

Patient information and consent to jaw or chin corrective surgery (orthognathic surgery)

Key messages

- **Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.**
- Please bring with you any medications you use (including patches, creams and herbal remedies) in the original packaging if possible, and any information that you have been given relevant to your care in hospital, such as x rays or test results.
- Take your medications as normal on the day of the procedure **unless** you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. **Do not** take any medications used to treat diabetes.
- Smokers are strongly advised to stop smoking before this procedure – please ask us for advice and help about stopping smoking.
- Please call **the department of oral and maxillofacial surgery, Clinic 8**, on **01223 216635** if you have any questions or concerns about this procedure or your appointment.

Please read this information carefully, you and your health professional will sign it to document your consent.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the responsible health professional, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.

About jaw or chin corrective (orthognathic) surgery: upper jaw, lower jaw or genioplasty (changing the profile of the chin)

You have been recommended jaw and/or chin surgery because the bones of your face and jaws are out of balance with one another. This is usually carried out alongside orthodontic treatment to align the teeth.

Lower or upper jaw surgery: You have been recommended lower and/or upper jaw surgery because it has not been possible to correct the alignment of your teeth with orthodontics alone. Surgery can change the relationship between your lower jaw and upper jaw and we believe this surgery will correct your dental problems.

Genioplasty: You have been recommended a genioplasty to change the profile (look) of your chin. This is often carried out at the same time as other corrective surgery on your jaws. However, your surgeon might recommend that it is carried out at a later stage.

Before your procedure

Most patients attend a pre-admission consultation when you will meet members of the oral and maxillofacial surgery team. At this clinic we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations including X-rays. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.

We will ask if you are taking any tablets or other types of medication - these might have been prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (please bring the packaging with you).

You will be admitted to hospital the day before your operation, usually in the afternoon or early evening. This procedure involves the use of general anaesthesia. See below for further details about this type of anaesthesia.

Smokers are strongly advised to stop smoking before this procedure. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on **0800 169 0 169**.

During the procedure

The operation is almost entirely carried out from the inside of your mouth to minimise visible scars on the skin of your face.

For lower and/or upper jaw surgery, an incision (cut) is made through the gum behind the back teeth to gain access to the lower jaw, or in the gum above the upper teeth for the upper jaw. The jaw is then carefully cut with a small saw to allow it to be broken in a controlled way. Occasionally, for lower jaw surgery, it is necessary to make a small incision on the skin of the face to allow the screws that hold the jaw bone in place to be inserted.

This incision is only a few millimetres long and usually only requires a single stitch.

For genioplasty, an incision is made through the gum on the inside of the lower lip to gain access to the lower jaw bone and chin. The chin bone is then cut with a small saw to allow it to be broken in a controlled manner.

For both operations, the jaw and chin are then moved into the new position and held in place with small metal plates and screws. The gum inside the mouth is stitched back into place with dissolvable stitches that can take around two weeks to disappear.

The metal that is used for the plates and screws is titanium, which does not set off metal detectors in airports etc. It should last a lifetime.

After the procedure

Most patients consider this procedure to be relatively painless. You are likely, however, to have some discomfort and swelling both on the inside and outside of your mouth after surgery and for this reason we will offer you regular painkillers. The discomfort is usually worst for the first few days after the operation, and it can take a couple of weeks to completely disappear. To ensure the mouth/jaw heals without becoming infected we will give you some intravenous antibiotics whilst you are in hospital. When you leave hospital we shall give you some painkillers and a course of antibiotics.

Immediately after the operation, your face will be swollen and feel tight, your jaws will be stiff and you will find that you cannot open your mouth very wide. If you have had upper jaw surgery, your nose will usually feel blocked and you might have to breathe through your mouth. Your throat might also be uncomfortable, and swallowing can be difficult to begin with. Many people feel quite 'sorry for themselves' for the first few days after the operation.

Swelling and bruising is variable but is generally worst on the second or third day after the operation. The swelling can be reduced by using a cold compress and by sleeping propped upright for a few days. Most of the swelling will go within a fortnight, but there can be some more subtle swelling that will take several months to disappear, although only you and those who know you best are likely to notice this.



Eating and drinking. For the first day or two you will only want to drink liquids but very quickly you should be able to manage a soft diet and then gradually build up to normal food after four to six weeks.



Getting about after the procedure. We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. If you have any mobility problems, we can arrange nursing or physiotherapy help.



Leaving hospital. This obviously varies from person to person but most patients who have had this type of procedure will require a one or two night stay in hospital. The position of your jaw and/or chin will be checked using X-rays before you can go home.



Resuming normal activities including work. This varies from person to person and on what kind of job or study you do. For lower or upper jaw surgery, we recommend that most people have about three weeks off work and avoid strenuous exercise during this time. For people having chin surgery only, we recommend having around a week off work. It is important to remember that after either operation you will not be able to drive or operate machinery for 48 hours after your general anaesthetic. We also advise no contact sports for two months.



Special measures after the procedure. When you leave hospital we will give you some painkillers and some mouth wash.



Check-ups and results. A review appointment will be arranged before you leave hospital to see both your surgeon and orthodontist. Patients are usually kept under review for up to two years.

Intended benefits

Jaw surgery is performed to correct the bite of your teeth that cannot be corrected by orthodontics alone. Genioplasty is performed to correct the position of your chin.

Who will perform my procedure?

This procedure will be performed by a suitably qualified and experienced surgeon, or a trainee surgeon who is under the direct supervision of a suitably qualified and experienced surgeon.

Alternative procedures that are available

You might choose to have orthodontic therapy alone but are likely to have a less satisfactory result functionally or aesthetically.

Significant, unavoidable or frequently occurring risks of this procedure

There are potential complications with any operation. Although these are rare, it is important that you are aware of them and have the opportunity to discuss them with your surgeon.

Bleeding: You can expect some oozing (light bleeding) from the cuts inside your mouth on the night of the operation. Any significant bleeding is very unusual. If it happens, you can apply pressure over the area for at least 10 minutes with a rolled up handkerchief or swab to stop it.

If you have had upper jaw surgery, you will notice a slight bleeding from your nose, which can take a week or so to settle. Again, this is normal and nothing to be concerned about.

Numbness: If you have had lower jaw and/or chin surgery, your bottom lip will be numb and tingly after the operation. This is similar to the sensation you might feel after having an injection at the dentist. About one in 10 people will have some tingling or numbness that can last several weeks. Less than one in 100 people will have problems with sensation in this area that last more than a year, and may be permanent.

Infection: The small plates and screws that hold your jaw bone(s) in its new position are usually left in place permanently. Occasionally these can become infected and will need to be removed. This is not normally a problem until several months after surgery. It is very rare that people have long-lasting problems.

Adjustment of the bite: To adjust your bite in the weeks following lower or upper jaw surgery, it is often necessary to put elastic bands on your orthodontic braces to guide your bite into its new position. Rarely, we find that your new bite is not quite right, and a second small operation might be required to reposition the fixing plates and screws.

Speech: For cleft lip and palate patients, there may be speech changes.

Anaesthesia

Anaesthesia means 'loss of sensation'. There are three types of anaesthesia: general, regional and local. **The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness.** Sometimes different types of anaesthesia are used together.

Before your procedure

Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

Pre-medication

You may be prescribed a 'premed' prior to your operation. This a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief, reduce the risk of you being sick, or have effects specific for the procedure that you are going to have or for any medical conditions that you may have. *Not all patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.*

Moving to the operating room or theatre

You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room and before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting. After that, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted and you may be asked to breathe oxygen through a face mask.

It is common practice nowadays to allow a parent into the anaesthetic room with children; as the child goes unconscious, the parent will be asked to leave.

General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

What will I feel like afterwards?

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health. Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties. You may have fewer of these effects after local or regional anaesthesia. When the effects of the anaesthesia wear off you may need pain relieving medicines.

What are the risks of anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years.

The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.

Very common (1 in 10 people) and common side effects (1 in 100 people)

Feeling sick and vomiting after surgery

Sore throat

Blocked nose or nose bleed (particularly in facial surgery where the breathing tube may be passed through your nose, rather than your mouth)

Dizziness, blurred vision

Headache

Bladder problems

Damage to lips or tongue (usually minor)

Itching

Aches, pains and backache

Pain during injection of drugs

Bruising and soreness

Confusion or memory loss

Uncommon side effects and complications (1 in 1000 people)

Chest infection

Muscle pains

Slow breathing (depressed respiration)

Damage to teeth

An existing medical condition getting worse

Awareness (becoming conscious during your operation)

Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications

Damage to the eyes

Heart attack or stroke

Serious allergy to drugs

Nerve damage

Death

Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists' website: www.rcoa.ac.uk

Information about important questions on the consent form

1 Creutzfeldt Jakob Disease ('CJD')

We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2 Photography, Audio or Visual Recordings

As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3 Students in training

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4 Use of Tissue

As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet '*Donating tissue or cells for research*' gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on **01223 216756**.



Information and support

We may give you some additional patient information before or after the procedure, for example, leaflets which explain what to do after the procedure and what problems to look out for. Please feel free to speak to a member of staff if you have any questions or anxieties.

For general enquiries please contact the department of Oral and Maxillofacial Surgery, Clinic 8 on **01223 216635**.



Privacy & Dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care are required.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169



Help with this leaflet



If you would like this information in **large print**, another language or in audio format, please ask the department to contact Patient Information on 01223 216032 or patient.information@addenbrookes.nhs.uk

Document history

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Consent Form

Jaw or chin corrective surgery
[Type.....]

For staff use only:

Hospital number:

Surname:

First names:

Date of birth:

NHS no: _ _ _ / _ _ _ / _ _ _ _

Use hospital identification label

A Patient's side left / right or N/A

Consultant or other responsible health professional

Name and job title:

Any special needs of the patient (e.g. help with communication)?

Please use 'Procedure completed'
stamp here on completion:

B Statement of health professional (details of treatment, risks and benefits)

1 I confirm I am a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the hospital's consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)

To correct the bite of the patient's teeth that could not otherwise be corrected by orthodontics alone.

Genioplasty is performed to correct the position of the patient's chin.

b) the possible risks involved. Addenbrooke's always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

- bleeding – light bleeding from cuts inside the mouth
- numbness – some possible tingling after the procedure; 1 in 10 people may have residual sensation for several weeks, fewer than 1 in 100 may experience this for more than 1 year and may be permanent.
- infection of the small screws and plates holding jaw bone in position
- adjustment of the bite - in some rare cases the bite may need to be adjusted with a second operation to reposition fixing plates and screws
- speech changes may occur in cleft lip and palate patients.

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:

Consent Form

Jaw or chin corrective surgery

For staff use only:

Hospital number:

Surname:

First names:

Date of birth:

NHS no: _ _ _ / _ _ _ / _ _ _ _

Use hospital identification label

d) any extra procedures that might become necessary during the procedure such as:

Blood transfusion Other procedure (please state)

The following information leaflet has been provided:

Jaw or chin corrective surgery (orthognathic surgery)

Version, reference and date: **Version 3, CF301, November 2011**

or I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:

General and/or regional anaesthesia Local anaesthesia Sedation None

Signed (Health professional): Date: / /

Name (PRINT): Time (24hr): : :

Designation: Contact/bleep no:

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)

Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional. Yes No

2 Photography, Audio or Visual Recording

a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. Yes No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. Yes No

3 Students in training

I agree to the involvement of medical and other students as part of their formal training. Yes No

Consent Form

Jaw or chin corrective surgery

For staff use only:

Hospital number:

Surname:

First names:

Date of birth:

NHS no: _ _ _ / _ _ _ / _ _ _ _

Use hospital identification label

4 Use of Tissue

a) **I agree** that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

Yes No

b) *Where additional clinical information is needed for the purposes of ethically approved research, I agree* that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

Yes No

I have listed below any procedures that **I do not wish to be carried out without further discussion.**

I have read and understood the Patient Information about this procedure and the above additional information. **I agree** to the procedure or treatment.

Signed (Patient): Date: *DD/MM/YYYY*

Name of patient (PRINT):

If signing for a child or young person; delete if not applicable.

I confirm I am a person with **parental responsibility** for the patient named on this form.

Signed: Date: *DD/MM/YYYY*

Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): Date: *DD/MM/YYYY*

Name of witness (PRINT):

Address:

Consent Form

Jaw or chin corrective surgery

For staff use only:

Hospital number:

Surname:

First names:

Date of birth:

NHS no: _ _ _ / _ _ _ / _ _ _ _

Use hospital identification label

D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)

On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): Date: ..D.D./M.M./Y.Y.Y.Y.....

Name (PRINT): Job title:

Please initial to confirm all sections have been completed:

E Interpreter's statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): Date: ..D.D./M.M./Y.Y.Y.Y.....

Name (PRINT):

Or, please note the language line reference ID number:

F Withdrawal of patient consent

The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): Date: ..D.D./M.M./Y.Y.Y.Y.....

Signed (Health professional): Date: ..D.D./M.M./Y.Y.Y.Y.....

Name (PRINT): Job title: