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# **CHEEKBONE (ZYGOMA) & EYE SOCKET (ORBIT) SURGERY**

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Information for patients



## **Cheekbone (zygoma) and/or eye socket (orbit) fracture surgery**

This leaflet has been designed to provide you with information about your forthcoming treatment and contains answers to many of the commonly asked questions. **If you have any other questions that the leaflet does not answer or would like further explanation, please do not hesitate to ask.**

### **Why do I need treatment?**

You have broken your cheekbone and/or eye socket. Your cheekbone is part of your eye socket. It protects your eyeball and supports it from below. It is also linked to the side of your nose and your upper jaw. If your nose bleeds, simply wipe the blood away with a tissue. Do not blow your nose as this can cause swelling and an infection in and around your eye.

### **What are the benefits of surgery?**

- It relieves pain
- You heal better and faster
- It improves the shape of your cheekbone and the position of your eye
- It may help correct any double vision and improve any restriction when you open your mouth
- It reduces the risk of infection

### **What are the risks?**

- Scarring. Any cuts made on your face will leave scars, but these should fade and be difficult to see after a few months.
- Bruised nerve. The nerve that runs through your cheekbone supplies feeling to your cheek, side of your nose and upper lip. You might feel some tingling or numbness over your face if this nerve was bruised when you broke your cheekbone or during your operation. The numbness usually goes away on its own, but this can take a few months.

- Bleeding from the cuts inside your mouth. This is not usually a problem, but if it happens you should be able to stop it by pressing against the wound with a rolled-up handkerchief or a swab for at least 10 minutes.
- Drooping eyelid. If a cut is made in the skin of your lower eyelid, the outer corner of the lid may sometimes be pulled down slightly. This is called lower lid malposition or ectropion. This usually settles on its own but you may need further surgery.
- Bleeding in and around your eye socket. This can affect your eyesight straight after surgery. We will monitor you closely for the first few hours to make sure that, if this happens, we pick it up quickly. If your sight or pain gets worse when you get home, come back to the hospital immediately.
- Infection. This is rare because we give you antibiotics. You also have a good blood supply to your face which makes infections less likely.

### **What are the risks of having a general anaesthetic?**

Straight after a general anaesthetic, you may feel tired, dizzy or weak. You must have someone to collect you and stay with you for the first 24 hours. During the first 24 hours you must not:

- Drive or operate any motorised vehicle or electrical equipment
- Sign any legal documents or make important decisions
- Drink alcohol

You may feel weak or dizzy at times during the first seven to ten days. If this happens, sit down until the feeling passes. You may also have the "post-operative blues", though this should soon pass.

### **How will the break be treated?**

They will decide if you need an operation to mend the break and agree a date with you for surgery. This will be about two weeks after the injury, to give the swelling in your face time to go down. All cheekbone breaks also lead to a break in the floor of your eye socket and we sometimes need to treat this as well.

You will have a general anaesthetic for your surgery so you will be completely asleep.

## **What happens during surgery?**

We will give you a general anaesthetic. Once you are asleep, we will put your cheekbone back in the right place and fix it using plates and screws. The surgeon will make a cut (incision) on the inside of your mouth through the gum above your back teeth.

They may also make one or more other cuts:

- Close to the outside end of your eyebrow or upper eyelid
- On the skin crease just below your lower eyelashes or on the inside of your lower eyelid, or
- On the side of your scalp

These cuts are closed with stitches at the end of the operation.

If the floor of your eye socket is broken, the surgeon will make a cut on the inside or outside of your lower eyelid, as described above.

Sometimes, the bones in the floor of your eye socket are shattered and do not support your eyeball properly, even if they are put back in the right place. If this has happened, we may need to rebuild the floor of your eye socket to support your eyeball. This involves using a graft, usually a piece of mesh made of titanium or dissolvable plastic, or a specifically made implant. We will discuss this with you before you sign the consent form.

## **What happens after surgery?**

The nurses may check your eyes and sight frequently after your operation. Before you go home you may have an x-ray to check the position of your repaired cheekbone.

The area we operated on is likely to be sore so we will give you painkillers to ease the pain. The discomfort is usually worse for the first few days and it may take a couple of weeks to go away completely.

Although cheekbone fractures usually heal without infection, we may need to give you antibiotics, particularly if we have used a mesh or implant. At first we may need to give you antibiotics through a vein in your arm (intravenously)

while you are in hospital. We will also give you painkillers and a course of antibiotics to take at home.

You will have some swelling and bruising around your eyelids. Sometimes the whites of your eyes will become bruised and look red. You will see these changes most in the first 24 hours after surgery and they will have gone down a lot by the end of the second week. You can help to reduce the swelling and bruising by using a cold compress such as an ice pack wrapped in a cloth or a towel and sleeping propped upright for the first few nights after surgery.

It takes about six weeks for your cheekbone to heal completely. During this time you must be careful not to injure this side of your face because it may push the bones out of place again. You should also avoid blowing your nose on the side of the fracture for a month after surgery because this can cause swelling in and around your eye.

It is important to keep any stitches or dressings dry until they are removed.

### **How long will I be in hospital?**

You will stay in hospital for at least one night after surgery.

### **What can I eat and drink?**

You may find it more comfortable to eat a soft diet for the first few days after surgery as chewing hard foods may feel a bit sore.

### **Can I brush my teeth?**

It is important that you keep your mouth as clean as possible for the first few weeks after surgery, to prevent infection. It will be sore and you may find it difficult to clean your teeth around the stitches. Try using a soft small-headed toothbrush, such as a child's.

Starting the day after your surgery, gently rinse your mouth with mouthwash or warm salt water (dissolve a flat teaspoon of table salt in a cup of warm water) three times a day for five to seven days, to keep it free from food remains. We will give you mouthwash to start using in hospital and to take home with you. Please note that mouthwash does not replace brushing your teeth.

It is important that you do not smoke because it makes you more likely to develop an infection. If you would like advice on how to stop smoking please speak to a nurse.

## **How long will I need to take off work?**

It depends on what type of job you do. You may need to take about two weeks off work and avoid hard exercise. Do not play contact sports for three months after surgery. You can start gentle exercise after two weeks.

## **Will I have to come back to hospital?**

Before you leave hospital we will make a review appointment for you. We will keep a close eye on you for a few months after treatment to make sure that your cheekbone heals properly.

When we put plates and screws in your cheekbone to hold it in position, we do not usually take these out unless they cause problems. They are made of titanium, a type of metal that does not set off metal detectors in airports. You can still have MRI scans.

If you had stitches in your face, you need to go to your GP surgery a week after surgery to have them taken out. If you had any stitches inside your mouth, they usually dissolve and do not need taking out. They can take up to two weeks or longer to dissolve.

## **Please note**


Smoking can affect healing after surgery and we would advise you that stopping smoking before and after surgery can reduce the chances of infection. If you require more information about stopping smoking please ask a member of staff before your procedure. For help giving up, call NHS Stop Smoking Helpline on 0800 022 4332 or go


to <https://www.nhs.uk/smokefree>

## **Who can I contact with questions or concerns?**

You can contact the clinic on;

 BMI Thornbury : 01142661133

 High Trees : 01143493326

 Occidental : 0114 2780110

or email us on [maxfac.njl@icloud.com](mailto:maxfac.njl@icloud.com)