Eastman Dental Hospital

Orthognathic treatment
Departments of Orthodontics and Maxillofacial Surgery
Turkish
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Cantonese
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Mandarin
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If you need a large print, audio or translated copy of the document, please contact us on 020 3456 1067. We will try our best to meet your needs.

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1. Introduction
This leaflet has been designed to help you understand your operation and overall treatment.

It contains many commonly asked questions. If you have any further questions, please do not hesitate to discuss them with your orthodontist or maxillofacial surgeon.

It might be decided that a combination of orthodontic treatment (“braces”) and jaw surgery is necessary to improve the position of your teeth and jaws.

2. Why has surgery been suggested?
The problems with your bite are too great to correct by simply moving your teeth with braces. Surgery is also required to move your jaws into the proper position so your teeth will meet correctly after they have been straightened.

3. Why do I have to wait until I have stopped growing?
Your jaws follow the growth rate of the rest of your body so surgery is not usually considered until your late teens. At this stage, once it is felt that there should be no further significant facial growth, the outcome of your treatment will be more predictable. If you have surgery before you stop growing, it may have to be repeated when growth is complete.
4. Why do I have to have my teeth straightened before surgery?

It is important your teeth are moved into the correct position before surgery so that they will meet properly after surgery. Therefore, as the teeth are lined up before the surgery, your bite may actually look worse. This is done purposely to give the best result and provide maximum improvement in your bite and facial/dental appearance.

5. What type of brace will I need to wear?

You will need to wear a fixed brace for approximately 24 months before surgery and for 6 to 9 months afterwards. However this varies from patient to patient and your orthodontist should be able to advise you on this.

Fixed braces are used as they allow the most accurate positioning of your teeth prior to surgery. During your operation, they also help the surgeon position your jaws correctly. The brace will consist of metal brackets, it is not possible to use tooth coloured braces or invisible aligners.
6. Will I need to have any teeth removed?
It is sometimes necessary to have teeth removed before braces are fitted to provide space to line up your remaining teeth. It may also be necessary to have your wisdom teeth removed as they may interfere with the jaw operation. This is usually carried out at least six to 12 months before your jaw surgery so that the area can heal fully.

Your orthodontist and surgeon will discuss the need for any extractions with you before you start treatment.

7. How will the operation be done?
The operation will be done from inside your mouth. If there is a possibility of scars on your face, this will be discussed with you before starting treatment.

Some operations involve surgery on both your top and bottom jaw. Others involve only one jaw. Operations to reposition the jaw bones are called “osteotomies”. Your surgeon will tell you exactly what type of osteotomy you need.

8. How long will the operation take?
The operation will be carried out under general anaesthetic, and will take between one and three hours. Every patient is different and your surgeon will be able to give you a more accurate time.

9. How long will I be in hospital?
You will be admitted to University College London Hospital (UCLH) and you usually need to stay overnight after the operation.
10. Is the operation painful?

You will have some bruising, swelling and discomfort after the operation and initially you will not be able to open your mouth very wide. It can take more than six months to get your mouth opening and bite strength back to normal.

You may also have a little difficulty swallowing. This will improve over the first two to three days following your operation. You will be given regular painkillers as necessary to control any discomfort.

During the operation you will be given injections to make your mouth numb, this lasts for eight to 12 hours after your operation.

11. Will I be swollen?

Yes. This varies from patient to patient, for some it is very marked. Some patients may be shocked when they look in the mirror for the first time and some have said things like, “My face looked like a football.” It can be unpleasant and upsetting. Patients may also have thoughts such as “this was a big mistake” or “what if the swelling never goes down”. This phase usually only lasts a few days and is much easier to cope with if you know that it might happen.

The swelling is at its worst about two to three days after surgery. Most of it goes down over the next two to three weeks, but you may be aware of minor swelling remaining for up to six months.
12. Will my jaws be wired together?
Nowadays this is rarely done. As a result, you will be able to open your mouth to a limited extent after the operation. Elastic bands are often used to guide the jaws into their new position after surgery and your braces will help this.

Small metal plates made of titanium are used to fix the bones together. These plates sit on the surface of your jawbone, but beneath the gum and generally remain in place forever. Sometimes they may need to be removed at a later date if they become infected. They will not interfere with airport metal detectors.

13. Are there any other risks?
• All operations carry risk related to the general anaesthetic. This risk is rare, but potentially very serious.

• It is common for you to have numbness or tingling of the lower lip, chin and tongue after an operation on the lower jaw. This is usually temporary and may last for a number of weeks or months. It may feel a bit like a dental injection that has not worn off. The numbness will not affect the appearance or movement of your lower lip or tongue, only the feeling in it.

• There is a risk that you may experience permanent nerve damage. This can range from mild tingling through to a feeling of complete numbness. Your surgeon will discuss this with you in more detail.

• Numbness of your upper lip, cheek, nose, palate and gums can occur after an operation on the upper jaw. Again, this usually resolves over a number of weeks.

• Some bleeding is unavoidable during surgery but it is rare that patients need to be given extra blood during the operation.
• It is usual to feel tired and weak for two to six weeks after surgery as your body makes up for any blood loss that has occurred. Patients who are having upper jaw surgery can find their nose and sinuses feel blocked and can often taste blood from the operation for several days afterwards.

• A small amount of bleeding or oozing after your operation is normal and you will have blood-stained saliva initially. This usually stops after 24 to 48 hours. If the bleeding is excessive, you will have to go back to theatre for the bleeding point to be located and sealed, however this is extremely rare.

• There is about a five per cent chance that at the end you will feel that the final result was not worth all the trouble of the treatment. The reasons that patients feel like this are often complex but include their experience of the treatment process and their expectations of what the treatment will change in their life.

• There are also risks associated with the braces and your orthodontist should have already provided you with some of the following information leaflets, however if you have not been given these leaflets, please ask your orthodontist when you see them next:
  i) Fixed braces
  ii) Risks of treatment
  iii) Retainers.

14. **Will I be able to eat normally?**
Until your surgery you should be able to eat and drink normally. Your orthodontist will give you further dietary advice to prevent damage to your brace or teeth.

Following your operation, a soft diet will be recommended for about six weeks (well cooked pasta, mashed potato, fish etc).
Gradually, you will be able to eat harder foods. By eight weeks after your operation, you should be eating more normally.

15. How long will I be away from work/college?
This varies from patient to patient. It also depends on the type of jaw surgery carried out and the type of work you do. On average you will need about two weeks off work/education. A small minority of patients take longer to recover - possibly up to six weeks.

16. What happens when I leave hospital?
On discharge from hospital, you will usually be given antibiotics, painkillers and mouthwash.

It is important to take your medicines as instructed and to keep your mouth clean. The mouthwash is necessary to wash away any food debris, that can attract bacteria and cause wound infections. It is also important to brush your teeth regularly.

You will have a number of stitches in your mouth which will dissolve after the operation. These can take three to six weeks to dissolve.

A review appointment will be made for you to see your surgeon and orthodontist at the Eastman approximately one week after surgery. It is important to continue your regular appointments with your orthodontist after your jaw operation in order to complete your overall treatment.

17. How will I feel afterwards?
The body’s usual response to surgery is one of mild depression. This seems particularly true of facial surgery. Most patients feel a bit low for a couple of weeks after the surgery. You might feel like you want to stay in bed, or at least at home, for a little while. You will need someone to look after you, both physically and emotionally, during this time.
Patients who have significant changes to their facial appearance can lose that comforting feeling of seeing a familiar face when they look in the mirror. This can be worrying until you get used to your new appearance. It takes time and patience.

18. Will the operation change my appearance?
Yes. The purpose of the treatment is to change the position of your teeth and jaws. This will result in a change in your facial appearance. The amount of change you should expect usually depends on how much your jaws have to be moved.

Most patients feel these changes are beneficial and life enhancing. However, some patients and/or their families may have difficulties coping with these changes. In these situations, it may be felt appropriate for your orthodontist or surgeon to seek advice from the liaison psychiatrist who works as part of the orthognathic team.

19. Why was it suggested that I meet a liaison psychiatrist?
While patients often do experience psychological benefits as a result of the treatment, we cannot guarantee that this will happen. As a result of this potential change, we have a liaison psychiatrist on our team. You can meet them to:

• clarify your current concerns
• work out what you are hoping to achieve through treatment
• weigh up the possible risks and benefits of the proposed treatment

They can also help you to make the most of the physical changes that result from treatment.

Some patients are extremely sensitive about their appearance and find it difficult to talk to professionals about what they want. The liaison psychiatrist can support you so that your views are heard and considered.
We know that patients who have the support of family and friends are more likely to feel satisfied with the final outcome. We suggest that you discuss decisions about your treatment with those close to you. Our liaison psychiatrist is happy to see patients with their friends or family.

For patients who hope that they will feel more confident etc. after treatment, they may find that this happens quickly after surgery, or gradually over a period of months, and occasionally not at all. If you do not experience the psychological or social benefits that you hoped for, you can see our liaison psychiatrist again to explore other ways of improving the situation.

20. How long will the entire treatment take?
It usually takes three years, but will vary according to the severity of your jaw problem.

21. Do I still need to see my regular dentist?
Yes. It is important to have regular check-ups at your own general dentist throughout your course of treatment.

We hope this information leaflet has answered many of your questions about orthognathic treatment. It is important you understand what is involved before you decide to go ahead. Please remember that the information above is generalised and individual cases may vary.

If you have any further questions, do not hesitate to discuss them with your Maxillofacial Surgeon or Orthodontist.
22. Contact details

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23. Map