

Aintree  
Head & Neck  
Practice  
Development  
Unit

## Fractures Of The Lower Jaw (Mandible)

Aintree University Hospital **NHS**

NHS Foundation Trust

Where quality matters

Aintree Head and Neck Unit

Lower Lane

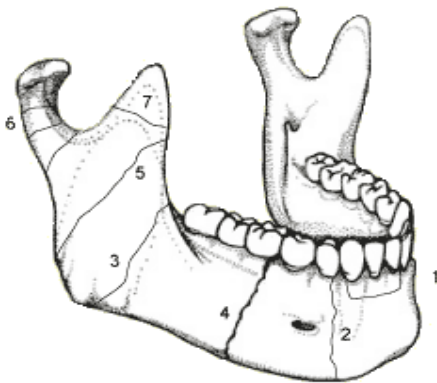
Liverpool L9 7AL

Tel:0151-529-5195/5239

### What is fracture of the lower jaw?

Your lower jaw (Mandible) has been broken. The number of fractures, where they have occurred and whether they need treatment to help them heal has already been established by the Doctor who examined you. However, it is your decision to go ahead with the operation or not and this document has been designed to improve your understanding and give you enough information about the benefits and risks so you can make an informed decision.

If you have any questions that the leaflet does not answer or you would like further explanation, please do not hesitate to ask a member of the healthcare team.



### What does the operation involve?

This operation is performed under a general anaesthetic. Your anaesthetist will discuss the options with you and answer any questions, worries or concerns you may have.

Once you are asleep the fracture sites will be opened up. This involves making a cut on the inside of your mouth through the gum.

The broken bones are then put back together and held in place with small metal plates and screws. The gum is stitched back into place with dissolvable stitches that take up to a fortnight or even longer to fall out.

### Will anything else be done while I am asleep?

During the same operation it is often necessary to place wires or metal braces around your teeth so that elastic bands can be attached to them and guide your bite into the correct position after surgery.

Screws inserted into the jawbone above the teeth are occasionally used instead of these wires or metal braces. Any elastic bands are not usually attached until the day after your operation, i.e: your jaws will be able to move freely when you wake up from surgery.

It may be necessary to remove damaged or decayed teeth at the site of the fracture. Sometimes it is necessary to make a cut on the outside of the mouth through the skin. If this is going to take place, the site and size of the cut will be discussed with you before you sign any consent form for your operation.

## What can I do to make the operation a success?

- **Lifestyle changes.**

If you smoke, try to stop now. There is strong evidence that stopping smoking reduces the chances of getting post-operative complications and infections.

- **Medication**

You should continue your normal medication unless you are told otherwise. Make sure your surgeon or a member of the health care team is aware of any medication you are taking.

## What are the risks and complications?

The surgical team will try and make your operation as safe as possible. However, complications can happen, every operation carries a risk.

The complications fall into three categories.

1. Complications of Anaesthesia
2. General complications of any operation
3. Specific complications of this operation

### 1. Complications of anaesthesia

Your anaesthetist will be able to discuss with you the risks of having an anaesthetic.

### 2. General Complications.

- **Pain**, which happens with every operation. The surgical team will try to reduce your pain. You will be prescribed painkillers and it is important that you take as instructed by your surgical team. The discomfort is usually worse for the first few days although it may take a couple of weeks to completely disappear.

- **Infection**, it is necessary to make sure that the fractures heal without any infection, so you may be given antibiotics through a vein in your arm whilst in hospital.

- **Blood clots**, in the legs (deep-vein thrombosis) it can start with pain, redness and swelling in your calf. If you get these symptoms please inform a member of the health care team.

### 3. Specific Complications

- **Bleeding**, bleeding from the cuts inside the mouth is unlikely to be a problem but should the area bleed when you get home this can usually be stopped by applying pressure over the site for at least 10 minutes with a rolled up handkerchief or swab.

- **Numbness / Tingling**, there is a nerve that runs through the centre of the lower jaw that supplies feeling to your lower lip, chin and bottom teeth. This nerve may have been bruised at the time of the fracture and as a result you might already feel some tingling or numbness in your lip and or chin.

This tingling may also be caused or made worse by surgery. In the majority of people the numbness gets better on its own although it can take several months to do so.

- **Damage to teeth**, occasionally teeth adjacent to the fracture site may be damaged by screws that are used. If it is necessary to put plates or screws in your jaw to hold it in position these are not normally removed unless they get infected because they tend not to cause problems. The metal that is used is titanium which does not set off metal detectors in airports etc.

## How soon will I recover?

- **In hospital**

After the operation you will be transferred to the recovery room and then to your ward.

You usually stay in hospital for one night following your surgery and leave for home the following morning. The following day the position will be checked with x-rays before you are allowed home. Although the plates and screws hold the fracture in place it still takes around six weeks for your lower jaw to heal completely. During this time you will need to keep to a soft diet, the nature of which will be discussed with you by the medical and nursing staff.

### **Elastics, soft diet and oral hygiene advice**

If the surgeon has applied bars or screws to your gums during surgery it is usually necessary for you to have elastic bands attached so that your jaw and your bite heal in the right position.

If your surgeon fits elastic bands it is very important that you continue with your usual oral hygiene by cleaning your teeth as you would normally (maybe purchase a small soft tooth brush and an inter-dental toothbrush) making sure as to clean around the elastic bands. As well as using the mouthwash after meals.

- **Eating and drinking**, If elastic bands have been fitted this will make eating and drinking more of a challenge.
- **General soft diet advice.**

Any hard, chewy or sticky foods must be avoided at all costs! A soft diet is a diet which you do not have to chew but simply place in the mouth and swallow. Below are some soft diet examples.

- Ready Brek, Porridge, Weetabix.
- Soups, Canned Spaghetti or Beans

- Scrambled Egg, Minced Vegetables, Minced Meats
- Pureed Fruit, Yoghurt, Ice Cream, Mousse
- Rice Pudding, Custard, Milk Shakes.

These foods can be made more manageable as necessary with the inclusion of Milk, Gravy, Butter and Sauces.

The use of liquidisers, food processors and hand blenders can make food manageable and the right consistency for you. If you would like further information regarding soft diet recipes please ask a member of the health care team.

If your elastic bands should come off when you are at home it is very important that you **do not** try to re-apply them yourself, and that you contact ward 29 or other Maxillofacial/oral dental services for them to be reapplied in the correct position.

### **Do I need to take time of work?**

Depending on the nature of your work it may be necessary to take a fortnight or so off work and avoid strenuous exercise for this time. It is important to remember that you should not drive or operate heavy machinery for 48 hours after your general anaesthetic.

### **What can I do to make my recovery a success?**

- Take your painkillers as prescribed regularly for at least 2-3 days, then according to the discomfort. (But do not exceed the prescribed daily dose)
- Keep stitches and dressings dry until they are removed.
- Keep area free from food debris by gently rinsing your mouth with a mouthwash or warm salt water (dissolve a flat teaspoon of kitchen salt in a cup of

warm water) commencing on the day after discharge.

- Contact the hospital immediately on the numbers below if you have any problems.
- Attend your appointments however, if for any reason you are unable to attend an appointment please let the hospital know as soon as possible.

Before you leave hospital an appointment will be arranged to take out any stitches and review you in the outpatient department. It is usual to keep a close eye on you for several months following treatment to make sure that your jaw heals in the correct position.

We hope you have found this information leaflet useful, its intention is for information purposes only and you should read it either together with or depending on any advice given by your relevant health professional.

If you have any problems or need further advice please contact Aintree Head and Neck Unit at University Hospital Aintree

Ward 28:- 0151 529 5239 / 5238  
Fax:- 0151 529 5237

Ward 29:- 0151 529 5195 / 5196  
Fax:- 0151 529 5194

## Further information

You can get further information locally from the Customer Services Department on 0151 529 3287 (answerphone 0151 529 2400, fax 0151 529 2019, textphone 0151 529 2523)

You can also get further information from.

[www.aboutmyhealth.org](http://www.aboutmyhealth.org) for support and information you can trust.

[www.baoms.org.uk](http://www.baoms.org.uk) British Association of Oral & Maxillofacial Surgeons.

[www.bda-dentistry.org.uk](http://www.bda-dentistry.org.uk) British Dental Association (tel: 020 7935 0875)

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk) NHS direct 0845 4647 (textphone 0845 606 4647)

Merseyside Victim Support and Witness Service

Tel: 0845 3030 900

Email:- [supportline@victimssupport.org.uk](mailto:supportline@victimssupport.org.uk)

Victims of Domestic Violence:  
0151 263 7474

Samaritans:  
0151 708 8888

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BAOMS – Patient Information Leaflets

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Aintree University Hospital NHS Foundation Trust is not responsible for the content of any material referenced in this leaflet that has not been produced and approved by the Trust.



## If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact the Customer Services Department on:

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يمكنك الحصول على هذا الكتيب بطباعة اكبر او بطريقة برايل  
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如果需要特殊印刷這個專單  
根據需要，這個專單可以加大列印，添加盲文，其他語言，  
並且可以做成磁帶錄音或者光碟。如果有什麼需要，請聯繫  
客服。

## Si vous avez besoin d'une brochure adaptée pour malvoyants

Vous pouvez obtenir, sur demande, ce prospectus imprimé en grands caractères, en Braille, en livre audio (cassette ou disque compact) ou dans une autre langue. Veuillez contacter le service clientèle au:

यदि आप इस पुस्तिका की एक विशेष संस्करण की आवश्यकता होती है तो  
इस पुस्तिका बड़े प्रिंट, ब्रेल (उत्कीर्ण लेखा)में, ऑडियो टेप या डिस्क और अन्य भाषाओं में अनुरोध पर उपलब्ध है। कृपया कस्टमर सर्विसिस (ग्राहक सेवा)से उपर दिए गए नंबर पर संपर्क करें:

## Si necesita una edición especial de este folleto

Este folleto está disponible en letra grande, en Braille, en cintas de audio o en disco y en otras lenguas a petición. Por favor, contacte con el Servicio de Atención al cliente en:

## Haddii aad u baahantahay cadad khaas ah oo ah warqadan

Warqadan waxaad ku heli kartaa haddii aad codsato iyadoo ku qoran far balaadhan, Braille (waa farta ay akhriyaan dadka indhaha la'), iyadoo hadal cajalad ama disk ku duuban ama ku turjban luqad kale. Fadlan ka la soo xidhiidh Adeega Macaamiisha:

اگر آپ کو اس معلوماتی پرچے کی خصوصی اشاعت درکار ہے

یہ معلوماتی پرچہ بڑی لکھائی، بریل (اندھوں کا رسم الخط) سماعت کرنے والی ٹیپ یا ڈسک یا پھر اور زبانوں میں درخواست پر دستیاب ہے برائے مہربانی کسٹمر سروس سے دینے کے نمبر پر رابطہ کریں:

## Os oes arnoch angen rhifyn arbennig o'r daflen hon

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## W przypadku, gdy potrzebujesz specjalnego wydania tej broszury

Broszura ta jest dostępna w dużej trzcionce, Braille'u, na kasecie do odsłuchu lub na dysku jak również w innych językach na życzenie. Prosimy o kontakt z Serwisem dla klientów pod numerem:



Telephone  
0151  
529 3287



Textphone  
0151  
529 2523



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0151  
529 2019

[for the hearing impaired]