



## Instructions: Corrective Jaw Surgery

### PRIOR TO SURGERY

Avoid using aspirin or ibuprofen (Motrin®, Advil®) or medications that contain aspirin. Acetaminophen or Tylenol® may be used. Be prepared to bring the following items to the hospital the day of surgery: all current medications, writing pad/pen, and robe/slippers (optional). Your hospital arrival time for the day of surgery will be determined at your pre-procedure testing appointment.

**DAY BEFORE SURGERY:** Do NOT eat or drink anything after midnight the day before surgery or as directed by the pre-procedure testing appointment. Prepare all items and medications needed during your hospital stay.

### DISCHARGE & HOME CARE

Your surgeon will provide prescriptions for medications to be taken at home. They may include analgesics to relieve discomfort, antibiotics to prevent infection, and a mouth rinse to keep the mouth clean. For upper jaw surgery, decongestants such as Sudafed® and nasal spray are recommended.

**DIET:** Your diet will begin as full liquids, including milk shakes, smoothies, thick soups, etc. Supplements such as Ensure® or Carnation® Instant Breakfast can be used as well. For proper recovery from the surgery, it is important to consume an adequate number of calories per day (think in terms of 1500—2500 cal.). It is also important to consume a minimum of 2000 ml (two quarts) of water per day to avoid dehydration. Milkshakes and dietary supplements do not count toward the 2000 ml of water. Gatorade®, Pedialyte®, cranberry juice, or apple juice are acceptable alternatives to water. You may find it best to have more than three meals per day. Your doctor will tell you when you may begin to chew food. Even under the best circumstances, your jaw will be stiff and not able to open very wide within the first week. Soft foods such as scrambled eggs, mashed potatoes, thick soups, well-cooked vegetables, puddings, oatmeal, and pasta are usually the first solid foods you may try to eat after your surgeon gives you the okay. Initially, chewing may be difficult, and foods of this consistency can be eaten without actually chewing. If your teeth are wired or tightly rubber-banded together, your diet will remain liquefied until your wires or rubber bands have been released. The large syringe with the red rubber catheter used in the hospital may be used initially for getting food and water in the mouth. It is okay to use a straw, spoon, or drink from a cup.

### MOUTH CARE

You may begin to gently brush your teeth when you get home. Additionally, frequent rinses with water, salt water or mouthwash will help keep things clean, especially after meals. You may be prescribed an antiseptic mouth rinse as well. Waterpiks® are useful but not mandatory. Electric toothbrushes are also acceptable.

**SWELLING:** Swelling is a prominent feature of recovery from jaw surgery. Ice placed on the sides of the face during the first 48 hours is helpful in moderating the swelling. After 48 hours, the swelling will begin to decrease. Ice is no longer of any benefit after the first 48 hours; however, it can be continued if it makes the face feel better. Warm salt water rinses will keep the mouth clean and help reduce the intraoral swelling. External heat in the form of a heating pad or warm compress will help to soften and promote reduction of swelling. Call the office if swelling continues to increase after the fourth post-operative day. Swelling will be most prominent in the first few days after surgery. Swelling should reduce by about 50% after 7 days, by about 80% after 14 days, and by about 90% after 1 month. Residual swelling may take several months to resolve. It may be more comfortable to sleep with the head of the bed elevated or with extra pillows.

### MOUTH STIFFNESS

Jaw stiffness is common after surgery. This will resolve gradually. No exercises are required for this to improve. Do not force your mouth open as this may cause harm to the surgical sites. The lips and cheeks will feel stiff as well. This will also resolve spontaneously in several weeks or months.

**NUMBNESS:** This is a common side effect from the surgery. Depending on the type of surgery you had, it may involve the lips, chin, teeth, gum tissues, roof of the mouth, skin next to the nose, and tongue. Most of the time, the numbness will improve over several weeks or months. Some altered sensation may be permanent.



## Instructions: Corrective Jaw Surgery (CONT.)

**DISCOLORATION:** It is common to develop bluish, greenish, or yellowish skin discoloration after the surgery. This is from old blood that is breaking down after surgery. The discoloration will dissipate and travel down the neck over several days or a week.

**RUBBER BANDS:** These are commonly used after jaw surgery and are intended to guide the bite after surgery. Your doctor will instruct you in their use. If you break a rubber band, call the office during office hours for advice. This is not an emergency.

**PAIN MANAGEMENT:** You will be given a prescription medication for pain control. Most of the time, this will be in liquid form and may consist of one of the medications listed below. Each of these medications contains a NARCOTIC (oxycodone, hydrocodone, codeine). Other medications for pain control may be prescribed.

- ROXICET® (acetaminophen with oxycodone)
- HYCET® ELIXIR (acetaminophen with hydrocodone)
- TYLENOL® with CODEINE ELIXIR® (acetaminophen with codeine)

All of these medications come in pill form as well. The liquid form is easier to swallow and to adjust dosages. It is important to remember that the average adult should not use more than 4000 mg of acetaminophen in 24 hours. Note that all of the above medications contain acetaminophen. You do not want to combine these medications with any other medication containing acetaminophen (Tylenol).

The above-listed medications can be used as a supplement to an anti-inflammatory pain reliever such as ibuprofen (Motrin®, Advil®), ketorolac (Toradol®), or naproxen (Aleve®). These pills can be crushed, or in the case of ibuprofen, a liquid form is available. Toradol is available by prescription from your doctor.

A typical pain medication regimen may include 800 mg of ibuprofen or 10 mg of Toradol every 8 hours with intermittent doses of the narcotic pain reliever between. In this scenario, the narcotic is used as a supplement. The advantage of this approach is one less narcotic and therefore less risk of side effects from the narcotic, such as nausea, constipation, or sedation. The anti-inflammatory medications are compatible with the above-listed narcotic medications.

Side effects of narcotics include nausea, vomiting, sedation, and constipation. If you encounter nausea or vomiting, stop the narcotic medication and call the office. Medication to control nausea can be prescribed, and a different narcotic may be prescribed as well. Constipation may require a stool softener or laxative. Using less of the narcotic medication can moderate all of these side effects. If your pain control is inadequate with the medication you have been prescribed, call the office for assistance.

**ANTIBIOTICS:** You may be prescribed an antibiotic to reduce the possibility of infection after surgery. You should take the medication as prescribed. Contact the office if you develop a rash, itching, or diarrhea from the medication.

**DECONGESTANTS:** If you had upper jaw surgery, you may benefit from a decongestant. Sudafed® is a common decongestant available from the pharmacy. There are others available. Nasal sprays are also useful for quick relief from nasal congestion. Ocean Mist® saline nasal spray or humidified air may help with dried secretions in the nasal passages. Do not blow your nose until the doctor allows. Do not use a decongestant cold medication that contains acetaminophen if you are taking other medications with acetaminophen.

**BLEEDING:** Initially there will be blood mixed with saliva and, for upper jaw surgery, bloody drainage from the nose. The nasal discharge is due to accumulated blood in the sinus areas. Most of this will drain down the back of the throat. This drainage will taper off over the first few days. Heavy, fresh bleeding is not normal and should be brought to the attention of the doctor. Call the office if this occurs.



## Instructions: Corrective Jaw Surgery (CONT.)

**SORE THROAT:** This is common after the surgery. It is due to the breathing tube used during surgery. It will pass within a day or two.

**ACTIVITY:** It is common to feel tired after surgery. Fatigue is due to blood loss during surgery, increased energy demand for healing, altered diet, and the use of narcotic pain relievers. Rest, proper nutrition, and hydration are appropriate. An over-the-counter iron supplement can be used in cases where blood loss during surgery was significant. Do not push yourself. Your body will tell you when you are ready to be more active. The first week is when you are most likely to need rest.

**FOLLOW-UP APPOINTMENTS:** Typically, you will be seen within 7 days of surgery. Call for an appointment if you do not have one.

### WHEN TO CALL THE DOCTOR:

- Nausea and vomiting
- Inadequate pain control
- Diarrhea
- Bleeding
- Swelling that is increasing after the fourth post-operative day
- Foul discharge from the surgical sites
- Temperature above 101.5° F

Our doctors are on call 24 hours a day for emergent questions or problems.