

Lower jaw (mandible) fracture surgery



Information for patients

This leaflet explains surgery for breaks (fractures) of the lower jaw. If you have any questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

Why do I need surgery?

You have broken your lower jaw. A doctor has examined you and decided that you need surgery to help it heal. They have based their decision on the number of breaks (fractures), where they are and whether they need treatment to help them heal. You will have a general anaesthetic for your surgery so you will be completely asleep.

What are the benefits?

- It relieves pain.
- You heal better and faster.
- It supports your jaw shape and keeps your teeth in line, which allows you to bite normally again.
- It reduces the risk of infection.

What are the risks?

Serious but rare risk:

- Infection. This is rare because we give you antibiotics. You also have a good blood supply to your face which makes infection less likely.

Common, short-term risks:

- Bruised nerve. The nerve that runs through the centre of your lower jaw supplies feeling to your lower lip, chin and bottom teeth. You might feel some tingling or numbness in your lip and/or chin if this nerve was bruised when you broke your jaw or during your operation. This tingling may be caused or made worse by surgery. The numbness usually disappears on its own but this can take several months.
- Damaged teeth. Sometimes the teeth next to the break can be damaged by the screws we use to fix it or by the fracture.



Rare, short-term risks:

- Bleeding from the cuts inside your mouth. You should be able to stop this if you press against the wound with a rolled-up handkerchief or a swab for at least 10 minutes.

What are the risks of having a general anaesthetic?

Straight after a general anaesthetic you may feel tired, dizzy or weak. You must have someone to collect you and stay with you for the first 24 hours. During the first 24 hours you should not:

- drive or operate any motorised vehicle or electrical equipment
- sign any legal documents or make important decisions
- drink alcohol.

You may feel weak or dizzy at times during the first 7 – 10 days. If this happens, sit down until the feeling passes. You may also have the 'post-operative blues' and feel a little depressed, though this should soon pass.

What are the alternatives?

You may not need surgery if the fracture is not displaced or is only slightly displaced, you are comfortable and you can bite together normally. But you will need to eat only soft foods for six weeks and we will ask you to come to the outpatient clinic for regular check-ups.

Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure of any aspect of the treatment proposed, please do not hesitate to speak with a senior member of the staff again.



What happens during surgery?

We will give you a general anaesthetic. Once you are completely asleep, we make a cut on the inside of your mouth through your gum, to open up the fracture.

We put your broken bones back together using small metal plates and screws to hold them in place. This restores your bite.

We use dissolvable stitches to stitch your gum back into place. These take up to two weeks or more to disappear.

Sometimes we also make a small cut on the outside, by the angle of your jaw. We use one or two stitches to close this cut. These need to be removed at your doctors surgery five days after surgery.

During the operation, we sometimes place temporary wires or metal braces around your teeth so we can fix elastic bands to them. The elastic bands help us to guide your bite into the right position. Sometimes, instead of wires or metal braces, we put screws into your jawbone, between your teeth, to hold the elastic bands.

We usually attach the elastic bands properly a few hours after your operation. This means that when you wake up from surgery you will be able to move your jaw freely.

If you have any wires, metal braces or screws put in to hold the elastic bands, we will take them out at an outpatient clinic appointment when your doctors are happy that your fracture has healed. This usually happens about four – six weeks after your operation.

If we put plates and screws in your jaw to hold it in position, we do not normally take them out unless they cause problems.



They are made out of titanium, a type metal that does not set off metal detectors in airports. You can still have MRI scans.

Sometimes we take out damaged or decayed teeth near your break. If it is a very difficult break, we may need to make a cut on the outside of your mouth through your skin. If we plan to do this, we will tell you before you sign the consent form.

What happens after surgery?

Your jaw is likely to be sore, so we will give you painkillers regularly to ease the pain. The discomfort is usually worse for the first few days and may take a couple of weeks to go away completely.

We will give you antibiotics through a vein in your arm (intravenously) while you are in hospital, to make sure that the fractures heal without infection. We will also give you painkillers and a course of antibiotics to take at home.

Before you go home you will have an x-ray to check the position of your fractures.

How long will I be in hospital?

This depends on what time you have your surgery and how well you recover. You can go home on the same day or you may need to stay one night in hospital.

What can I eat and drink?

Your lower jaw will take about six weeks to heal completely. During this time you need to eat a soft diet, such as: mashed potato, soup, smoothies, well-cooked pasta, scrambled egg, jelly and ice cream. Chewing harder foods may make the plates bend or break. If you eat the right foods, you can prevent complications and you are more likely to heal quickly.



Can I brush my teeth?

It is important that you keep your mouth as clean as possible for the first few weeks after surgery, to prevent infection. It will be sore and you may find it difficult to clean your teeth around the stitches.

Try using a soft, small-headed toothbrush, such as a child's.

Starting the day after your surgery, gently rinse your mouth with mouthwash or warm salt water (dissolve a flat teaspoon of table salt in a cup of warm water) three times a day for five – seven days, to keep it free from food remains. We will give you mouthwash to start using in hospital and to take home with you. Please note that mouthwash does not replace brushing your teeth.

It is important that you do not smoke because it makes you more likely to develop an infection. If you would like advice on how to stop smoking, please speak to a nurse.

How long will I need to take off work?

It depends on what type of job you do. You may need to take about two weeks off work and avoid hard exercise. Do not play contact sports for three months after surgery. You can start gentle exercise after two weeks.

Will I need to come back to hospital?

Before you leave hospital, we will make a review appointment for you. We will keep a close eye on you for six weeks after treatment, to make sure that your jaw heals properly.

If you have any wires, metal braces or screws put in to hold the elastic bands, we will take them out at an outpatient clinic appointment when your doctors are happy that your fracture has healed. This usually happens about four – six weeks after your operation.



If you had a cut made on the outside of your jaw during surgery, you will need to make an appointment with your GP (home doctor) to have the stitches taken out five days after surgery.

Who can I contact with queries and concerns?

Monday to Friday, 8am – 4pm: contact our Clinical Nurse Specialist (CNS) on **020 3299 5216**.

After 4pm and at weekends: phone switchboard on **020 3299 9000** and ask to speak to the member of staff on call for Oral and Maxillofacial Surgery.

In an emergency: please go to your local Emergency Department (A&E).

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.



PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: **020 3299 3601**

Email: **kch-tr.PALS@nhs.net**

You can also contact us by using our online form at

www.kch.nhs.uk/contact/pals

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.

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