

Maxillofacial Bone Graft and Reconstruction Procedures

We may have increased the amount of bone/replaced bone that was lost in your jaw using a piece of bone from your body or other source. This is usually done to replace bone due to infection, trauma or tumors or to prepare your mouth for a dental implant, which may have happened at the same time as this surgery or will happen at a later date.

This sheet gives care instructions for various types of dental bone grafts or reconstructive procedures that can be done. Your surgeon, nurse, or other staff will let you know which care instructions apply to you.



SIGNS AND SYMPTOMS

After a bone graft or reconstructive procedure, it is normal to have:

- Some **pain** as the freezing (local anesthetic) wears off. Pain will often get worse for the first 3 days, and then gradually get better.
- **Swelling** that gets worse for the first 5 days, and then gradually gets better.
- Similar **pain** and **swelling** as above at the harvest site (part of your body we took the piece of bone from).
- **Headaches, soreness, dizziness, light-headedness,** and some **fatigue**.
- **Spotty bleeding** in the mouth for the first week. You may also have **brisk bleeding** through the nose for the first 24 hours, but this should subside.
- A **minor nose bleed** if you had a sinus graft. If this happens, contact our office.
- **Nausea** from the freezing you received during surgery or if you are taking narcotic pain medicine.



Contact your surgeon or go to your nearest Urgent Care Centre or Emergency Department, if you have:

- Pain that does not get better, or gets worse, even after taking medicine
- Difficulty swallowing or breathing
- Bleeding that does not slow down, even after applying pressure for 30 minutes
- The wound is starting to open
- Pus or bad smelling fluid coming from the wound
- New swelling that appears 5 days after surgery
- Severe nausea (feeling sick to your stomach) or vomiting (throwing up)

For emergency issues, you may also call Humber River Hospital at (416) 242-1000 and ask to speak to your oral surgeon.




MEDICINES

REGULAR MEDICINE: You may have been asked to stop taking certain medicines before the procedure.

- Blood thinners (such as Aspirin®, Warfarin, Plavix®): Ask your surgeon when you can restart these. **Taking this medicine too soon after surgery may increase your risk of bleeding.**
- All other medicine: You may restart them after surgery **unless your surgeon tells you otherwise.**

PAIN MEDICINE:

- **Over-the-counter pain medicine:** For mild to moderate pain, you may take either:
 - » 600 mg to 800 mg of Advil® every 8 hours as needed (maximum 2400 mg in 24 hours) **OR**
 - » 500 mg to 1000 mg of Tylenol Extra Strength® every 8 hours as needed (maximum 4000 mg in 24 hours).
- **Narcotic pain medicine:** If your surgeon prescribed a narcotic pain medicine (such as Tylenol® 3, Percocet®, or Demerol®), take it for severe pain, as directed. If you still feel pain, please contact the office and we can change the formula. Taking narcotics may cause:
 - » Nausea and vomiting - Do not take the medicine on an empty stomach.
 - » Drowsiness - Do not drive, use heavy machinery, or do tasks that need concentration.
 - » Constipation - Treat with OTC Colace®, Docusate Sodium®, or a stool softener.

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- Do not drink alcohol while on narcotic pain medicine.
 - If you are on Tylenol® 3 or Percocet®, do not take OTC Tylenol®.

MEDICATED RINSE: If your surgeon prescribed a medicated rinse, take as directed.

- Peridex and chlorhexidine can alter taste and stain your teeth. If you notice staining, stop using the medicated rinse and use salt water instead. Your dentist or hygienist can remove the teeth stains.

ANTIBIOTICS: If your surgeon prescribed an antibiotic to prevent infection, take as directed.



APPOINTMENTS

Surgeon Name:

- ☐ Go to the _____ clinic on DD / MM / YYYY at _____ (time) for your follow-up appointment for wound care. This is usually within 3 weeks of your surgery, but may be later.
- ☐ Book your next surgery/implant placement within the time frame your surgeon has suggested.
 - This timing depends on the type of bone graft you had and the reason for your bone graft.
 - If you do not book your surgery in time, we may not be able to place your implant or we may need to do additional bone grafting.
- ☐ If directed by your surgeon, follow up with other members of your care team (such as the microvascular surgeon, physiotherapist, or speech language pathologist).



RESULTS

- Your surgeon will discuss any results or reports with you at the follow-up visit, as advised.
- If a biopsy was done, we will send the sample to the lab for review. A report will be sent back to your doctor within 2 to 3 weeks. When your report is ready, you can view it on myHumberHealth (<https://myhumberhealth.ca>)



TALK WITH ME (ABOUT MY CARE)

ACTIVITY:

- On the day of your surgery, try to rest.
- For the first 24 hours, or while you are taking prescription pain medicine, do not drive, use heavy machinery, or perform other tasks that need concentration. The sedation and freezing from the surgery and the narcotic pain medicine may cause drowsiness.
- For the first 5 days, avoid strenuous activity. Activity can increase blood pressure, which can affect healing and swelling.
- For the first 2 weeks, do not smoke as it can slow healing, affect the success of the bone graft, and lead to complications.

DIET:

- Your doctor will let you know when it is okay to start eating.
- When you are able to start eating, begin with high-calorie, nutrition-rich fluids (protein shakes, fruit smoothies, soups, or any liquid nutritional supplement such as Boost®). Some procedures may require you to have clear fluids for 5 to 7 days.
- After 5 to 7 days, start to introduce a soft diet with mashed, blended, or puréed foods (see Sample Soft Foods Diet).
- Your surgical team will let you know when you may resume your regular diet.

SAMPLE SOFT FOODS DIET:

Breakfast: Oatmeal or any warm cereal
Morning Snack: Yogurt or fruit smoothie
Lunch: Soup, eggs, well-cooked rice, puréed or mashed potato
Afternoon Snack: Protein shake or fruit smoothie
Dinner: Soup, soft fish, well-cooked rice, mashed potato.

TALK WITH ME continued on next page →



TALK WITH ME (ABOUT MY CARE)

MOUTH AND WOUND CARE:

- Always keep your fingers and tongue away from the wound. Do not pull on the cheek to inspect the wound. Any disturbance to the wound area can open it, which may expose the graft and reduce the success of the surgery. If you notice the wound opening, contact us for instructions.
- For the first 24 hours, do not spit, rinse, or brush your teeth. This will disrupt wound healing.
- After 24 hours:
 - » You may start to rinse your mouth with a salt water (mix 1/2 teaspoon salt in 250 ml (1 cup) warm water) or the medicated rinse. Rinse 3 to 4 times a day. **Rinse gently, do not rinse vigorously (with a lot of force).**
 - » You may gently brush your teeth with a new soft toothbrush, but avoid brushing the graft area.
- If you have any skin wounds from surgery, do not immerse them in water (such as a bathtub, pool, lake, etc.) for 2 weeks after surgery.”
- If you have stitches, your surgical team will let you know when they can be removed.
- If there are steri-strips or small pieces of tape across the wound, leave them in place until they fall off on their own or your surgical team removes them.
- If there is no tape/bandage over your skin wound, keep it clean by gently dabbing it with 3% hydrogen peroxide and water. Let it dry and then apply polysporin.

PAIN AND SWELLING:

Pain will often get worse for the first 3 days, then gradually get better. Swelling will often get worse for the first 5 days, then gradually get better.

- For pain, take pain medicine as instructed (see **MEDICINES** on page 2).
- For swelling, for the first 48 hours:
 - » Apply an ice pack. Put ice in a plastic bag and place a towel between your skin and the bag. Apply the ice on for 20 minutes and off for 20 minutes while awake.
 - » Sleep with your head in an elevated position (head above the heart), using 2 pillows to raise your head.

NAUSEA (FEELING SICK TO YOUR STOMACH) AND VOMITING (THROWING UP):

- For nausea and vomiting, drink only clear liquids (such as Sprite®, Ginger Ale®, or sports drinks) and eat soft bread. You may also use Gravol® (dimenhydrinate).

TALK WITH ME continued on next page →



TALK WITH ME (ABOUT MY CARE)

BLEEDING:

Bleeding may be brisk for the first 24 hours and then spotty for the first 7 days. To slow down brisk bleeding:

- Wash your hands with soap and water. Look in the mouth to identify the bleeding site.
- Place a thick moist gauze pack on the site. Bite down gently but firmly for 30 minutes. Do not chew on the gauze. If you cannot bite down on the gauze due to the location of the graft, use your fingers to apply direct pressure with the gauze for 30 minutes.
- **If bleeding does not slow down, contact your surgeon or go to your nearest Urgent Care Centre or Emergency Department.**

SINUS LIFT (if applicable):

If you also had a sinus lift with your bone graft, try to avoid anything that can cause pressure in your mouth or sinuses for the first 7 days:

- Do not suck through a straw, blow your nose, or rinse vigorously.
- Try to sneeze with your mouth open.
- Use a decongestant spray (such as Sudafed® (pseudoephedrine) or Otrivin®) if you feel stuffed up. **Please note:** If you take medicine for heart disease or high blood pressure, **check with your pharmacist first before taking a decongestant.**

TRACHEOSTOMY (if applicable):

Some reconstruction procedures may also require a tracheostomy. If applicable, please follow these instructions:

- Cover your stoma or breathing hole with a dressing, as we had shown you in hospital. Make sure to make a tight seal with the adhesive dressing on the skin around the of the site.
- Change this dressing everyday until the stoma or breathing hole has closed completely.
- When you are speaking, apply gentle pressure over your stoma or breathing hole with your fingers.

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Park in the East Parkade and enter through East entrance or Portal of Care A. Take the East Outpatient Elevators to level 4.