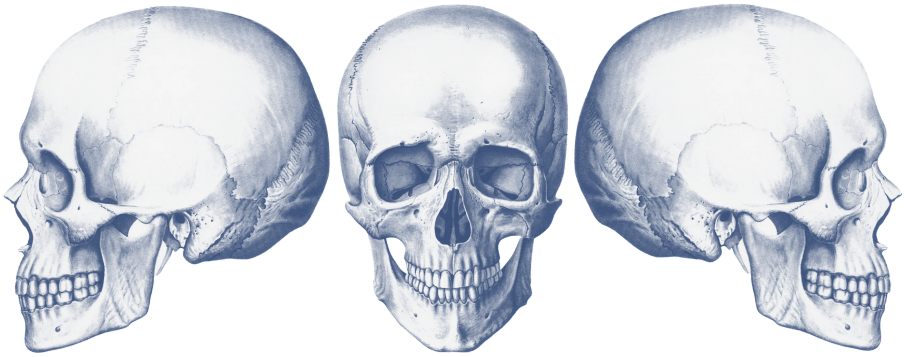
ORAL SURGERY SPECIALISTS
OF PUEBLO

Orthognathic Surgery



BEFORE SURGERY

Before your surgery, your orthodontist will place a surgical wire with hooks onto your braces. We will coordinate this with your orthodontist ahead of time to make sure this occurs.

HOSPITAL INTAKE

The hospital will usually contact you at least 48 hours prior to your surgery to let you know exactly what time and where you should report. You will be asked to arrive a few hours prior to your scheduled surgery. In the pre-surgery area, you will meet your operating room nursing team, the anesthesiologist, and your surgeon. During this time, you will have the opportunity to ask any questions and review the plan.

IMMEDIATELY POST-OP

You will likely recover from anesthesia in the Post-Anesthesia Care Unit (PACU) for an hour or so. You will then be transferred to a room for further recovery. A hospital nurse will monitor and assist you. You will be provided medication at scheduled intervals. You should be able to open your mouth, but you will have some slight guiding rubber bands in place. If you had surgery on the upper jaw, you may have a splint wired to the roof of your mouth. You will have an IV in your arm or hand, providing you with fluids and medications.

WHILE IN YOUR HOSPITAL ROOM...

A hospital nurse will care for you, as directed by your surgeon. IV fluids and medications for pain and nausea will be provided as needed. You will be encouraged to start drinking liquids. You will be instructed on oral hygiene, oral and/or facial wound care, and breathing exercises to assist in your recovery from general anesthesia. You may be instructed to walk around (ambulate) to assist your recovery. Before you are discharged from the hospital, we want to see:

- Your pain is well-controlled with the oral pain medications you will take home
- You are not having issues with nausea or vomiting
- You are drinking plenty of fluids
- You are able to get up, walk around, and use the bathroom

We will not "kick you out" of the hospital, but going home helps patients get better sleep and improves recovery.

FIRST 24 HOURS

MEDICATIONS - Take your medications as instructed. You will be receiving:

- An antibiotic to reduce your chances of infection
- NSAIDS (ie: motrin) will be given to reduce discomfort and inflammation
- A narcotic pain medication used to reduce pain and discomfort
- A steroid may be given to reduce inflammation and swelling
- A decongestant may be given to help you breathe through your nose easier. Saline nasal spray will keep your nasal passages moist
- Chlorhexidine Gluconate (Peridex) is an antibacterial mouth rinse to help keep your mouth clean and reduce the chances of infection

Most medications will be delivered via IV while in the hospital.

TO HELP REDUCE SWELLING - Keep your head elevated above the level of your heart. Apply ice to your face for at least 20 minutes out of the hour. Expect a good amount of swelling despite our best efforts. Keep any dressings around the face intact until your surgeon sees you the next morning. Your NSAID (ie: motrin) and pain medication will both help to decrease swelling and pain.

DIET - You will be on a full liquid diet for the first 3-4 weeks after surgery. This helps prevent breakdown of the surgical wounds in the mouth and prevents infection. It also allows the mouth to be easier to clean. Chewing is absolutely NOT allowed during this time period and may result in poor healing or need for additional surgery.

FIRST WEEK

SWELLING - Expect significant swelling. Double jaw (upper and lower) surgeries will swell more. It will peak during the 1st week and diminish slowly thereafter. Keep your head elevated above the level of your heart at all times, or propped up with three pillows. Ice should be used for the first 48-72 hours. You may use the ice pack for 20 minutes at a time, and then remove to give the skin some rest from the cold. Direct placement of ice to the skin for prolonged periods of time may produce a burn. Remember, your face will be numb, and you may be unable to tell if you are keeping the ice packs on too long. Your nasal passages will also be swollen, resulting in congestion and difficulty breathing through your nose. A saline nasal spray may be used to help with congestion. A humidifier or steam from a shower will also make you feel better. If you had upper jaw surgery, you should not blow your nose or sneeze with your mouth closed for the first two weeks.

BLEEDING - Minor oozing from the incisions inside the mouth should be expected in the first 72hrs. Upper jaw surgeries usually experience some minor trickling of blood through the nose. Although less common, lower jaw surgeries may experience this also due to the breathing tubes used by the anesthesia team during surgery. Dark blood clots may be coughed up or expressed through the nose toward the end of the first week for upper jaw surgeries and are normal. Your surgeon should be notified of a sudden or prolonged gust of bright red blood from the nose.

BRUISING - Expect bruising and swelling. The bruising should begin to dissipate as the swelling subsides. It will likely change colors from black/blue/purple, to green, to yellow and may travel down the neck to the upper chest. This is normal and will resolve in 1-2 weeks. Firm, swollen, painful bruising should be reported to your surgeon immediately.

NUMBNESS - Numbness of the face and lips may be persistent for several months. This is a normal outcome of this type of surgery. Usually upper face and lip sensation resolves before the lower face and lip sensation. Some numbness may be permanent. Younger patients resolve faster and more completely. Ask your surgeon about this outcome if you have further questions.

SECOND WEEK

SWELLING - Swelling should start to resolve and will lessen significantly by the end of the 2nd week

BRUISING - Bruising should start to resolve and be gone by the end of the 2nd week

NUMBNESS - Upper lip and cheek sensation for upper jaw surgeries should begin to return. The lower lip and chin will remain numb. You may experience tingling sensations in both upper and lower lips.

MOUTH OPENING - Depending on the type of surgery, you may have elastics or wires still intact, holding your jaws together. We will discuss jaw range of motion strategies and the need for continuous elastics to train your jaw muscles.

ACTIVITY - You may start to resume more of your regular daily activity as you see fit. Longer walks are encouraged. Still do not overexert yourself. Exercise is not recommended at this time.

DIET - Continue hygiene as taught in the hospital. Frequent warm water or saline mouth rinses are encouraged. Continue to use the Peridex mouth rinse twice daily. Sutures may begin to dissolve and loosen toward the end of this week. They may trap food. If they are bothersome, your surgeon may remove them. You may resume your pre-operative hygiene with toothpaste, etc.

MEDICATIONS - You will probably continue to use ibuprofen every 6 hours. The discomfort should be greatly reduced this week. Narcotics will probably not be needed - remember, they can be habit-forming, cause sleep problems, nausea and constipation. Consider using Tylenol in addition to ibuprofen if it is not enough alone.

FOLLOW-UP - Most patients are seen in the office weekly for about 6 weeks. You may request bothersome sutures be removed.

12 IMPORTANT TIPS

1. BRUSH, BRUSH, BRUSH YOUR TEETH!! Although you just had surgery, the incisions are far away from the teeth. If you do not keep them clean, you may get an infection. Brush at least 4-5 times per day with a soft bristle toothbrush.
2. Diet - Liquid (milkshakes, smoothies, Gatorade) for one week and then we can transition to “mush” for about 6 weeks (oatmeal, yogurt, pudding, cream of wheat, soft pasta, cooked fish, etc).
3. KEEP DRINKING! Dehydration is the most common reason to have to return to the hospital. Drink at least 2 liters of fluid per day.
4. Elastics will occasionally pop off. See if you can GENTLY put them back on in the same orientation. If not, please call the office and we can put them back on for you.
5. Pain control will be liquid motrin and narcotic pain medications for the first week. These medications may be taken at the same time, alternating every 3-4 hours as needed. Eventually, when the elastics are loosened, you will be transitioned to pills/tablets.
6. Please maintain dressings as instructed and utilize ice on your face and cheeks as much as possible in the first 48 hours.
7. Take showers. Walk as much as tolerated -- it will help you feel better.
8. Get up and move around as much as possible to reduce swelling.
9. NO heavy lifting-- anything greater than a gallon of milk.
10. NO strenuous exercise
11. If you had upper jaw surgery, you will need to be on “sinus precautions” for 2 weeks.
    - No nose blowing
    - Don't hold in sneezes (sneeze with mouth open)
    - No CPAP
12. If you have incisions on the outside of your cheeks (from lower jaw surgery):
    - Keep moist by applying antibiotic ointment 2x daily for 10 days
    - Mix 50:50 (hydrogen peroxide:water) and use a Q-Tip dipped in solution to roll over the wounds and dissolve away dried blood

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