

## Post Operative Care for Orthognathic (Jaw) Surgery

### GENERAL INSTRUCTIONS:

- Take pain medication and antibiotics as prescribed
- Do not drive or operate hazardous machinery while taking narcotic pain medications
- Do not drink alcoholic beverages or smoke during the recovery period
- Strict **NO CHEW diet for 4-6 weeks.**
- Take your temperature twice a day for the next 7 days
- Drink plenty of fluids, and eat blended/puree foods with high protein content

### CONTACT THE OFFICE IF YOU HAVE:

- Nausea and vomiting
- Inadequate pain control with current pain regimen
- Diarrhea/Constipation
- Bleeding
- Worsening swelling after the fourth post-operative day
- Excessive swelling/redness around the wound area
- Foul discharge from the surgical sites
- Unable to urinate within 8 hours of being discharged
- Develop a fever ( $=100.4^{\circ}\text{F}$  or  $=38^{\circ}\text{C}$ )

### CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM IF YOU SUDDENLY DEVELOP:

- Weakness or numbness on one side of the body
- Drooping of the face on one side
- Not able to speak or understand others' speech
- Sudden loss of vision
- Bad headache for no reason
- Chest pain
- Shortness of breath

**ANTIBIOTICS:** If you were prescribed an antibiotic, take as directed until you finish the entire antibiotic course. If you develop a rash, itching, diarrhea or any other adverse reaction from the medication, stop taking the medication and contact our office.

**PAIN MEDICATION:** It is recommended that you take pain medication on a full stomach or with a snack. Do not take both Ibuprofen capsules and suspension, take one or the other. Same goes for the Tylenol and any other medication that contains Tylenol. For best pain control, alternate Ibuprofen and Tylenol analgesics every 3-4 hours or as directed by your physician. Only take narcotic medication if the previous pain regimen does not adequately control your pain.

*\*If prescribed narcotic pain medications: do not consume alcoholic beverages or operate heavy*

machinery while taking narcotic medication. Narcotic pain medications can cause some constipation and may require a stool softener or laxative. You can get some over-the-counter Colace to help with the constipation. Other side effects of narcotics include nausea, vomiting, sedation. 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 can also be prescribed. 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.

**SINUS PRECAUTIONS:** For the next 4-6 weeks, you want to avoid any action that may cause significant pressure changes in your sinus. These include: do not forcefully blow your nose; avoid putting pressure on sinus area; avoid strenuous activity/straining; try not to sneeze – if you have to, sneeze with your mouth open; avoid plugging your nose and blowing to pop your ears.

**DECONGESTANTS:** If you are experiencing congestion, Sudafed is a common decongestant available from the pharmacy. If you were prescribed Sudafed and Afrin, take as directed. There are other over-the-counter decongestants available as well. 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. Keeping the nostrils free of dried blood will help alleviate many of your symptoms. Avoid blowing your nose for 3 weeks post op.

**SWELLING:** It is normal to experience some significant swelling following surgery. Swelling is usually at its worst on day 3 following surgery and will slowly begin to improve thereafter. Ice placed on the sides of the face during the first 48 hours is helpful in moderating the swelling. The ice packs should be used 20 minutes on, 20 minutes off, while you are awake. After 48 hours, you may apply warm compresses or warm towels to the sides of your face as often as tolerated. Test on a different area of your skin before applying to your face. Warm saltwater rinses will keep the mouth clean and help reduce the intraoral swelling. Call the office if swelling continues to increase after the fourth postoperative day. Swelling should reduce by about 50% after seven days, by about 80% after 14 days, and by about 90% after one 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 under your head.

**DISCOMFORT:** It is normal to experience some discomfort. You will have pain around the surgical sites and will also feel discomfort at the back of your throat when swallowing. The major discomfort should subside after the third day. Jaw stiffness is common after surgery. This will resolve gradually. No exercises are required for this to improve, unless otherwise instructed to do so. 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.

**DIET:** Your diet will begin as full liquids, including milk shakes, smoothies, thick soups, etc. For proper recovery from the surgery, it is important to consume an adequate number of calories per day (1500—2500 cal per day). 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. Be aware as many smoothie and meal replacement supplements have a high sugar content and are not conducive for healing oral wounds. Gatorade®, Pedialyte®, cranberry juice, or apple juice are acceptable alternatives to water, with care to limit the sugar content. You may find it best to have more frequent, but smaller meals throughout the 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 spoon or to drink from a cup.

**ORAL HYGIENE:** Good oral hygiene is essential in order to ensure proper healing and to reduce the possibility of infections. Please keep these areas clean by brushing your teeth and rinsing your mouth regularly with salt water, especially after meals to reduce the debris burden on the wounds in the mouth. A toothbrush should be used carefully in areas of the mouth not involved in the surgical procedure.

**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 important. Light activity is encouraged to improve blood flow and support a healthy immune system. Do not overexert yourself.

#### **WOUND AND DRESSING CARE:**

Extra-oral: You may have a few sutures on your skin that will need to be taken out 7-10 days following surgery. Keep the dressing on for the first two days and avoid getting the area wet. After this 2 day period, you can apply bacitracin 2x/day to help with the healing process and reduce the risk of scar formation.

Intra-oral: You have several dissolvable sutures in your mouth. These sutures will dissolve in 5 to 10 days. A minor ooze is normal for the first 3 days. Gently gauze application over oozing sites can stop the bleeding. Please avoid spitting and drinking out of straws for approximately 1 week in effort not to disturb the surgical site.

**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 slow down 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.

**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, and you are uncomfortable replacing them, we may adjust them at your next appointment. This is not an emergency.

**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.

**DISCOLORATION:** It is common to develop bluish, greenish, or yellow 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.

**FOLLOW-UP CARE:** Follow up includes 2 days, 1 week, 3 weeks and 6 weeks after surgery to monitor appropriate wound healing and to monitor and intervene as necessary if complications arise. If you are in doubt about your healing progress, feel free to call the office and discuss the case with one of the oral surgeons. **302-477-1800**