bones do not heal as they should and a second procedure may be required. Problems like this usually occur in smokers or in those who are immunosuppressed, such as diabetics.

After your operation

Jaw healing takes about 6 weeks after surgery, but complete healing can take up to 12 weeks.

Your surgeon will provide you with instructions which include:

- What you can eat.
- Oral hygiene.
- Avoiding tobacco.
- Avoiding strenuous activity.
- Medications to control pain.
- When to return to work or school. (usually 1 to 3 weeks.

Risks and complications

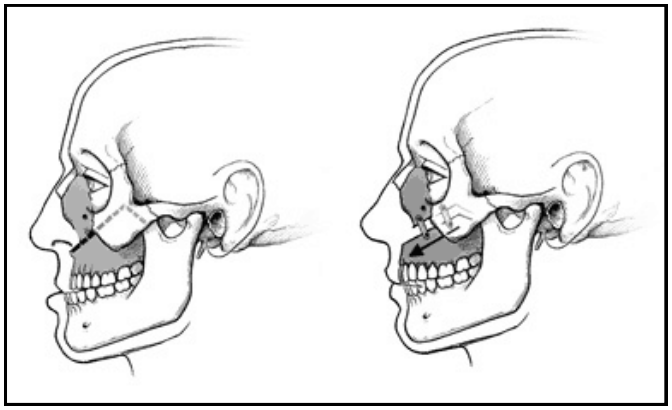
As with any operation there can be complications. This type of surgery, although rare, includes the following risks you need to be aware of:

Bleeding. Significant risk of bleeding is low with about 1% needing a blood transfusion. This would only be given if absolutely necessary.

If there was significant bleeding during surgery, a small incision may need to be made in a crease in the neck to gain access to blood vessels to stop the bleeding.

Upper jaw (maxillary osteotomy)

- An incision is made in the gum above the teeth in the upper jaw. There are no incisions made on the face.
- The upper jaw is then cut with a small saw to allow it to be broken in a controlled manner.
- It is then moved into its new position, which has been predetermined during surgical planning with the aid of models of your teeth.
- A small plastic wafer is attached to the teeth to allow the new position of the upper jaw to be made. This is then fixed into place with small metal plates and screws which are made of titanium (an inert metal) and safe to be used in the body.
- The gum is stitched back into place with dissolvable stitches.

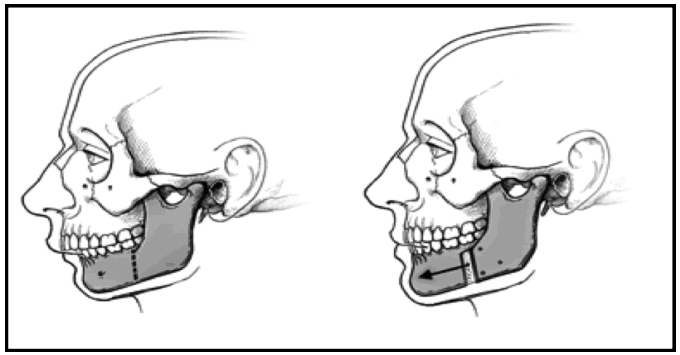


Upper jaw surgery will correct:

- A significantly receded or protruding upper jaw.
- Crossbite.
- Too much or too little of the teeth showing.
- An open bite.
- Reduced facial growth of the middle of the face (midfacial hypoplasia).

Lower jaw (mandibular osteotomy)

- An incision is made at the back of the mouth in the gum by the molar teeth to gain access to the jaw.
- The lower jaw is then cut in an oblique fashion with a small saw to allow it to be broken in a controlled manner.
- It is then moved into its new position, which has been predetermined during surgical planning with the aid of models of your teeth.



- A small plastic wafer is attached to the teeth to allow a new position of the lower jaw to be made. These are then fixed into place with small metal plates and screws made of titanium.
- The gum is stitched back into place with dissolvable stitches.

A mandibular osteotomy corrects:

- A receding lower jaw.
- A protruding lower jaw.

Chin surgery (genioplasty)

- This is performed through an intra-oral incision.
- During a sliding genioplasty a small piece of the bottom part of the chin bone is cut away form the rest of the jaw using a very small saw.
- This is then repositioned to a better cosmetic position before being fixed into its new position with very small titanium plates and screws.
- Unlike chin augmentations using chin implants, corrects and amends the bone structure so the result is permanent.