
Patient agreement to investigation or treatment

Jaw/chin corrective surgery (orthognathic surgery)

- upper jaw and/or
- lower jaw and/or
- genioplasty (changing profile of the chin)

Authors: Department of Oral and Maxillofacial Surgery

Brief description:

- You have been recommended to have surgery either to correct your bite (upper-jaw and/or lower-jaw surgery) or to change the position of your chin (called genioplasty).
- Here, we explain some of the aims, benefits, risks and alternatives (including no treatment) to this procedure. We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website:
<http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example requires an interpreter or other additional communication method)

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About jaw and/or chin corrective surgery

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.
- You will be asked if you are taking any tablets or other types of medication - these might be ones 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 (for example: bring the packaging with you).
- This procedure involves the use of general anaesthesia. See below for further details about this type of anaesthesia.
- You will be admitted to hospital the day before your operation, usually in the afternoon or early evening.
- It is strongly advised that you stop smoking (if you are a smoker).

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 is then moved into its 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. 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. It is important that the mouth/jaw heals without becoming infected. For this reason 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.
- **When you can leave 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.
- **When you can resume normal activities including work:** Again, this varies from person to person and on what kind of job/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.
- **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 two years.

Intended benefits of the procedure

- 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?

- 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.

Serious or frequently occurring risks

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 tingling 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:** For people having lower or upper jaw surgery, to adjust their bite in the weeks following 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.

Information and support

You might be given some additional patient information before or after the procedure for example: leaflets that explain what to do after the procedure and what problems to look out for. Do 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 Telephone No. 01223 216 635 (or ext 2635).

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.

Before your operation

Before your operation, your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies.

An intravenous line (drip) might be inserted. Monitoring devices might be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You might be given some oxygen to breathe.

During your operation

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 in the correct level of unconsciousness for the period of the surgery.

After your operation

Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others can have a sore throat related to the insertion of the breathing tube during surgery.

Please ask if you require this information in other languages, large print or audio format:
01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

तमने आ माळिती वीछ्ठ भाषाओमां, मोटा अक्षरोमां अथवा सांभली शकाय जेवा माध्यम
(ओडीओ इमेज)मां जेठती छोय तो कृपा करीने पूछो.

Gujarati

تکایه پرسیار بکه نه گهر نه وزانیاریهت دهوی به زمانیکی تر ، به بیستی گهوره یانیش به شیوهی دهنگ

Kurdish

آگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پروکاروں تو ہمارے مہربانی اس کیلئے درخواست کریں۔

Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.
For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Document History

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Consent Form (Adults)

Patient agreement to
investigation or treatment

<p>For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)</p>
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Responsible health professional/job title

Special requirements
(For example other language/other communication method)

Name of proposed procedure or course of treatment

Corrective jaw/chin surgery **Type**

Statement of health professional

(To be filled in by 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:

- The intended benefits of the procedure
 - Any serious or frequently occurring risks from the procedures including those specific to the patient
 - Any extra procedures that might become necessary during the procedure
- Blood transfusion Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following information leaflet has been provided: **Jaw/chin corrective surgery**

This procedure will involve: General and/or regional anaesthesia

Health professional's signature: Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

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

Interpreter's signature..... Date:

Name (PRINT):

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will (eg Jehovah's Witness form)

Copy accepted by patient: yes / no (please circle)

For staff use only:

Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you.

You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

.....
I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. **Yes** **No**

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

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

Signature Date:

Name (PRINT): Job Title: