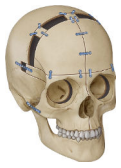
POST-OPERATIVE CARE

Monobloc with Facial Bipartition

Home care instructions after frontofacial advancement with midline facial correction



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	NOTHING HARD IN MOUTH	NO NOSE BLOWING	TURNING, IF USED
2–4 days	6 weeks	Until cleared	As directed

01 What to expect after surgery

- **You will be watched closely at first.** This is a major operation. The first days are usually spent in intensive care, and some patients stay on the breathing tube for a few days on purpose while swelling peaks.
- **Expect major swelling and bruising of the face and forehead.** Swelling builds for the first two to four days and the eyes will likely swell shut. Most settles over the first two weeks, with the last of it taking weeks to months.
- **The face is changed in two directions.** The forehead and midface move forward together, and the midline correction brings the eye sockets closer together while widening the upper jaw. The nose and the corners of the eyes will look different as swelling settles.
- **Numbness of the forehead, cheeks, and upper teeth is normal.** Feeling returns gradually over weeks to months and is often uneven side to side. The sense of smell may also change.

02 Watching for infection & fluid leak

- **This is the most important section of this sheet.** This operation connects the space around the brain with the nose and mouth. 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 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.
- **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 The roof of the mouth, splint & diet

- **There is an incision along the roof of the mouth.** The upper jaw was widened through a midline cut, so there are stitches inside the mouth as well as on the scalp. Some ooze or pink-tinged saliva in the first days is normal.
- **Keep fingers, straws, and hard objects out of the mouth.** Nothing hard or sharp near the roof of the mouth for about six weeks while the midline heals.
- **Do not remove a splint or arch wire.** If a plate, splint, or wire was placed on the upper teeth to hold the arch, leave it alone — we will remove it. Call us if it loosens, shifts, or rubs a sore.
- **Liquids first, then soft foods — no chewing.** Advance as directed. Avoid hard, crunchy, sticky, spicy, or seeded foods until your surgeon clears them.
- **Rinse the mouth after every meal and at bedtime.** Use the prescribed chlorhexidine or an alcohol-free rinse, then water. Brush the other teeth gently with a soft brush, avoiding the midline incision.

05 Eye care & vision

- **The eyes will sit closer together and may look different at first.** The corners of the eyelids are often repositioned during surgery, so their shape and symmetry can take months to settle.
- **Eyes may feel dry or not close fully early on.** Use eye lubrication on schedule — drops during the day and ointment at night, as prescribed, not only when eyes feel dry.
- **Double vision or crossed eyes can occur.** Eye alignment sometimes shifts after the sockets are moved. Report it — it is usually followed by an eye specialist, and may settle or be treated later.
- **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 Turning the distractor (if a device was placed)

- **Turn the device exactly as instructed.** We will 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.
- **Hardware stays in well past the turning phase.** It holds everything steady while bone fills in — often several months — before a second, shorter surgery to remove it.

08 Comfort, activity & follow-up

- **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.** Days three and four are often the hardest; comfort usually improves noticeably after that.
- **Rest, and avoid bending, lifting, and straining** for the first couple of weeks. No sports, PE, or rough activity until your surgeon clears you, and protect any external frame.
- **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, speech, and genetics. Orthodontic care is especially important after the upper jaw is widened.

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 splint or wire on the teeth that loosens, shifts, or rubs a sore
- Separation or opening along the roof of the mouth
- A distractor that will not turn, turns too easily, or loose hardware
- 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.