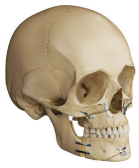
POST-OPERATIVE CARE

Corrective Jaw Surgery

Home care instructions after orthognathic surgery



Please note: These instructions are specific to patients of Northeast Facial and Oral Surgery Specialists, LLC. Every patient's post-operative care is unique. You may be given specific instructions by your surgeon that differ from what appears on this sheet. If so, follow your surgeon's instructions. This document should be used as a guide only and does not replace the medical advice of your treating provider.

SWELLING PEAKS	NO CHEWING	NORMAL DIET	BRUSH
2–4 days	About 8 weeks	About 12 weeks	5 times a day

01 The first week — what to expect

- **Expect ups and downs, and know they pass.** The first week, when everything is new, is usually the most challenging. Feeling congested, swollen, tearful, or flustered is normal and is partly the surgery and partly the medications. Your outlook genuinely affects your recovery.
- **This operation is usually not very painful.** Most of what you feel is swelling, nasal congestion, and a sore throat from the breathing and suction tubes used during surgery. The throat soreness passes within a few days.
- **Lean on the people around you.** Share these instructions with family, friends, or coworkers who will help you. Recovery is smoother when the people around you know what to expect.

02 Swelling & comfort

- **Swelling builds for the first 2–4 days.** This is expected — it is not a sign of a problem. Use ice packs during this period, along with any nasal decongestant we prescribed.
- **Once swelling peaks, switch to warmth.** You can stop the ice, or keep using it only if it feels better. Warm compresses after the peak help the swelling clear faster.
- **Swelling resolves in stages.** About half of it goes away over the week to week and a half after it peaks. Half of what remains clears over the following week to week and a half. You will feel much more like yourself as it and the congestion settle.
- **Use acetaminophen (Tylenol) or ibuprofen as directed.** Most patients need only over-the-counter medicine after the first few days. Follow the dosing from your provider exactly — do not take more, or more often, than directed.
- **Keep your head elevated.** Sleeping propped up for the first week or two reduces swelling.

03 Numbness & changing sensation

- **Numbness of the lips, mouth, tongue, teeth, nose, and cheeks is normal.** The nerves that supply feeling to these areas are stretched and swollen during surgery and need time to recover.
- **Feeling returns gradually.** It usually begins to come back over the first few weeks and can take several months to fully return. For some patients a degree of altered sensation is long-term.
- **Tingling, burning, or brief stabbing sensations are expected.** These are signs of nerve fibers regenerating, not of a problem.

04 Fluids & nutrition — the first week

- **For the first 24–48 hours, fluids are the priority.** Take small sips frequently rather than trying to drink a lot at once. Dehydration is one of the main reasons patients end up back in the hospital.
- **In week one, quantity matters more than quality.** Water alone is not enough. Gatorade, Snapple, broth, and Jell-O are better — they supply sugar and salt along with fluid.
- **Take in more calories than usual, not fewer.** Milkshakes made with whole ice cream thinned with whole milk or cream, and supplements like Ensure, Ensure Plus, or Carnation, are good choices. This is not the time for fat-free or low-calorie options.
- **Plan five or six small meals a day** rather than three larger ones. Adequate calories reduce pain, raise your energy, and speed healing.

05 Advancing your diet

- **Move from full liquids to soft, no-chew foods as you tolerate it.** As you get further from surgery, the quality of what you eat matters more — aim for protein and fat.
- **Good choices include** scrambled eggs, yogurt, pudding, tuna or egg salad, soft canned fruits and vegetables, ground beef, turkey or chicken, and tofu.
- **No chewing for about eight weeks.** Your jaws are held in their new position by internal fixation. The force of chewing is far stronger than that fixation — chewing too early can bend the hardware and require another operation to correct.
- **Most patients return to a fully normal diet around twelve weeks.** Your surgeon will tell you when to begin chewing again.

06 Mouth care & hygiene

- **Restart oral hygiene the evening of surgery or the next morning.** Infection is another leading reason for readmission, and a clean mouth is the best protection alongside your antibiotic.
- **Brush five times a day with a soft toothbrush.** Keeping braces clean takes real effort, and you can expect to go through several toothbrushes. Do not be afraid to brush — your incisions sit well away from your teeth.
- **Use the prescribed antibiotic mouth rinse twice a day,** and warm salt-water rinses in between. Brush and rinse after every meal.
- **If you have a splint,** use your toothbrush and rinse to keep the inside surfaces of the upper teeth clean. Do not remove the splint yourself.
- **Wait on the Water Pik.** It is helpful later, but ask your surgeon before starting — not during the first week, when the water pressure can disturb the incisions.

07 Nose & sinus care (upper jaw surgery)

- **Do not blow your nose.** If your upper jaw was operated on, avoid nose blowing until your surgeon clears it. Sniff back or wipe gently instead, and sneeze with your mouth open — never hold a sneeze in.
- **Congestion and blood-tinged drainage are expected** for up to a few weeks as the sinuses clear. Use the decongestant and saline spray as directed.
- **Minor nosebleeds can happen.** Sit up, pinch the soft part of the nose, and place a cold pack across the bridge. Call us if bleeding will not stop.
- **No straws or smoking** while you are healing.

08 Activity, follow-up & getting back to life

- **Move around, starting right away.** Walking, sipping fluids, and returning to a normal daily rhythm are part of recovery, not a break from it.
- **Return to work or school when you feel ready.** Patients who had both jaws operated on usually take about two weeks; single-jaw surgery is usually about one week. This varies, so use it as a guide.
- **Expect a set follow-up schedule.** You will typically be seen 5–7 days after surgery, then at two, four, six, and eight weeks — after which you return to your orthodontist to begin final alignment of your teeth.
- **Avoid contact sports and heavy exertion** until your surgeon clears you.

Additional instructions

Notes from your surgeon

⚠ When to call our office

- Fever over 101°F (38.3°C)
- You cannot keep fluids down
- Signs of dehydration — dizziness, very dark urine, or passing much less urine
- Increasing swelling, redness, or foul-tasting drainage after the first week
- A splint, wire, or elastic that loosens or comes off, or a sudden change in how your bite feels
- A nosebleed that will not stop with pressure
- Pain that is not controlled by your medicine

Call our office at **973-360-1100**.

+ Call 911 for an emergency

Call 911 or go to the nearest emergency room immediately if you have any of the following:

- Trouble breathing, gasping, or noisy or labored breathing
- Lips or face turn blue or very pale
- Choking, or you cannot swallow
- Heavy bleeding that will not stop
- Chest pain, or sudden shortness of breath
- Fainting, a seizure, or new confusion
- Cannot be woken, or is very difficult to rouse
- Swelling of the face, tongue, or throat, or hives after a medicine (allergic reaction)
- Severe dehydration — dizziness or fainting, passing no urine, or extreme drowsiness
- A high fever with a stiff neck or severe drowsiness

For any other severe concern, or if you are in doubt — call 911. Do not wait to call the office in a life-threatening emergency.