

Cheekbone (zygoma) and/or eye socket (orbit) fracture surgery



Information for patients

You have been treated in the Emergency Department for a broken (fractured) cheekbone and/or eye socket. This leaflet explains the surgery we may offer you to fix these breaks. 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 treatment?

You have broken the arch of your cheekbone and/or eye socket. Your cheekbone is part of your eye socket. It protects your eyeball and supports it from below. It is also linked to the side of your nose and your upper jaw.

If your nose bleeds, simply wipe any blood away with a tissue. Do not blow your nose as this can cause swelling and an infection in and around your eye.

What are the benefits of surgery?

- It relieves pain.
- You heal better and faster.
- It improves the shape of your cheekbone and the position of your eye.
- It may help correct any double vision and improve any restriction when you open your mouth.
- It reduces the risk of infection.

What are the risks?

Common risks:

- Scarring. Any cuts made on your face will leave scars. But these should fade and be difficult to see after a few months.

Common, short-term risks:

- Bruised nerve. The nerve that runs through your cheekbone supplies feeling to your cheek, side of your nose and upper lip. You might feel some tingling or numbness over your face if this nerve was bruised when you broke your cheekbone, or during your operation. The numbness usually goes away on its own, but this can take a few months.



Rare, short-term risks:

- Bleeding from the cuts inside your mouth. This is not usually a problem, but if it happens you should be able to stop it by pressing against the wound with a rolled-up handkerchief or a swab for at least 10 minutes.
- Drooping eyelid. If a cut is made in the skin of your lower eyelid, the outside corner of the lid may sometimes be pulled down slightly. This is called an ectropion. This usually settles on its own but you may need more surgery.

Serious but rare risks:

- Bleeding in and around your eye socket. This can affect your eyesight straight after surgery. We will monitor you closely for the first few hours to make sure that, if this happens, we pick it up quickly. If your sight or pain gets worse when you get home, come back to the hospital immediately.
- Infection. This is rare because we give you antibiotics. You also have a good blood supply to your face which makes infections less likely.

What are the alternatives?

If the fracture has not been dislocated or is only slightly dislocated, you may not need surgery. You will come into the outpatient clinic for check-ups and we will ask you to contact us if your symptoms get worse.

If we suggest that you have this treatment, there is no alternative.



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.

How will the break be treated?

We will give you an appointment to see a consultant in the Oral and Maxillofacial outpatient clinic. This appointment is usually five – seven days after you injured yourself.

They will decide if you need an operation to mend the break and agree a date with you for surgery. You will have it about two weeks after injury, to give the swelling in your face time to go down. All cheekbone breaks also lead to a break in the floor of your eye socket that we sometimes need to treat as well.

You will have a general anaesthetic for your surgery, so you will be completely asleep.

What happens before surgery?

Pre-assessment clinic: We will ask you to come to the pre-assessment clinic for some screening tests. These include MRSA screening, taking a blood sample, and checking your blood pressure, height and weight.

We may also ask you to come to an appointment in the orthoptics department. This is so we can check and note your eye movements and sight before any surgery.



When to come in for surgery: The admissions officer or ward nurse will ask you to come to a named ward at a set time, usually at 6.30am on the morning of your operation. Please arrive on time. If you do not arrive at the ward on time, we may cancel your operation. Beds are allocated on the afternoon before your surgery. If there is no available bed your surgery will be cancelled but rescheduled as soon as possible.

What happens during surgery?

We will give you a general anaesthetic. Once you are asleep, we will put your cheekbone back in the right place and fix it using plates and screws. The surgeon will make a cut (incision) on the inside of your mouth through the gum above your back teeth.

They may also make one or more other cuts:

- close to the outside end of your eyebrow or upper eyelid.
- on the skin crease just below your lower eyelashes or on the inside of your lower eyelid.

These cuts are closed with stitches at the end of the operation.

If the floor of your eye socket is broken, the surgeon will make a cut on the inside or outside of your lower eyelid, as described above.

Sometimes, the bones in the floor of your eye socket are shattered and do not support your eyeball properly, even if they are put back in the right place. If this has happened, we may need to rebuild the floor of your eye socket, to support your eyeball. This involves using a graft, usually a piece of mesh made of titanium or dissolvable plastic, or a specially made implant. We will discuss this with you before you sign the consent form.



What happens after surgery?

The nurses may check your eyes and sight frequently after your operation. Before you go home you may have an x-ray to check the position of your repaired cheekbone.

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

Although cheekbone fractures usually heal without infection, we may need to give you antibiotics, particularly if we have used a mesh or implant. At first we may need to give you antibiotics through a vein in your arm (intravenously) while you are in hospital. We will also give you painkillers and a course of antibiotics to take at home.

You will have some swelling and bruising around your eyelids. Sometimes the whites of your eyes may become bruised and look red. You will see these changes most in the first 24 hours after surgery and they will have gone down a lot by the end of the second week. You can help to reduce the swelling and bruising by using a cold compress such as an ice pack wrapped in a cloth or a towel and sleeping propped upright for the first few nights after surgery.

It takes about six weeks for your cheekbone to heal completely. During this time, you must be careful not to injure this side of your face because it may push the bones out of place again. You should also avoid blowing your nose on the side of the fracture for a month after surgery, because this can cause swelling in and around your eye.

It is important to keep any stitches or dressings dry until they are removed.



How long will I be in hospital?

You will stay in hospital for one night after surgery.

What can I eat and drink?

You may find it more comfortable to eat a soft diet for the first few days after surgery, as chewing hard foods may feel a bit sore.

Can I brush my teeth?

If you have any cuts inside your mouth, you may find it difficult to clean your teeth around the wounds because they are sore. Try using a soft, small-headed toothbrush, such as a child's.

It is important to keep your mouth as clean as possible for the first few weeks after surgery, to prevent infection. Starting the day after surgery, gently rinse your mouth with mouthwash or warm salt water (dissolve a flat teaspoon of kitchen salt in a cup of warm water) three times a day for five – seven days, to keep it free from food remains. We 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 also 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 two weeks or more 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 have 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 a few months after treatment, to make sure that your cheekbone heals properly. When we put plates and screws in your cheekbone to hold it in position, we do not usually take these 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.

If you had stitches in your face, you need to go to your GP (home doctor) surgery a week after surgery to have them taken out. If you had any stitches inside your mouth, these usually dissolve and do not need taking out. They can take up to two weeks or longer to dissolve.

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 Hambleden 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.





Corporate Comms: 0810
PL645.2 January 2017
Review date January 2020