HUMBER RIVER HOSPITAL

Patient Care Reinvented.

Surgical Program

Surgery to treat a Maxillofacial Trauma

You have had surgery to treat a trauma, fracture (broken bone), or laceration (deep cut or wound) in your face or jaw.

This sheet gives you instructions on how to care for yourself after surgery. It supplements the information the staff discussed with you.

SIGNS AND SYMPTOMS

After surgery, 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 3 to 4 days, and then gradually gets better.
- **Bruising** at the injury and surgical site.
- Small amounts of **bleeding** from the surgical site for the first 24 to 48 hours.
- **Numbness** in the area from the freezing. This will normally wear off within 12 hours.
- **Nausea and vomiting**, if you were on a sedative during surgery, are taking narcotic pain medicine, or are dehydrated.
- **Double vision** for the first 2 weeks, if you had an orbital (bones around the eyes) or zygoma (cheekbone) fracture.

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
- Excessive bleeding that does not stop
- Pus or bad smelling fluid from the surgical site
- New swelling appearing 5 days after surgery
- Severe nausea (feeling sick to your stomach) or vomiting (throwing up)
- Signs of dehydration (cannot pee, fainting, heart racing when standing up)
- A fever of 38 °C (100.4 °F) or higher.

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.**

MEDICINES continued on next page ⟶

MEDICINES

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.

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

ANTIBIOTIC MEDICINE: 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.

RESULTS

- Your surgeon will discuss any results or reports with you at the follow-up visit, as advised.

TALK WITH ME (ABOUT MY CARE)

ACTIVITY:

- For the first 72 hours, do not smoke. Smoking can slow healing and lead to complications.
- For the first 3 weeks, do not exercise, lift heavy items, or do strenuous activity as this can increase blood pressure, which can affect healing and swelling.

BLEEDING:

Small amounts of blood is normal for up to 24 hours after surgery. If excessive bleeding occurs:

- Wash your hands with soap and water. Then, place a thick moist gauze pack on the site. Apply gentle but firm pressure for 30 minutes. Repeat up to 3 times. If the bleeding does not stop, go to the ER.

TALK WITH ME (ABOUT MY CARE)

WOUND (INCISION OR LACERATION) CARE:

- For the first 3 weeks, do not soak your wound in water (such as a bathtub, pool, or lake).
- If there are **steri-strips** (little pieces of tape) across your wound, please leave it in place until they fall off, or until your surgical team removes them at your follow-up appointment.
- If there are **staples** across your wound (after an upper face trauma), your surgical team will remove them between 10 to 20 days after surgery at your follow-up appointment.
- If there are **no steri-strips/bandages** over your wound, keep it clean using a 50/50 mix of 3% hydrogen peroxide and water. Use guaze to gently dab the solution onto wound (do not use this around the eye). This will dissolve crusted blood. Then, cover the wound with the antibiotic ointment. Only apply the antibiotic for the first 5 days.

PAIN AND SWELLING:

Pain and swelling will often get worse for the first 3 days after surgery, then gradually get better.

- For pain, take pain medicine as instructed (see **MEDICINES** on page 2).
- For swelling:
  - » For the first 24 hours, apply an ice pack to the surgical site. Put ice in a plastic bag and place a towel between your skin and the bag. Leave the ice on for 15 minutes and off for 15 minutes.
  - » Keep your head elevated (head above the heart), even when sleeping (use 2 pillows to raise your head).
  - » After 3 days, if you desire, you can apply heat to your face to reduce swelling faster. This can be a heating pad or a warm, moist towel.

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

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

ORBITAL (BONES AROUND THE EYE) AND ZYGOMA (CHEEKBONE) FRACTURE *(if applicable)*:

It is normal to have double vision for the first 2 weeks after surgery.

- After 7 days, you may start eye exercises, such as looking up, down, and side-to-side.
- For the first 3 weeks, avoid anything that can cause pressure in your mouth or sinuses.
  - » Try to sneeze with your mouth open.
  - » Do not suck through a straw, smoke, blow your nose, or spit forcefully.
  - » Use a decongestant spray (such as Sudafed® (pseudoephedrine) or Otrivin®) if you feel stuffed up.

Contact your surgeon right away if you have:

- Any changes to your vision
- Increased swelling or pain

TALK WITH ME continued on next page ⟶

TALK WITH ME (ABOUT MY CARE)

NASAL (NOSE) FRACTURES *(if applicable)*:

- If we placed splints or dressings inside your nose, you may need a follow-up appointment within 2 to 5 days after surgery to get them removed. If you need this appointment, we will let you know.
- If you have a splint on the outside of your nose, this will gradually fall off on its own.
- For the first week after surgery, you can keep the nasal passages free of crusted blood, by gently applying 3% hydrogen peroxide (full strength) with a cotton swab (Q-tip) into each nostril 3 times a day.
- For the first 3 weeks, avoid anything that can cause pressure in your mouth or sinuses.
  - » Do not suck through a straw, smoke, blow your nose, or spit forcefully.
  - » Try to sneeze with your mouth open.
  - » Use a decongestant spray (such as Sudafed® (pseudoephedrine) or Otrivin®) if you feel stuffed up.

MANDIBLE (LOWER JAW) OR MAXILLARY (UPPER JAW) FRACTURE *(if applicable)*:

- Chewing may cause your jaw to heal incorrectly, which may lead to more surgeries and bone grafting of the fracture site. For the first week, stay on a **liquid diet** (such as ginger ale, cranberry juice, consommé). Then, move onto a **non-chew diet** for the next 6 weeks:
  - » Non-chew foods include puréed food, soup, mashed potatoes, scrambled eggs, or other foods that you can swallow without using your teeth. You may also supplement your diet by drinking meal replacement drinks (such as Boost® or Ensure®).
- Leave elastics or wires in place until your surgical team removes them or tells you otherwise.
- After 24 hours, you may start to brush your teeth, but be gentle and avoid the surgical site.
- If you had a MAXILLARY (UPPER JAW) FRACTURE: For the first 3 weeks, avoid anything that can cause pressure in your mouth or sinuses.
  - » Do not suck through a straw, smoke, blow your nose, or spit forcefully.
  - » Try to sneeze with your mouth open.
  - » Use a decongestant spray (such as Sudafed® (pseudoephedrine) or Otrivin®) if you feel stuffed up.

UPPER FACE/FRONTAL BONE (FOREHEAD) TRAUMA *(if applicable)*:

- Leave the drains in place. Your surgical team will remove them.
- See Wound (Incision or Laceration) Care (p. 3) for wound care instructions.