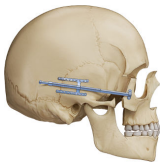
POST-OPERATIVE CARE

Le Fort III Osteotomy

Home care instructions after midface advancement 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 NOSE BLOWING	NO-CHEW DIET	TURNING, IF USED
2–4 days	6 weeks	About 6 weeks	As directed

01 What to expect after surgery

- **You will be watched closely at first.** Most patients spend the first night or two in intensive care so breathing, swelling, and comfort can be monitored.
- **Expect major facial swelling and bruising.** Swelling builds for the first two to four days and the eyes may swell shut. Most of it settles over the first two weeks, with the last of it taking weeks to months.
- **Numbness of the cheeks, upper lip, and teeth is normal.** Feeling returns slowly over weeks to months, and may not be completely even side to side.
- **Your bite will feel different.** This is expected after the midface is moved. Orthodontic treatment continues afterward to settle the bite.

02 Breathing & airway safety

- **Tell us right away about any new trouble breathing.** This surgery is often done partly to improve the airway, but swelling can narrow it in the first days. Report noisy breathing, choking, or working hard to breathe immediately.
- **Keep the head elevated.** Sit up or rest on several pillows or a wedge, day and night, for the first week or two. This reduces swelling and helps breathing.
- **If you were sent home with CPAP, oxygen, or a monitor,** use it exactly as directed and call us with alarms you cannot explain.
- **If elastics or wires hold your jaws together,** keep the scissors or cutters we gave you with you at all times, including overnight and in the car. If you are vomiting or cannot breathe, release them as we showed you and call 911.

03 Turning the distractor (distraction approach only)

- **This section applies only if a distractor was placed.** If your midface was advanced in one stage and fixed with plates and screws, there is nothing to turn — skip this section.
- **Turn the device exactly as instructed.** We will show you how, and tell you how many turns and how often. Do not change the amount or schedule on your own.
- **Turn at the same time each day and keep a written log.** Bring the log to every visit. If you miss a turn, call us — never double up to catch up.
- **Stop and call if the device will not turn,** feels stuck, suddenly turns very easily, or if a pin, arm, or the halo frame looks loose or has shifted. Do not force it.
- **Clean pin sites as directed.** Gently loosen crusting with a cotton swab, using the solution and schedule we gave you. Do not pick at the sites or pull on the hardware.
- **Protect the frame if you have an external device.** Avoid catching it on clothing, bedding, or car seat straps, and keep away from rough play entirely.

04 Eye care

- **Your eyes may feel dry, gritty, or not close fully at first.** Swelling and the change in midface position can leave the eyes more exposed early on.
- **Use eye lubrication as prescribed.** Drops during the day and ointment at night protect the surface of the eye. Use them on schedule, not only when eyes feel dry.
- **Cool compresses can help swelling** if your team advises them — rest them gently on the closed lids, never pressing on the eye itself.
- **Call us right away about eye changes.** Any change in vision, severe eye pain, or an eye that looks more swollen or pushed forward needs to be checked immediately.

05 Nose & sinus precautions

- **Do not blow your nose for about six weeks.** Pressure can disturb the healing bone and the sinuses. Sniff back or wipe gently instead.
- **Sneeze with your mouth open.** Never hold a sneeze in. Support your face gently if it helps.
- **Congestion and blood-tinged drainage are expected.** The sinuses clear old blood for up to a few weeks. Use saline spray as directed to keep things moist.
- **No straws, smoking, vaping, swimming, or diving** while you heal. Ask us before flying.
- **Minor nosebleeds can happen.** Sit up, pinch the soft part of the nose, and apply a cold pack across the bridge. Call us if bleeding will not stop.

06 Diet & mouth care

- **Start with liquids and progress as directed.** Most patients move to purees and then very soft foods over the first weeks.
- **No chewing for about six weeks.** You may eat a wide variety of foods as long as nothing requires biting or chewing. Avoid hard, crunchy, sticky, and chewy foods.
- **Wear elastics exactly as directed.** Change them as instructed and keep them in except when eating and cleaning your teeth, unless told otherwise. If one breaks, replace it and carry on.
- **Keep the mouth very clean.** Brush gently with a soft brush, and use the prescribed chlorhexidine or an alcohol-free rinse after meals and at bedtime. Warm salt-water rinses help between times.
- **Keep lips moist.** Ointment or petroleum jelly prevents painful cracking while swelling makes the lips stretch.

07 Comfort & medicines

- **Use acetaminophen (Tylenol) or ibuprofen** as directed by your surgeon. Follow the dosing from your provider exactly — do not take more, or more often, than directed.
- **Ice for the first day or two, then moist heat.** Use cold packs about 20 minutes on and 20 minutes off over the cheeks for the first 24–48 hours; gentle warmth afterward helps bruising clear.
- **Days three and four are often the hardest.** Comfort usually improves noticeably after that as swelling starts to come down.
- **Finish the full course of antibiotic** if one was prescribed, even once you feel well.

08 Activity & follow-up

- **Rest, and avoid bending, lifting, and straining** for the first couple of weeks. Expect to feel tired — that is normal after an operation this size.
- **No sports, PE, or rough activity** until your surgeon clears you. Contact sports are held much longer and are cleared individually.
- **Speak and use your face gently but regularly.** Talking and moving the lips helps you return to normal function sooner, even though it feels awkward at first.
- **Expect frequent visits early on.** You will be seen often during distraction or while elastics are guiding the bite, then less often as healing settles.
- **Orthodontic and team care continues.** Braces, further jaw surgery at skeletal maturity, and follow-up with your craniofacial team may all be part of the plan.

Additional instructions

Notes from your surgeon

⚠ When to call our office

- Fever over 101°F (38.3°C)
- A nosebleed that will not stop with pressure
- Increasing redness, swelling, or drainage at an incision or pin site
- A distractor that will not turn, turns too easily, or loose hardware
- Clear watery fluid draining from the nose, especially when leaning forward
- Unable to keep down fluids, or taking much less than usual

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

+ Call 911 for an emergency

Call 911 or go to the nearest emergency room immediately if your child has any of the following:

- Trouble breathing, gasping, or noisy or labored breathing
- Stops breathing, or lips or face turn blue or very pale
- Choking, or is unable to swallow
- Heavy bleeding that will not stop
- Unresponsive, difficult to wake, or unusually limp
- A seizure
- Swelling of the face, tongue, or throat, hives, or trouble breathing after a medicine (allergic reaction)
- Signs of severe dehydration — no wet diapers, no tears, sunken eyes, or extreme drowsiness
- A high fever with a stiff neck, severe drowsiness, or a rash that does not fade when pressed
- A sudden change in vision, severe eye pain, or an eye that looks pushed forward

Do not wait to call the office in a life-threatening emergency.