



ORTHOGNATHIC SURGERY

This online patient advisory is intended to provide you with general information. It is not a substitute for advice from your oral and maxillofacial surgeon. You are encouraged to discuss the benefits and risks of treatment with your surgeon. This is an abridged version of the ANZAOMS patient education pamphlet: "Orthognathic Surgery - patient information to assist informed consent". The complete four-page pamphlet is available from your surgeon. It discusses conditions, symptoms, diagnosis, treatment decisions, surgical treatments, recovery and possible complications of surgery.

Orthognathic surgery is performed on the jaws to correct their position. When the upper and lower jaws are positioned normally, there is typically an improvement in the ability to chew and speak. Breathing may become easier, and facial appearance may be improved.

A variety of problems can be corrected by orthognathic surgery, including jaws that are too large, too small, too far forward, too far back, or crooked.

The problems may have been present from birth, developed as the jaws grew, or been due to trauma or disease.

Orthognathic surgery is usually performed in conjunction with orthodontic treatment to correct the occlusion or "bite", the contact of the upper and lower teeth during chewing and when the jaws are closed.

Surgical treatment

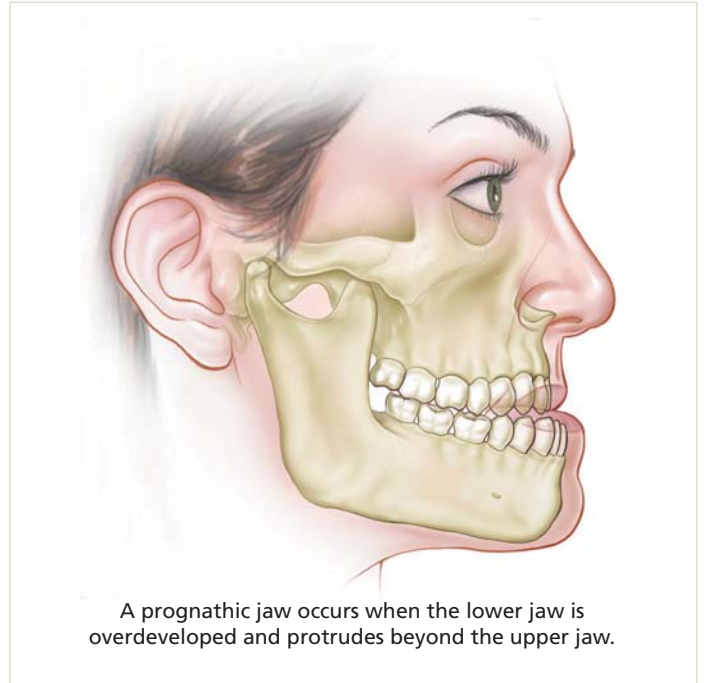
The surgeon carefully cuts the jawbone and moves it as required. A small jaw may be lengthened, or a large jaw may be reduced in size.

Incisions are usually made inside the mouth. Sometimes, an external incision is needed.

After the jaws are placed into the correct position, they are internally fixed permanently with small bone plates and screws.

Orthodontics in conjunction with orthognathic surgery can optimise the patient's outcome, improving both occlusion and the appearance of the teeth and jaws.

After surgery, a further six to 12 months of orthodontic treatment may be needed to "fine tune" the position of the teeth and their occlusion. Your surgeon will need to see you periodically to assess the alignment of your teeth and jaws.



A prognathic jaw occurs when the lower jaw is overdeveloped and protrudes beyond the upper jaw.

Your medical history

Your surgeon needs to know your medical history to plan the best treatment for you. Tell your surgeon about ALL medicines that you take and other health problems you may have. Some may interfere with surgery, anaesthesia and recovery.

A decision to have surgery

As you make the decision whether to have surgical treatment, be sure that you understand the risks, benefits and limitations of the treatment options. Only you can decide if surgery is right for you. If you have any questions, ask your surgeon.

Anaesthesia

Orthognathic surgery is performed under general anaesthesia. Your surgeon will explain more about the type of anaesthesia that is best in your case.

Possible risks and complications

Modern surgical techniques have greatly improved the outcomes. However, there are risks of complications, as with all types of surgery. Risks of complications and additional information are more fully outlined in the complete four-page ANZAOMS patient education pamphlet and should be discussed with your oral and maxillofacial surgeon. ©