

# Orthognathic Surgery

## Pre-Surgery and Post-Surgery

### **Checking in at the hospital:**

Patients should get to the hospital two hours prior to their surgery appointment. Remember that you cannot have anything to eat or drink after midnight prior to your surgery. Your stomach needs to be empty of all food and fluids – including water. When you get to the hospital, there is an information desk. At the information desk, you will be told where to go and how to check in. Once checked in, you will be asked to change into a hospital gown. Your anesthesiologist will come in and discuss the anesthesia and surgery with you. Once everything has been discussed, your anesthesiologist will start an IV and may administer some medications to help you feel more relaxed.

### **The Operating Room:**

Patients are brought into the operating room (OR) on a gurney. They will then move you to the operating table. By this point, you will have received some relaxing drugs so you will be feeling comfortable. Once you are comfortable on the operating table, the anesthesiologist will administer some drugs that will make you go to sleep. Once you are asleep, the anesthesiologist will place a tube through your nose and into your windpipe that will be used to assist your breathing during the general anesthesia. This tube will be removed before you wake up. A second tube may be placed through the nose into the stomach (nasogastric or NG tube) to keep the stomach empty. The NG tube may be left in over night after your surgery – patients generally have no problems other than an itchy nose from this tube. If your surgery is long (upper and lower jaw), a nurse will probably place a catheter into the bladder. This allows the anesthesiologist to check your hydration and urination during surgery. This catheter usually is left in overnight and can be removed the following morning when you are able to get up to use the bathroom. During the surgery, Dr. Jackson will have the nurse let your family know when the surgery is halfway over and when he is closing. When the surgery is completed, Dr. Jackson will place a jaw bra and ice packs on your face to help reduce swelling.

### **After the surgery:**

After your surgery is completed, you will be wheeled into the recovery room. You will be monitored very closely until you are awake enough to be moved to your hospital room. Dr. Jackson will let your family know you are doing well and are in recovery, but your family is not able to come back until you have been moved to your hospital room. If you have had upper jaw surgery, you will probably be moved into a single person ICU room. If you are in an ICU room, you will have one nurse closely monitoring your comfort and care. We recommend that you keep visitors to a minimum, as you will be very tired and wrapped in tight compression dressings. A family member is allowed to spend the night at the hospital with you. **We recommend that a family member stay with you** starting at the time you leave the ICU for regular ward floor. In your hospital room, you will have a suction device you can use to suction saliva and fluids from your mouth. If you develop any nausea, let your nurse know so that he or she

can give you some anti-nausea medication. You may remove the rubber bands in order to let your mouth hang open wider if you are having problems with nausea.

**Leaving the hospital:**

Discharge from the hospital is based on your ability to breath regularly, take fluids and medications by mouth, go to the bathroom, and walk on your own. Usually you are able to leave the hospital one to two nights after your surgery.

## **Postoperative Care**

**Eating:** Once you are home, it is important to make sure that you obtain adequate fluids and pain medication. Fluid intake is very important, as you are no longer receiving IV fluids. In order to assure proper fluid intake, you should be constantly taking small sips of either protein shakes or other fluids. Make sure you are taking your pain pills regularly as directed for pain.

**Swelling:** It is also important to keep up on your ice packs for the first few days. Icing will help to keep the swelling to a minimum. The swelling can be expected to get worse up until the third day. After the third day, it will begin to subside and you may discontinue ice pack use. You should be sleeping with your head raised (either in a recliner type chair or with extra pillows) for the first week. Keeping your head elevated will also help to keep the swelling down to a minimum. It is common for bruising to occur, especially if you are fair skinned.

**Speech:** Immediately after surgery, your speech is often slurred and you are hard to understand because your lips are swollen and your jaws are difficult to move. You will only improve your ability to talk by repeated attempts to communicate. Patients who work on speech can easily communicate their needs (although speech may still be slurred) within 24 hours of surgery.

**Nasal Stuffiness:** If the surgery involved your upper jaw, you will probably have a great deal of nasal congestion. We advise you to combat nasal congestion using over the counter nasal aids such as Vic's and Afrin. **DO NOT BLOW YOUR NOSE** if you have had upper jaw surgery. We recommend using q-tips moistened with a mix of water and hydrogen peroxide to clean out any secretions. Hot showers clear congestion, too.

**Teeth Hygiene:** You will be rinsing with your Peridex mouthwash three times daily for the first ten days after surgery. We encourage you to attempt to brush your teeth as soon as possible after surgery. A soft child-size brush is very helpful in brushing as your mouth will not open as much as normal. For patients who will have a splint on their upper jaw (anyone having surgery to widen their upper jaw), a water-pick can be very useful to clean between the splint and the upper teeth. Be careful when brushing - only brush the teeth and do not brush the gums. It could irritate the incisions.

File: FAQ Surgery Day