

Patient information sheet – Corrective Jaw surgery

Why is jaw surgery done in Cleft patients?

Babies with cleft lip and palate usually have a 'Dish face' or 'Flat face' deformity due to deficient upper jaw. It is called a Midface hypoplasia. This can give rise to abnormal bite (Class III malocclusion) or underbite. Jaw surgery (Orthognathic surgery) is done to correct these two problems and give a better appearance to the face.

When is it usually done?

It is usually done after the age of 16 years when the facial bones are fully grown. The decision regarding the timing of the surgery is usually done by your surgeon and orthodontist after monitoring the growth of the jaw. There will also be some amount (6 months to 1 year) of orthodontics (Braces) before and after the surgery.

Any tests or preparation required?

Your child might have to undergo an OPG, which is a specialized X-ray of the jaw, a Lateral Cephalogram and a CT scan to plan the surgery. Planning of the surgery is done through specialized softwares using Virtual Surgical planning, which helps in preparation of models and splints required for the surgery. Removal of all wisdom teeth might also be required in most cases.

What are the types of surgeries available?

There are mainly 2 types of surgeries:

1. Lefort I maxillary advancement – Cuts are made in the upper jaw and the upper jaw is moved forward to correct the bite and improve the appearance of the face.
2. Double Jaw surgery – Sometimes surgery on the lower jaw to bring the lower jaw behind might have to be combined with Lefort I advancement to produce the same effect depending upon the extent of deformity.

What does the surgery involve?

Your child will be seen by our anaesthetist before surgery and then admitted on the day of surgery. The surgery is conducted under general anaesthesia and takes about 2-3 hours. The cuts are made on the upper and lower jaw depending upon the surgery and the bones are brought to the correct position and fixed with Titanium plates and screws. All the incisions are inside the mouth. So there are no external scars. All the wounds are closed with absorbable stitches.

What happens after surgery?

The patient is usually kept in ICU for one day and shifted to the ward the next day. You might notice some mild oozing of blood from the mouth which is normal. Patient will be on soft diet for 3 weeks. You will be advised to give regular mouthwashes to keep the mouth clean. Patient will be discharged after 3-4 days. There will be some rubber bands applied to the braces on discharge. There will be a follow up appointment after 1 week to check the wound. All the stitches are absorbable and you might notice

Email Id: contact@drvybhavderaje.com

Phone no: +91 9535581616

them either getting absorbed or falling off in the subsequent weeks. Once the wound is healed, the patient will continue with some more orthodontics for 3 months to 6 months.

What complications can I expect?

Infection, bleeding, swelling and pain are common complications that can happen. The pain will be managed by our acute pain service team while in the hospital. You might notice some numbness in the upper lip and lower lip due to stretching of the nerves. It is temporary, but in some patients can take 6 months to 1 year to recover completely. You might notice that the speech can worsen after surgery and the patient might need some speech therapy after surgery for full recovery. In very rare circumstances, surgery to correct the speech is required. Loss of teeth also is a rare complication of this surgery and some patients might need some dental rehabilitation if that happens.

I have a few more questions. What do I do?

Kindly write to us at contact@drvybhavderaje.com. We will be happy to reply to any of your questions and concerns.

Disclaimer: This information sheet is for you to get a general idea about the condition and surgery. This is in no way a substitute for a formal consultation with your doctor.

Email Id: contact@drvybhavderaje.com

Phone no: +91 9535581616