

Bimaxillary Surgery Risks

This leaflet explains the risks involved when having Bimaxillary Surgery.

All surgical procedures carry risks. You should be aware of these and ensure that you understand the complications that may be involved. Please take your time to read the information below. If you have any questions or concerns, please do not hesitate to speak to any doctor or nurse involved in your care.

Common Risks

Pain: It is normal to be sore after the operation. This gradually subsides after one or two weeks. Pain relief medication will be provided during your hospital stay and on discharge. For optimal pain relief make sure you take the painkillers regularly throughout each day as prescribed.

Swelling: You should expect to have swelling around the jaws, which tends to worsen over the first three days and gradually reduces over one to two weeks. This will also be monitored in the initial healing stages during your stay. You will be offered a cooling mask to wear during your stay which you can take home with you and re-cool in the freezer. This has been shown to help with after the surgery swelling.

Bleeding / Bruising (1.1 to 12%): Bleeding during the operation is well controlled with developments in surgical and anaesthetic techniques. However, blood transfusions may be necessary on occasion. Mild nose bleeds and bleeding from inside the mouth are normal for the first one to two days after the operation until wounds start to heal. There is a very small number of documented cases of blindness due to bleeding behind the eye following upper jaw surgery. For this reason, you are monitored closely during your stay. Bruising is also common.

Weight loss: It is usual to lose around 4kgs of weight after surgery; this is temporary with weight regained when normal food consumption is resumed.

Intermediate Risks

Infection (1.1 to 7.4%): The surgical wounds and underlying plates used to fix the bone carry a risk of becoming infected. To minimise this risk, we provide antibiotic cover during the operation and during your stay, as well as on discharge. Nevertheless, you will be shown how to keep the wounds clean and it is of utmost importance that you maintain excellent oral hygiene.

Removal of plates (3.6 to 27.5%): Occasionally, the wounds or plates can become infected which may require further treatment including antibiotics or further surgery to remove the infected plates.

Short-term inferior alveolar nerve paraesthesia (32%): The nerve supplying sensation to your lower lip, chin, teeth and gums can be bruised and crushed during the procedure. It is thus very common to have post-operative short-term altered sensation in these areas (numbness, tingling). Usually, this improves over 18 months.

Rare Risks

Long-term inferior alveolar nerve paraesthesia (20%): The nerve supplying sensation to your lower lip, chin, teeth and gums can be bruised and crushed during the procedure. This may cause long-term altered sensation in these areas (numbness, tingling and pain). However, patients rarely complain about this.

Resection of inferior alveolar nerve (2.1%): Rarely, the nerve supplying sensation to your lower lip, chin, teeth and gums can be severed causing long-term altered sensation in these areas (numbness, tingling).

Long-term infra-orbital nerve paraesthesia (9.8%): The nerve that supplies sensation to your cheek (between your lower eyelid and top lip) can be bruised and crushed or rarely severed. This can cause long-term altered sensation in these areas (numbness, tingling).

Long-term lingual nerve paraesthesia (1.5%): The nerve that supplies sensation to your tongue can sometimes be bruised and crushed during the procedure, causing long-term altered sensation in the tongue (numbness, tingling).

Relapse (10-24%): The new jaw position may relapse to its pre-surgery position. This can happen over several months as the jaw joints remodel. A second surgery is only necessary in very few cases where relapse is extensive.

Tightness feeling around the lower lip and chin area, associated with Genioplasty (Chin repositioning).

Very Rare Risks

Facial nerve injury (0.3 to 0.6%): The nerve that moves your lower lip can occasionally be bruised and crushed, causing weakness of your lower lip. This is generally temporary and resolves within 18 months but can also continue long-term depending on the extent of the injury.

Aseptic necrosis of part of maxilla (0.2%): Very rarely the blood supply to the upper jaw (maxilla) can be reduced during the procedure to the extent where part of the jaw may need to be removed. This is uncommon.

Injury to adjacent teeth (0.19%): Due to the proximity of the roots of the teeth to where the bony cuts are made and where the plates are placed, they may be injured during the procedure. This requires further dental treatment (root canal treatment or extraction).

Non-union (0.5 to 1%): This is when new bone fails to form between the new bony edges. A further operation may be required in this case.

Bad split (0.9%): Occasionally, the deliberate cuts and fracture of the bone do not occur in the desired position. You may need further plates placed during the operation to fix any unplanned breaks.

Repeat operation (2%): This is only needed if a joint decision has been made between you and the consultant that the result of the first operation is inadequate or relapse has been extensive.

Change in position of nasal septum (1.2%): Changing the position of the top jaw will inevitably change the profile, including the nose. You should expect the position or shape of the nose to be slightly different than to what you are accustomed. Occasionally, the appearance may be unacceptable and a further operation on the nose may be required.

Sinusitis (0.03 to 0.8%): Cuts to move the top jaw are made very close to your sinuses. Rarely, you may experience a feeling of being congested in the mid-face or have pain. This can be treated usually by antibiotics and nasal drops.

Condylar resorption: Studies have shown that the condyles in the jaw joint occasionally partially dissolve away. This rarely affects function or causes any symptoms.

Temporomandibular joint (TMJ) dysfunction: It has been shown that patients with a history of TMJ dysfunction may have predisposition to worsening of symptoms. However, the effect of jaw surgery on the TMJ is generally unpredictable.

Blindness (nine cases reported): Rarely, upper jaw surgery can cause bleeding behind the eyes which can lead to blindness. The risk of this is very low, and there are only nine reported cases in history.

General anaesthetic risks: General anaesthesia is performed by a dedicated anaesthetic team overseen by an anaesthetic consultant. There are risks involved with general anaesthesia including nausea, vomiting, sore throat and allergic reaction to one or more of the agents used. There is a very rare risk of death occurring in 1 in every 100,000 cases.

NB: The percentages allocated above are compiled from world-wide research.

Incidences vary between departments and clinicians. Each surgeon will discuss with you their own experiences of the above risks.

Contact us

If you have any questions or concerns about your surgery, please contact us on 020 8725 1233 (Monday to Friday, 9am to 5pm).

Out of hours, please contact our on-call team via the Trust's switchboard 020 8672 1255 and ask for bleep 7304.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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