



Patient & Family Guide
2016

Corrective Jaw Surgery (Orthognathic Surgery)



www.nshealth.ca

Contents

The day of surgery	1
After your surgery	3
At home: discharge instructions.....	6
Prescriptions	6
Oral hygiene	6
Diet.....	7
Activity	7
Lip and jaw exercises	8
Elastics.....	8
Nasal congestion.....	9
Scissors.....	9
Nosebleeds.....	10
Infection.....	10
Vomiting	10
Discharge checklist	11
Questions or concerns at home	12

Corrective Jaw Surgery (Orthognathic Surgery)

Corrective jaw surgery corrects jaw deformities. The correction of these deformities is needed to prevent damage to your jaw joints, teeth, and associated muscles. Corrective jaw surgery is also used to treat obstructive sleep apnea (OSA). This pamphlet will help you learn what you can expect if you are having corrective jaw surgery.

The day of surgery

- Stop smoking at least 24 hours before your operation. Smoking can make your recovery harder and can slow down healing. Smoking is not allowed anywhere on the hospital grounds.
- **Do not eat or drink anything** after midnight the night before surgery. **Your surgery will be cancelled if you eat or drink after this time.** If you eat or drink, you are more likely to have nausea and vomiting during or shortly after your operation.
- Please brush your teeth well before coming to the hospital. Do not swallow any water.



- **Please come to the hospital 3 hours before your operation. Go to the Same Day Surgery Unit on the 10th floor of the Victoria Building, Victoria General Hospital.**
- Do not bring valuables items like cash or jewelry to the hospital. The hospital is not responsible for them.
- The nurse will ask you several questions about your health and check your vital signs (temperature, blood pressure, pulse, and breathing).
- Tell the nurse if you have any medication or food allergies.
- You may need blood tests.
- The oral surgeon will talk with you unless he or she has already done so.
- You will be asked to change into a hospital gown.
- Please give the nurse the name and phone number of the person you want contacted after your operation.

Note to those waiting: Patients who are having jaw surgery are usually in the Operating Room and recovery area for 4-8 hours. The length of time depends on the type of surgery. At the end of the operation, the surgeon will contact a friend or family member when asked to do so by the patient.

After your surgery

- You will be taken to the recovery area. You will stay there for 2-4 hours, depending on the length of your surgery.
- The nurses will take your vital signs several times during your stay. This is normal.
- You will be given medications to make you comfortable, lower swelling, prevent nausea, and help with any nasal congestion (stuffy nose). These medications will be given through your intravenous (IV) until you are drinking well.
- Until you are steady on your feet, a nurse will help you to the bathroom.
- Facial swelling will go up over 3 days and will then gradually go down over 3-4 weeks. Ice packs will be placed on your face for the first 48 hours to help control the swelling.
- You may have some bruising.
- A small amount of blood will ooze from your mouth and nose for the first 2 days. This is normal. **If bleeding from your mouth or nose starts once you are home, call the Oral Surgery Clinic right away. Between 8:30 a.m.-3:30 p.m., Monday-Friday, call 902-473-5238. At all other times, or if the above number is busy, call 902-473-2222 and ask for the oral surgery resident on call.**

- There may be tape above and below your lips. This helps the healing process. You will be told when it can be taken off.
- Your jaws may be fixed together with elastics or wires. This lets the bones heal properly.
- You may find it hard to swallow and talk if your jaws are fixed together. This will get better after a couple of days.
- Vomiting can happen. Do not panic. Many spaces exist between your teeth even when they are wired together. These spaces will let the vomit out. The nurse will help you.
- When you are fully awake and comfortable, you will be taken to your hospital room.
- Once you are in your room, you can have visitors. We will try to accommodate your needs and your family's needs for contact. We also must respect the rights and needs of other patients. Please check with the nurses about visiting guidelines for your unit. Visitors may be asked to leave when the doctors or nurses come to see you or another patient.
- You will be encouraged to drink fluids. Your IV will be taken out only when all the IV medications have been given and you are drinking enough fluids.
- Once you feel steady on your feet, you will be encouraged to get up and walk. You may need help walking on the first day.

- A dietitian will talk with you about what you can and cannot eat during the healing period. If possible, have the person who cooks your meals at this meeting.
- **It is very important to rinse your mouth as you are told.** The surgeon and residents will talk about mouth care with you. You need to keep your mouth clean to prevent infection. Do not brush your teeth until you're told it's OK. Brushing your teeth too soon after the surgery can damage the stitches in your mouth.
- You will be given lip and jaw exercises to do. These exercises help the soft tissue around your mouth area to heal.
- If your lips are dry, ask the nurse for cream or ointment.
- The resident surgeons will visit you every morning. Please tell them if you have any concerns or problems.
- The surgeon can only estimate how many days you will be in hospital. You will be discharged home only when you are eating and drinking well and are comfortable.
- **Your surgery has involved the surgical cutting of bones. Like bone fractures, it will take many months for the bones to completely heal. During this time, avoid activities that may injure the surgery site.**

At home: discharge instructions

Prescriptions

You will be given prescriptions depending on your surgery and other medical conditions. This will usually include pain medications and an antibacterial rinse to help prevent infection. Use the prescriptions as told by your surgical team.



Oral hygiene

Keeping your mouth clean after surgery is important for preventing infection and tooth decay. You can start brushing your teeth with a soft toothbrush in an up and down motion. Using an up and down motion will help prevent accidentally removing elastics. You should also rinse with salt water after meals to help get rid of any food.



Diet

Your diet will be foods that are blended or liquid for the next 4-6 weeks. Do not drink alcohol while your jaws are wired. It is important to drink lots of clear fluids during the initial healing period. Drinks that are high in calories are good for you right after surgery. After 4-6 weeks your surgical team will tell you what else you can eat. **It is important not to chew before your surgeon says it's OK.** This can lead to failure of your jaw surgery and a possible need for another operation.

Activity

For at least 2 weeks after discharge, you should lead a relaxed and quiet life. You will find that you have less energy than usual and need more rest. After 2 weeks, you may return to your usual activities. You must avoid contact sports and swimming while your jaws are wired.

Short walks can help you feel better during the recovery process. At first it is best to have someone help you walk until you feel you have regained your strength and stability. You should not lift anything heavier than 20 pounds for 4 weeks after your surgery. Light cardiovascular exercise can be resumed after 2 weeks if you are feeling well enough. If you feel light-headed or dizzy, stop the activity right away and sit or lay down until the feeling goes away.

Lip and jaw exercises

If you had upper jaw (maxillary) surgery you should start doing lip exercises on day 4 after your surgery. This includes making a big smile followed by puckering your lips. Repeat these motions for 5 minutes, 5 times per day for the first month following your surgery.

Jaw exercises will start once your surgeon releases your elastics. This is usually 4-6 weeks after your surgery. Jaw exercises consist of opening your jaw as wide as you can, holding it open for 10 seconds, and then returning to a resting position. This should be done 10 times and repeated 5 times per day. It is important to do these exercises in front of a mirror at first. Keep your jaw straight when opening your mouth; the middle of your bottom teeth should line up with the middle of your top teeth at all times.

Elastics

You will have elastics guiding your teeth into their new positions. It is common for 1-2 elastics to break during the first 2 weeks after your surgery. If you notice that many elastics have broken, your bite feels different, or your teeth appear to have shifted position, call our office (or your orthodontist's office if you are outside of the Halifax Regional Municipality) to have your bite checked and the elastics replaced.

Nasal congestion

If you had upper jaw (maxillary) surgery, it is normal to feel very congested (stuffed up) during your initial recovery. You can keep using nasal decongestant spray that was given while you were in hospital (e.g. Otrivin®, Balminil®). It is recommended that you use it no more than 3 times per day. Do not use the decongestant spray more than 4 days in a row as this can make your nasal congestion worse. Using a humidifier in your bedroom to moisten the air may help. Saline nasal rinses may also help. Do not blow your nose until your surgeon tells you it is OK.

Scissors

You were given scissors to release your elastics in the event of emergency. Staff will show you and a caregiver how to use the scissors before discharge. The scissors must be close to you at all times while your elastics are in place. In the unlikely event you lose consciousness (pass out or faint) you will need to have the elastics cut to help your breathing. In most circumstances, vomiting after surgery will not require the cutting of your elastics. In the event you have a hard time breathing, you should cut the elastics and call the oral surgery resident on call.

Nosebleeds

The breathing tube used during your surgery went through your nasal (nose) passages, which can lead to nosebleeds after surgery. If you had upper jaw surgery (maxillary) you will likely have small, brief nosebleeds during your recovery. If you have a nosebleed, it is best to sit with your head slightly forward and apply firm pressure with gauze or a towel to close the bottom of your nose. Keep this pressure on your nose for at least 15 minutes. Serious nosebleeds can sometimes happen after surgery. If you see a lot of bright red blood coming from the front of your nose that does not stop with pressure, or you feel that a large amount of blood is going into your throat, you should keep pressure on your nose, cut your elastics, and call the oral surgery resident to ask what to do next.

Infection

Tell your oral surgeon about any signs of infection (such as fever, chills, increased pain, and swelling) that you have.

Vomiting

Although it is uncommon to vomit after discharge, it is possible. If this happens, lean forward with your head down to let the vomit out. This is not a reason to cut your elastics, unless you are having a hard time breathing.

Discharge checklist

- Have you had X-rays taken after surgery?
- Have the surgeons told you that you are ready for discharge home?
- Have you been given instructions by the oral surgeons about your care at home (discharge instructions)?
- If your jaws are held together with elastics, have you been given a pair of scissors and instructions about how to use them?
- Has the dietitian talked with you about what you can eat and drink?
- Do you have someone to drive you home?
- Do you have a follow-up appointment at the Oral Surgery Clinic?
- Have the surgeons suggested when you can return to work?

What are your questions?

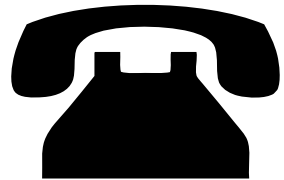
Please ask. We are here to help you.

Questions or concerns at home

Please call 902-473-5238 Monday-Friday from 8:30 a.m.-3:30 p.m. **for urgent questions or concerns** such as (but not limited to):

- › Bleeding from your wound or nose
- › Trouble swallowing or breathing
- › Significant nausea and/or vomiting
- › Increasing pain or pain not getting better
- › Significant increase in swelling
- › Shift in bite
- › Fever
- › Loss of several elastics or wires resulting in a loosening of your jaw immobilization (jaw not being held in place)

If busy or after 3:30 p.m. call 902-473-2222 and ask for the oral surgery resident on call. Stay on the line and the resident will be with you shortly.



Non urgent questions

Call the Oral and Maxillofacial Surgery Clinic, Victoria General between 8:30 a.m.-3:30 p.m., Monday-Friday. **The phone number is 902-473-2070.**

