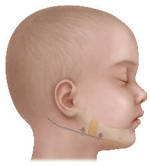
POST-OPERATIVE CARE

Mandibular Distraction

Home care instructions for your child after jaw-lengthening 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.

TURNING STARTS	TURN	CLINIC VISITS	DEVICE REMOVED
As directed	Same time daily	Weekly while turning	About 2–3 months

01 What to expect after surgery

- **Your child will be watched closely for breathing.** Monitors track oxygen, breathing, heart rate, and blood pressure. Some children spend the first night or longer in the intensive care unit before going home.
- **Swelling and bruising along the jaw and neck are expected.** These usually peak in the first two to three days and then improve steadily over the following week or two.
- **You will see the device and its turning arms.** The device is attached to the jawbone on each side. The small arms used to turn it come through the skin near the jaw or behind the ear. Some drainage or crusting where they exit the skin is normal early on.
- **Your child may be fussy or sleep poorly at first.** This settles as the soreness improves over the first week.

02 Turning (activating) the device

- **Turn the device exactly as your surgeon instructs.** We will show you how before you go home, and tell you how many turns to do and how often. Do not change the amount or the schedule on your own.
- **Turn at the same time each day.** Keeping a consistent schedule helps the new bone form evenly. Setting an alarm helps.
- **Never skip a turn or double up.** If you miss one, call our office for guidance — do not try to catch up by turning extra.
- **Keep a written log.** Write down each turn with the date and time, and bring the log to every visit.
- **Give pain medicine about 30 minutes beforehand if turning is uncomfortable.** Most children tolerate turning well, but a dose ahead of time can make it easier.
- **Stop and call us if the device will not turn,** feels stuck, turns much more easily than usual, or if a turning arm looks bent, loose, or has moved. Do not force it.

03 Caring for the pin sites & turning arms

- **Clean the sites as directed, usually once or twice a day.** Your surgeon will tell you how often for your child.
- **Use a gentle cleaning routine.** Unless told otherwise, mix equal parts 3% hydrogen peroxide and water. Moisten a cotton swab and gently loosen any crusting around each site, wipe again with a swab dipped in plain water, then dry with a fresh swab.
- **Apply ointment only if we ask you to.** If directed, use a very thin layer of antibiotic ointment at the base of each pin with a clean swab. Some devices need no ointment or special soap at all.
- **Use a fresh swab for each step and each side.** This keeps one site from passing germs to another.
- **Do not pick at crusting or pull on the arms.** Let the skin heal around them.

04 Breathing & positioning

- **Watch your child's breathing closely, especially during sleep.** This surgery is done to open the airway, and breathing usually improves as the jaw moves forward. Report any new noisy breathing, pauses, choking, or working hard to breathe right away.
- **Use any home monitor or oxygen exactly as directed.** If your child came home on a monitor, apnea alarm, or oxygen, follow the settings we gave you and call with any alarms you cannot explain.
- **Follow safe sleep guidance from your team.** Your surgeon and airway team will tell you the best sleeping position for your child — follow their instructions rather than general advice.
- **Keep the head slightly elevated when resting** for the first few days if your team advises it, to help swelling settle.

05 Feeding & nutrition

- **Feeding often improves as the jaw advances,** but it can take time. Expect smaller, more frequent feeds at first.
- **Continue the feeding plan you were given.** If your child uses a special bottle, nipple, feeding tube, or thickened feeds, keep using exactly what your team set up.
- **Older children should stay on a soft diet.** Avoid hard, crunchy, or chewy foods that put strain on the healing jaw until your surgeon clears them.
- **Watch hydration.** Aim for the usual number of wet diapers. Call us if your child is taking much less than normal, or vomiting often.

06 Comfort & medicines

- **Use acetaminophen (Tylenol) or ibuprofen** as directed by your surgeon for comfort and fever. These over-the-counter medicines are usually all that is needed. Follow the dosing from your provider exactly — do not give more, or more often, than directed.
- **Time a dose before turning and around bedtime** for the first several days to keep your child comfortable.
- **Finish the full course of antibiotic** if one was prescribed, even once your child seems well.

07 Protecting the device & daily life

- **Keep hands, toys, and bedding away from the device.** Long sleeves or soft mittens can help keep an infant from catching or pulling at the arms.
- **Take care during holding, dressing, and car seat use.** Support the head and avoid pressure or bumping against the jaw and device.
- **Sponge bathe unless told otherwise.** Keep the pin sites dry and follow your surgeon's guidance on bathing, hair washing, and getting the area wet.
- **No rough play, sports, or swimming** while the device is in place, until your surgeon clears it.

08 Follow-up & what comes next

- **You will be seen weekly during the turning phase.** These visits check the jaw position, the pin sites, and how the new bone is forming.
- **Turning stops when the jaw reaches the planned position.** The device then stays in place while the new bone hardens — this is the consolidation phase and usually lasts one to two months.
- **The device is removed in a second, shorter surgery.** This is typically about two to three months after placement, under anesthesia, usually through the same incisions. Small scars where the arms exited the skin are expected.
- **Bring your turning log and questions to every visit.** If you cannot keep an appointment, please call our office to reschedule promptly — timing matters during this process.

Additional instructions

Notes from your surgeon

⚠ When to call our office

- Fever over 101°F (38.3°C)
- The device is hard to turn, will not turn, turns too easily, or an arm looks bent or loose
- Increasing redness, swelling, or drainage at a pin site or the incision
- Pain not relieved by the recommended medicine
- Taking much less by mouth than usual, fewer wet diapers, or vomiting often
- Any new or worsening noisy breathing, or you are unsure about a monitor alarm

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

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