

JAW SURGERY ORTHOGNATHIC SURGERY CORRECTIONAL JAW SURGERY SURGERY OF THE CLEFT LIP AND PALATE PATIENT FACIAL RECONSTRUCTION CRANIOFACIAL SURGERY

These terms are all synonyms for surgery that involves the moving of the upper (**MAXILLA**) and lower (**MANDIBLE**) jaws to provide better facial balance and better occlusion (bite.) In addition, cleft lip and palate surgery needs attention to the soft tissues of the lip and palate. The benefits may include improvement in the bite, chewing (mastication), facial pain, jaw function, and or breathing. It is not possible to separate out the functional and esthetic benefits of the procedures. Many patients improve their overall facial appearance as well.

Here you can find:

- ✓ **General Description**
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- ✓ **FAQ: Frequently Asked Questions**
- ✓ **Postoperative Instructions**

✓ **GENERAL DESCRIPTION**

The jaws may be moved forward, backward and sideways. The surgeries are typically performed within your mouth so the scars are hidden from view. Titanium metal plates and screws are used to hold the jaws in the new positions. These metallic appliances remain embedded under the muscles and are rarely removed. They do not set off the alarm detectors at the hospital.

Severe jaw deformities typically associated with cleft lip and palate may require special techniques such as **Distraction Osteogenesis**. This technique involves the slow stretching of the bone and scar tissue using special appliances. Dr. Heffez has done extensive research on this technique and published his findings in the Journal of Oral and Maxillofacial Surgery. Prior to the advent of this technique patients used to have to accept less than satisfactory results. Today, the results are unparalleled.

As Former Professor for 30 years, Department Head for over 16 years, Program Director Oral and Maxillofacial Surgery and Consultant to the Craniofacial Center at the University of Illinois at Chicago, Dr. Heffez has had the unique opportunity to teach other surgeons, residents and students in the surgical techniques he mastered over his careers.

Today, his expertise brings him to international grounds where he teaches teams of surgeons to perform such operations. He has traveled to all parts of the globe including China, India, Israel, Mexico, Palestinian Territories, and Turkey.

Scroll down for FAQ.

✓ FAQ: JAW / ORTHOGNATHIC SURGERY

Is the surgery PAINFUL?

NO. Most patients are managed with intravenous forms of ibuprofen type drugs and occasionally a low level narcotic like codeine.

How long will I be in the Hospital?

Typically a lower jaw surgery or chin surgery is performed as an outpatient.

The upper jaw requires an overnight stay to monitor for bleeding and nay breathing difficulties.

The upper jaw surgery involves separating the sinuses and inner bones of the nose. You are given special medicine to help the blood clots shrink and allow you to breathe easier.

If you will surgery to correct both jaws you will likely be in the hospital 2 days (the day of surgery, the day after surgery and the next morning you go home.)

Will I have access to my doctor after surgery?

Dr. Heffez provides his email and cell number to all patients and family members for quick access.

Can you tell me the steps involved in the surgery from A to Z?

First, Dr. Heffez will tell you your diagnosis that is, where your problems lie and what will be corrected with surgery. He will go through the risks versus benefits of the procedures and alternative procedures if any (INFORMED CONSENT).

You will go to the hospital where you will be introduced to the nursing and anesthesiology staff. The Anesthesiologist is the doctor responsible for putting you asleep during the procedure. You will have an IV placed through some medication to relax you might be given.

Then, you will go to the operating room where you will be put to asleep. When you are asleep there are certain things that will happen to you which you only become aware of when you awaken.

The anesthesiologist will put a tube down your nose for you to breathe. Upon awakening, he or she will remove the tube when you are fully awake. This does not hurt. Rarely, if you are very sleepy, the tube will stay in overnight.

When you are sleeping, the nurse will place a catheter in you to monitor how much urine you are making. In long case (TWO-JAW PROCEDURES) the catheter will remain in overnight.

Otherwise, it will be removed when you are sleeping. In the event that its is removed the next day, it is NOT Painful to do and actually almost slips out.

Your jaw may be closed shut with elastics in some cases. Dr. Heffez will discuss this possibility with you before surgery. In some cases, it is only for a week or two and in other cases 6 weeks.

ARE MY JAWS WIRED SHUT?

Jaws are typically closed down with elastics/rubber bands not wires for a sort period of time depending on your problem (1-2 weeks). In this way, the elastics can easily be cut with manicure scissors in the case of severe vomiting or nausea. This period allows for the teeth to settle into a better bite and speeds up orthodontic treatment.

The jaws are typically not elastically/rubber banded or wired shut and you are able to open and close after surgery.

WHAT IF MY WIRES ARE RUBBER BANDED SHUT AND I CUT THE RUBBER BANDS?

Just call Dr. Heffez. He will provide you his cell number in case of emergency.

WHEN CAN I RESUME ORTHODONTIC TREATMENT?

A waiting period of 3 months is best to wait for the bones to heal adequately.

WHAT WILL BE MY DIET AFTER SURGERY?

Below you can find a DIET INSTRUCTION BOOK. Be inventive with your liquid non-chewing diet. A blender is a must. Remember, even spaghetti and meatballs can go in a blender. You'll get used to it. But eggs, soft fish, puddings, thick soups are all acceptable.

HOW MANY VISITS DO I HAVE WITH YOU AFTER SURGERY?

You are typically seen once a week for the first 6 weeks. Thereafter, every 2 weeks to a month for two months. Then, you are seen every 6 months for 2 years. These are an approximate number of visits.

WHAT MEDICATIONS WILL I BE PRESCRIBED AFTER SURGERY?

You will be prescribed:

Antibiotic

Anti-inflammatory like ibuprofen

Strong Pain medication like codeine

Ensure Plus or similar Diet Supplement

AND, If you are having upper jaw surgery

Decongestant like Sudafed

Nasal Spray

In some cases,

Iron to boost your blood count

SHOULD I DONATE MY BLOOD BEFORE SURGERY?

In two-jaw surgery we usually have you donate your blood before surgery. It is rarely used.

There are strict rules regarding your ability to donate your blood. You must weigh a certain amount and have a certain blood count to start with. You typically give your donation of one unit 2-3 weeks before surgery in the hospital you will have surgery or at a Life Source.

Blood donation is NOT usually obtained for a single jaw surgery.

CAN I HAVE A RELATIVE DONATE BLOOD FOR ME?

This is called a DESIGNATED DONOR. The designated donor is not as good as your own blood. It may be a close enough match though. That individual will be tested thoroughly by the blood bank at the hospital for at a Life Source.

IS THIS SURGERY COVERED BY MY MEDICAL OR DENTAL INSURANCE?

The surgery is covered with your medical insurance because it is a medical problem. However, each insurance contract is different. We typically send all required materials to your insurance and verify coverage BEFORE surgery takes place, we will then inform you of your deductible, coverage limits and your likely balance.

✓ POSTOPERATIVE INSTRUCTIONS

Bleeding:

If persistent nasal bleeding occurs, call Dr. Heffez. The anesthesiologist places a tube in your nose when you are sleeping. The tube may irritate some blood vessels in the nose and cause delayed bleeding.

WHEN YOU HAVE HAD UPPER JAW SURGERY (for example, LEFORT I OSTEOTOMY), it is normal to see pinkish fluid oozing from the nose as the clots in the nose retract. Avoid hydrogen peroxide to clean the nose for the first week. DO NOT BEND HEAD FORWARD OR PICK UP HEAVY OBJECTS FOR 2 WEEKS. TAKE THE PRESCRIBED IRON TWICE A DAY TO BUILD BACK YOUR BLOOD COUNT.

Rinse mouth:

Every time you eat to keep the mouth clean. Do not use straws for drinking.

Tomorrow, rinse every three (3) to four (4) hours using 1/4 teaspoon salt to a glass of warm water. Continue for several days. Avoid alcohol containing mouthwashes.

Brush your teeth over any elastics. Don't be afraid if some of the elastics break.

If your jaws have been closed shut, do not worry about cleaning the inside surfaces of the teeth as the movement the tongue will keep the area "clean enough" (but probably not to your liking) for the time your jaws are closed.

Diet:

Use a blenderized non-chew diet.

Avoid hot, spicy or coarse foods. Any other foods that you can tolerate are permissible. It is important that you drink at least two (2) quarts of fluid per day. Liquid diet supplements (Meritene, Nutrament, etc.) available at your pharmacy and baby foods are an excellent food source for the first few days, if needed.

Your JAWS MAY BE CLOSED WITH LOOSE OR TIGHT ELASTICS

These don't have to be replaced immediately if they break.

Anesthesia:

Patients who have received a general anesthetic should:

Not drive a vehicle or operate any machinery on the day of surgery.

Not undertake any responsible business matters on the day of surgery.

Not drink any alcohol on the day of surgery.

Not take any medication without your physician approval

Pain:

Pain should be minimal. Take the ibuprofen as prescribed around the clock to keep THE PAIN BELOW YOUR RADAR LEVEL. DO NOT TAKE NAPROXEN AND IBUPROFEN TOGETHER. TAKE ONE OR THE OTHER.

Follow directions when taking the medication for pain relief. If dizziness or weakness occurs, you should lie down. Approximately forty-five (45) minutes should be allowed for you to become aware of the effect of pain medication.

If you develop muscle spasms, call Dr. Heffez as they may be a side effect of a medication.

Swelling:

is to be expected and usually reaches its maximum one day after you are at home. Do not be alarmed that the swelling is increasing the first day at home. This is no cause for alarm.

Swelling may be reduced by;

Applying an ice bag or chopped ice to the operative area for fifteen (15) minutes on and fifteen (15) minutes off as possible Wednesday

AFTER 2 DAYS substitute a hot water bag or hot towel to the operative area until the swelling has receded. A good way to apply heat is to use a warm, moist bath towel. Then place it in the microwave. TEST THE HEAT BEFORE APPLYING IT TO YOUR FACE AS THE SENSATION ABOUT YOUR FACE WILL BE DIMINISHED.

Keep your head slightly when lying down (use an extra pillow or two) to keep the swelling down. It is normal that the swelling appears increased upon first awakening.

Bruising:

Bruising may occur this is no cause for alarm and should usually disappear in ten (10) days and sometimes up to 30 days. The discoloration may drift down your face and down your chest. USING THE OVER THE COUNTER MEDICATION CALLED ARNICA CAN HELP TO REDUCE BRUISING.

You may experience a slight earache or sore throat. If this becomes worse after several days, call the office.

Occasionally, following oral surgery unrelated complications may occur (tonsillitis, flu, cold). This is due to the patient's resistance being low prior to or following surgery. If you feel "run down" or have not eaten or slept for several days, it is wise to avoid crowds and drafts. Get as much rest as possible. On the other hand, if you feel well and strong, you may carry on your normal activities regardless of the swelling or bruising.

Nausea:

Nausea occurs rarely and may be avoided by taking medication with a glass of milk. If nausea is severe stop taking the prescribed pain medication and switch to any Tylenol type medication. If pain is severe, CALL

Antibiotics:

Take as prescribed. You have been prescribed an antibiotic, an anti-swelling and pain medication, strong pain medication, protein shake, and if you have had an upper jaw surgery a decongestant and nasal spray.

Stitches:

Stitches usually work loose and fall out. This is of no concern.

Tightness of the jaw muscles may cause difficulty in opening the mouth.

This should disappear within three (3) days. Application of a warm towel may be of some benefit.

Lip Balm:

Your lips should be kept moist with a cream or Vaseline following surgery to prevent cracking. There may be a numb feeling on your lower lip if the lower teeth were removed. The feeling will gradually return. The numbness can last from a few days to a few months. Do NOT USE COMMERCIAL OINTMENTS OR ANTIBACTERIAL OINTMENTS.

Notify Physician immediately if you have any unusual symptoms or have any questions or concerns.

Follow Up:

Call the office for a follow up appointment

AFTER HOURS DR. HEFFEZ TEL. # 224-707-0039

For any emergency do not try to use the web page to diagnose yourself. Go the nearest Hospital emergency room and have the doctors contact Dr. Heffez on his ER TEL #.