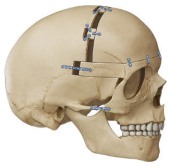
POST-OPERATIVE CARE

Monobloc Advancement

Home care instructions after frontofacial 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	DEVICES STAY IN	TURNING, IF USED
2–4 days	Until cleared	Up to 6 months	As directed

01 What to expect after surgery

- **You will be watched closely at first.** This is a major operation, and the first days are usually spent in intensive care so breathing, swelling, and neurologic status can be monitored.
- **Expect major swelling and bruising of the face and forehead.** Swelling builds for the first two to four days and the eyes may swell shut. Most settles over the first two weeks, with the last taking weeks to months.
- **Numbness of the forehead, cheeks, and upper teeth is normal.** Feeling returns gradually over weeks to months and may be uneven side to side.
- **The bite and facial appearance will change.** The forehead and midface move forward together, which improves eye protection, breathing, and profile. Orthodontic care continues afterward.

02 Watching for infection & fluid leak

- **This is the most important section of this sheet.** Because the forehead and midface move together, this operation creates a potential pathway between the nose and sinuses and the space around the brain. Most patients heal without trouble, but infection and spinal fluid leak are the main risks.
- **Take every dose of the prescribed antibiotic.** Finish the entire course, even once your child seems well. Call us before stopping for any reason, including nausea.
- **Watch for clear, watery drainage from the nose.** A steady clear drip — especially worse when leaning forward — or a persistent salty or metallic taste at the back of the throat can mean a spinal fluid leak. Call us the same day.
- **Do not pack, plug, or suction the nose.** Wipe drainage gently from the outside. Never insert anything into the nose.
- **Call 911 or go to the emergency room** for fever with a severe headache, a stiff neck, sensitivity to light, repeated vomiting, confusion, or unusual sleepiness — these can be signs of meningitis and need immediate care.

03 Breathing & airway safety

- **Report any new trouble breathing right away.** This surgery usually improves the airway, but swelling can narrow it in the first days. Tell us about noisy breathing, choking, or working hard to breathe.
- **Keep the head elevated.** Rest propped up on pillows or a wedge, day and night, for the first week or two. This reduces swelling and helps breathing.
- **Use CPAP, oxygen, or a monitor exactly as directed** if your child came home with any of these, and call about alarms you cannot explain.

04 Turning the distractor (if a device was placed)

- **Turn the device exactly as instructed.** We will show you how, and tell you how many turns and how often. The rate is deliberately slow for this operation. 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 a turn is missed, 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 halo frame looks loose or has shifted. Do not force it.
- **Clean pin sites as directed** with the solution and schedule we gave you. Do not pick at the sites or pull on the hardware.
- **Devices stay in far longer than the turning phase.** After the advancement is complete, the hardware holds everything steady while bone fills in — often for several months — before a second, shorter surgery to remove it.

05 Eye care

- **The eyes may feel dry or not close fully at first.** Swelling and the change in position can leave them more exposed early on, even though the surgery improves protection long term.
- **Use eye lubrication on schedule.** Drops during the day and ointment at night, as prescribed — not only when the eyes feel dry.
- **Call us immediately about eye changes.** Any change in vision, severe eye pain, or an eye that looks more swollen or pushed forward needs to be seen right away.

06 Nose & sinus precautions

- **Do not blow the nose until we clear it.** This matters more after this operation than almost any other — pressure can push germs toward the space around the brain. Sniff back or wipe gently instead.
- **Sneeze with the mouth open.** Never hold a sneeze in.
- **No straws, smoking, vaping, swimming, or diving** while healing. Ask us before flying.
- **Use saline spray only if we tell you to.** Do not use a neti pot or pour anything into the nose.

07 Diet, mouth care & comfort

- **Start with liquids and advance as directed** to purees and then very soft foods. Avoid chewing until your surgeon clears it.
- **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.
- **Use acetaminophen (Tylenol) or ibuprofen** as directed by your surgeon. Follow the dosing from your provider exactly — do not give more, or more often, than directed.
- **Ice for the first day or two, then gentle warmth.** Cold packs about 20 minutes on and off help early swelling; days three and four are often the hardest.
- **Keep lips moist** with ointment or petroleum jelly to prevent painful cracking.

08 Activity & follow-up

- **Rest, and avoid bending, lifting, and straining** for the first couple of weeks. Expect real fatigue after an operation this size.
- **No sports, PE, or rough activity** until your surgeon clears you, and protect any external frame from being caught or knocked.
- **Expect frequent visits early on,** especially during the turning phase, then less often through the consolidation period.
- **Care continues with the whole team.** Ongoing follow-up may include neurosurgery, ophthalmology, ENT, sleep, orthodontics, and genetics as your child grows.

Additional instructions

Notes from your surgeon

⚠ When to call our office

- Fever over 101°F (38.3°C), or any fever lasting beyond about a week
- Clear watery drainage from the nose, or a salty or metallic taste
- Increasing redness, swelling, or drainage at an incision or pin site
- A distractor that will not turn, turns too easily, or loose hardware
- Persistent headache, or vomiting that keeps returning
- 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, or hives after a medicine (allergic reaction)
- Severe dehydration — no wet diapers, no tears, or extreme drowsiness
- A high fever with a stiff neck, severe drowsiness, or a rash that does not fade when pressed
- Fever with severe headache, stiff neck, or unusual sleepiness (possible meningitis)
- 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.