

Pre and Post Op Care/Expectations

Expected Sequelae

1. **Hospital Stay:** The length of your stay varies depending on the procedure, but is usually from an overnight stay to two nights. Your release is based on your ability to breathe normally, take fluids and pills by mouth, go to the bathroom, and walk. Your stay could be longer if complications in your recovery exist.
Initial _____
2. **“Stuffy Nose”:** Following maxillary surgery, you may have difficulty breathing through the nose and may have nasal drainage or bleeding for a few days. Do not blow your nose for at least two weeks; however, you may suction your nose with a “nasal bulb” syringe. You may decongest your nose with a decongestant like neosynephrine or Afrin nasal spray.
Initial _____
3. **Swelling:** You will have facial swelling immediately postoperatively. The swelling will reach its peak in 3-5 days. Often the face may take 3-12 months to be totally free of swelling. Patients in which the bone graft material Infuse BMP is used will have twice as much swelling and it lasts twice as long. Occasionally patients may experience bruising and discoloration of the skin around the eyes, jaws, nose, and neck.
Initial _____
4. **Breathing Difficulty:** Occasionally, due to a stuffy nose and having your jaws swollen you may have some difficulty breathing shortly after the surgery. This improves as swelling goes down. You can use decongestants.
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5. **Swallowing difficulty:** Some surgery causes swelling around the tongue and jaws that along with the discomfort from the breathing tube may cause temporary swallowing difficulty. You must be able to swallow a full liquid diet and liquid pain medication prior to discharge from the hospital.
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6. **Sore throat:** The surgery and anesthesia tube often cause a sore throat after surgery which may last up to a week.
Initial _____

7. **Pain:** Everyone is very different in their response to the surgery and some procedures are more uncomfortable than others. Most people are surprised at how little discomfort there is. We will do our best to keep you comfortable. It is much easier to prevent pain than to try to get rid of it.
Initial _____

8. **Nausea and vomiting:** Occasionally after surgery people are nauseated. We sometimes put a tube into your stomach while you are asleep. This tube may stay in overnight.
Initial _____

9. **Bleeding:** Postoperative oozing from the surgery areas is not uncommon and may last for a few days. Bleeding from deep blood vessels can occur at the time of surgery and may occur later.
Initial _____

10. **Injury to the Nerves:** Many nerves are in the surgical areas of the jaws and we take great care that they are not injured. However, stretching and swelling of nerves is inevitable and temporary numbness or reduced function is common. Decreased sensation, pain or a tingling numbness will last for months to years and may be permanent.
Initial _____

11. **Medications:** We may be using medications for many reasons, including reducing discomfort, preventing infection, and reducing swelling. These will be given intravenously, intramuscularly and later as liquids or pills by mouth.
Initial _____

12. **Jaws wired together:** We use almost exclusively rigid internal fixation (mini fixation plates), which are meant to stay in the patient and are not removed. Therefore, the patient's jaws are generally NOT wired together. Patients will also have several (usually 8) skeletal orthodontic anchors (TADs) placed in their gums to be used for attachment of rubber bands elastics. These TADs may remain in for the duration of your orthodontics.
Initial _____

13. **Broken wires or elastics:** Modern braces are glued on to your teeth and may break off. It is not an emergency if your orthodontic bracket breaks. Your orthodontist can replace it at a later date.

Initial _____

14. **Diet and weight loss:** There are four distinct dietary phases which begin with full liquid diet, non-chewing diet, soft foods, and then return to normal diet. You can expect to lose some weight (up to 10% of your body weight), mostly in the first two weeks of surgery. We will monitor your weight after surgery to make sure that you do not lose too much weight.

Diet timeline:

1) First 2 weeks is full time elastics. Removal of elastics permitted only in office. Diet is full liquid particle free as in Ensure, Boost or particle free Jamba Juice.

2) The next 6 weeks** with full time elastics, you will be able to remove the elastics three times per day for diet, exercise, and hygiene. Diet is non-chewing which means any food that you can squash with your tongue and swallow without chewing.

3) At three months, you will have functional elastics which mean you can speak and talk with the elastics on and your diet is soft.

4) At four months***, you may return to normal diet and exercise.

** Single jaw surgery may have an accelerated dietary program

*** Patients with multi-segment LeForte must pass torque testing to return to normal diet after three months

Initial _____

15. **Occlusion (bite):** Your bite should be better after your surgery. Usually surgery is done in conjunction with orthodontics and braces may be necessary for a period of time after surgery to “fine tune” your bite. Your orthodontist will be the one who ultimately determines the time your braces may be removed.

Initial _____

16. **Inability to move or open jaws:** Your jaws will be tight after surgery and it may take a number of weeks before your jaws are really loose again. Rarely does restriction of jaw movements last much longer. It is rarely permanent, but this may require additional treatment.

Initial _____

17. **Physical therapy:** You probably will have a stiff jaw after the surgery and may need physical therapy to help get the movement and opening back to

normal. Traditional physical therapy is usually not required, we will give you jaw and lip exercises to start approximately two weeks after surgery.

Initial _____

18. **Cosmetic results:** Our computer assisted treatment planning is used to assure a good aesthetic result. Cosmetic changes are expected with most orthognathic surgery. However; the surgery, the patient and the computer imaging are NOT an exact science. A guarantee of a specific result cannot be given. Unintended changes in cosmetic appearance are possible, and may not be totally predictable. There may also be changes in speech patterns, which may require additional treatment.

Initial _____

19. **Incisions:** All incisions in made inside the mouth. All sutures used are resorbable. However, they may be taken out anywhere from 3-6 weeks post-op if they are causing inflammation of the mucosa and gum. The only incisions on the face itself would be at the nasal bridge and nasal bases.

Initial _____

20. **Foley Catheter:** For patients whose surgery is expected to last for more than four hours a urinary catheter will be placed by an operating room nurse (after general anesthesia has been established). After you are asleep, all doctors and staff will step out of the room for the placement of the urinary catheter with the exception of the anesthesiologist. The catheter is usually removed the following day after patients are able to walk to the bathroom.

Initial _____

Possible Sequelae

1. **G.I. Problems:** It is uncommon, but some people experience constipation or diarrhea. If you have any gastrointestinal problems, please let us know so that measures may be taken to fix the problem. Benefiber in a teaspoon of mineral oil every day will help prevent constipation.

Initial _____

2. **Aspiration:** Aspiration is sucking something other than air into the lungs. We want to avoid it. When your jaws are tightly banded or wired together, it is more difficult to get vomit out if you become nauseated. This is why we sometimes have a tube into your stomach for a short time during the first day after your surgery. As you continue your convalescence, you will find it is not difficult to

handle your secretions. You will only have liquids in your stomach during this time and it is unlikely that aspiration will be a problem.

Initial _____

3. **Transfusions and Reactions:** Occasionally we need to give blood during or after surgery. If we do, you have three options. 1. Transfusion of your own blood donated in advance. 2. Transfusion of bank blood. 3. No human blood products at all. This would mean that we would have to stop surgery. You should understand that if you have a transfusion with bank donor blood, it is possible, but unlikely, that you could have a reaction to this blood and/or acquire an infectious disease such as hepatitis or AIDS. Some other reactions include allergies, fever, and other blood borne diseases. You have a handout paper from the Medical Board of California, titled "A Patient's Guide to Blood Transfusions" explaining your options. Please ask us if you have any questions.

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4. **Allergic reactions:** Severe allergic reactions are rare, but you could have an allergic reaction to drugs used during anesthesia, surgery, and while recovering.

Initial _____

5. **Infection:** While infections are uncommon, any time you have surgery on the jaws, infections are possible. There are fixation plates that "hold things together". Infection around these plates and at the surgery areas may occur. Infections are usually treatable with antibiotics and local care. There are two things you can do to help prevent infections in your mouth post-operatively. 1) a particle free liquid diet for two weeks until the suture line is sealed; 2) the use of Peridex in your water pik device at least three times a day.

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6. **Poor bone healing:** This is very uncommon, but muscle activity such as chewing, talking against your elastics, clenching, and bruxism may cause poor bone apposition, delayed healing, or non-union of the bone which may require a second surgery and bone grafting to repair.

Initial _____

7. **Injury to teeth and gums:** Because many of the surgery areas are around or between teeth, sometimes teeth are injured, gums may heal poorly, or the supporting dental bone may heal poorly. There is the possibility of devitalization of those teeth which may require later root canal procedures, and may result in the loss of those teeth. Loss of gum around the roots of teeth may require further periodontal surgery to graft and repair.

Initial _____

8. **Sinus and nose problems:** Surgery on the upper jaw often involves the sinus and nose. Inflammation or infections in the sinus, deviated septum or openings into the mouth from the nose or sinuses can occur. Nose bleeds may occur from the tubes in your nose or from the surgery. There may be a need for sinus or nasal surgery to correct surgery to correct any lingering problems.

Initial _____

9. **TMJ Pain/Dysfunction:** The temporomandibular joints are altered when a new bite is made and it can result in pain and difficulty opening or moving the jaws. This is usually temporary and is resolved with physical therapy. Occasionally joint noises may develop or more severe joint problems can remain after surgery. If jaw joint symptoms existed before surgery, there may be no improvement and possibly some worsening of these symptoms after surgery.

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10. **Masticatory Pain/Dysfunction:** The masticator muscles are stretched and altered with the new bite and may result in pain and difficulty chewing and opening. This is usually a temporary problem and can be resolved with physiotherapy. Rarely this may be a permanent condition and patients may experience chronic pain due to muscular-skeletal discomfort.

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11. **Host Adaptive Response:** Your physical and emotional ability to adapt to the surgery is UNKNOWN and in some cases has been known to affect the outcome.

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12. **Relapse:** When we reposition the jaws, we change the relationships of the jaws to the muscles that attach to them. In some jaw movements, the muscles are stretched and the muscles may want to pull the jaws back to the position before surgery. This is called relapse and happens to different degrees in many procedures and may require additional treatment, including surgery and/or bone grafting. Post-operative elastics attached to your orthodontic anchors (TADs) are the best method of preventing relapse and we often request you use these elastics on your TADs until you have completed your orthodontic therapy.

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13. **Smell:** Decreased sense of smell is rare but possible with upper jaw surgery.

Initial _____

14. **Fixation Devices:** Additional procedure to remove fixation devices, pins, screws, plates or splints may be necessary.

Initial _____

15. **Functional results:** Decreased function of muscles of facial expression is possible.

Initial _____

The above topics have been discussed to my satisfaction and all other questions I feel important have been discussed to my satisfaction with Dr. Antipov. I understand that no guaranteed results can be given. I have also been advised of my option for a second opinion from another doctor regarding the proposed treatment.

Name

Date

Dr. Alexander V. Antipov

Board Certified Oral and Maxillofacial Surgeon

Date