ENT & FACIAL PLASTIC SURGICAL ASSOCIATES, LLP BRETT L. MOSES MD / JOEL D. JAFFE MD / LEE H. MILLER MD / MARK J. BURSTEIN MD (215) 757 – 7300 (609) 890 - 7800

REPAIR OF FACIAL FRACTURE

Indications: It has been recommended that you have a repair of an orbital, maxillary, and / or trimalar fracture. This is usually recommended if you had trauma to your face and / or eye that resulted in a fracture. You have 10 days from the time of trauma before the bone starts to fuse and make it difficult to reduce. This is a procedure that is usually done while you are under general anesthesia, and using a blunt instrument, wires, artificial bone, autologous bone, screws, and / or metal plates the fracture is reduced and secured. If numbness exists before the repair, it is likely to persist after the repair and could lead to atypical facial pain. An alternative to surgery is to wait a few months and if you are not happy with the cosmetic or functional result, a more extensive procedure at a later date may be considered if feasible. Just because you have a fracture does not mean you need to repair it, unless there is a functional or cosmetic change. There are times that the extent of the deformity or functional problems may not be as obvious within the first 10 days after the trauma.

<u>Material Risk of Surgery:</u> There is a risk of bleeding, numbness of the teeth, lips, cheek and / or forehead, double vision, loss of vision, facial pain, failure to completely improve the cosmetic deformity, failure to correct the functional deformity (i.e. trismus), failure to recognize the full extent of the trauma, failure to properly align the fracture, enophthalmos, scarring, extrusion of implanted material, malocclusion, infection, excessive eye tearing, weakness of the facial nerve, unusual sensations, may require future surgery, and anesthesia. These risks may be temporary or permanent.

What to expect:

You will be discharged the day of surgery. If you don't have packing, your first follow up visit will be 1 week after surgery. You should not blow your nose for two weeks after the surgery, but if you feel congested you can use the saline mist spray purchased at a pharmacy and sniff in as much as you like.

You will be given a prescription for antibiotics, and pain medicine to use as needed. You should expect some bloody discharge from your nose, facial swelling, black eyes, and facial discomfort. You should apply ice packs intermittently to your face and eye for the first 24 - 48 hours. Sleeping with your head elevated will help to minimize swelling. If there is sudden increase in swelling, fever, severe headache, visual change, or excessive bleeding call the office immediately for instructions (215 - 757 - 7300 or 609 - 890 - 7800). If the doctor cannot be reached in a timely fashion you should go to the nearest emergency room.

You can return back to work or school a week after the procedure. Please refrain from heavy lifting or exercise for 14 days after the surgery.

I have read the above and I had the opportunity to discuss and ask my doctor and/or staff any questions and I fully understand my alternatives and the risk of the procedure.

 Patient Signature	Date
(Or authorized signature)	5
 _Witness	Date