

**Patient
Information
for Consent**

LUKE CASCARINI

Consultant Oral Maxillofacial Surgeon

MF09 Open TMJ Surgery

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**Luke Cascarini - Consultant Oral and Maxillofacial
Surgeon**

Phone 0207 046 8013

Email Lc@os.clinic

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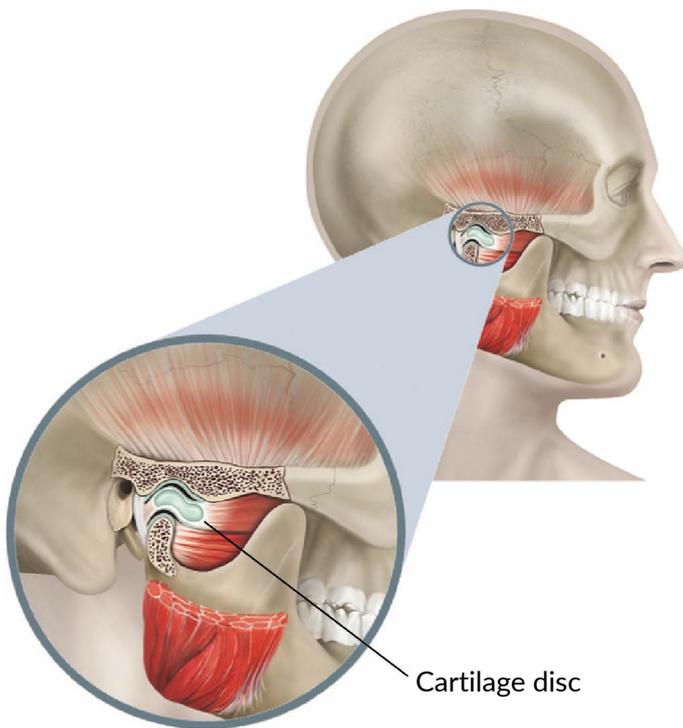
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What is open TMJ surgery?

Open TMJ surgery allows your surgeon to see inside your temporomandibular joint (TMJ, or jaw joint) through a cut on your skin. You have a TMJ in front of each ear and they work together so you can open and close your mouth.

Your surgeon can diagnose and treat problems such as a torn cartilage and damage to the surface of the joint. They will be able to remove or change the position of the cartilage disc and reshape the lower and upper joint surfaces.



The temporomandibular joint

Your surgeon has suggested open TMJ surgery. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of surgery?

The aim is to confirm exactly what the problem is and to treat the problem at the same time. For 7 in 10 people the operation is successful in improving symptoms such as locking, pain and being restricted when opening your mouth.

Are there any alternatives to open TMJ surgery?

Problems inside a joint can often be diagnosed using tests such as CT scans and MRI scans.

Non-surgical treatment such as rest, taking anti-inflammatory painkillers and wearing a TMJ splint can usually help. If your symptoms continue for more than 3 months, your surgeon will usually recommend other options.

If the problem is with the chewing muscles around the joint, muscle-relaxing medication or injections of Botox can reduce joint stiffness but do not treat the underlying cause.

A steroid injection into the joint can sometimes reduce pain for several months but may cause side effects if repeated too often.

Many TMJ problems are caused by the way your jaw works and an arthroscopy (keyhole surgery), together with washing out the joint (arthrocentesis), improves most symptoms.

What will happen if I decide not to have the operation?

Your surgeon may be able to recommend another treatment. However, problems such as locking, pain and being restricted when opening your mouth may get worse and you may eventually need more extensive surgery or even a joint replacement.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes about an hour for each joint.

You may also have injections of local anaesthetic to help with the pain after the operation, and steroids to reduce swelling. You may be given antibiotics before or during the operation to reduce the risk of infection.

Your surgeon will make a cut in front of your ear so they can open and examine the joint. The operation depends on the problem or type of damage to the joint.

- If the cartilage disc is out of place, your surgeon will use stitches or put a small metal pin in the bone to hold the disc in place.
- If the disc itself is damaged, your surgeon will remove it. They may replace the disc using tissue from other areas of your body such as your ear or a nearby muscle in your temple. Usually scar tissue forms and works like a disc.
- If a joint surface is damaged, your surgeon may reshape it, making it smoother.
- If your jaw keeps on coming out of joint, your surgeon may need to remove part of the upper joint surface.

Your surgeon will close the cuts with stitches. The stitches may be dissolvable. Your surgeon may insert a drain (tube) under your skin to drain away fluid that can sometimes collect.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health. Stopping smoking

and keeping your mouth clean significantly reduces the risk of infection.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not have a wet shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. This is not usually serious but you may get some blood in your ear canal. This usually clears after a few days. It is not uncommon to have a minor nose bleed during the first 24 hours.
- Bruising and swelling of your face caused by fluid leaking during the operation. Most of the swelling or bruising usually settles within a few days.
- Infection of the surgical site (wound) (risk: less than 1 in 1,000). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in front of your ear, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another procedure might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper

back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

Specific complications of this operation

- Continued pain for up to 6 months. It is important to keep your jaw moving so take regular painkillers if you need them. The way your jaw works should improve more quickly. Let your surgeon know if you are still in pain after 6 months.
- Not being able to open your mouth fully (trismus) and jaw stiffness. This can take a few weeks to settle. Your surgeon will give you gentle stretching exercises to do.
- Tenderness and pain in the joint (capsulitis) caused by inflammation in the joint (risk: 1 in 10). You may need a steroid injection to correct this.
- Numbness of the temple and ear caused by stretching of the nerve during the operation. This usually recovers within a few weeks but may be permanent (risk: less than 1 in 100).
- Weak forehead movement caused by stretching of the nerve during the operation. This usually recovers within a few weeks but may be permanent (risk: less than 1 in 100).
- Change in hearing (risk: 1 in 10), because of swelling or small amounts of fluid or blood leaking into the ear canal. This usually improves over a few weeks. Rarely, your hearing may be affected permanently (risk: less than 1 in 1,000). If you notice any long-term change in your hearing, let your surgeon know.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told to reduce discomfort and prevent headaches.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

If your surgeon inserted a drain, it will usually be removed the next day.

The swelling and discomfort is usually at its worst after about 2 days. Simple painkillers such as paracetamol and anti-inflammatory painkillers such as ibuprofen should relieve any discomfort.

You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Your nose may feel blocked for up to 2 weeks and may release some bloodstained fluid. Do not blow your nose or sneeze for a few days. Gently wipe or dab any discharge with tissues. Try to sneeze or cough with your mouth open. (To avoid sneezing, place your tongue in the roof of your mouth and suck hard.)

If the stitches are not dissolvable, they are usually removed after 4 to 6 days.

To reduce the risk of bleeding, swelling and bruising, do not do strenuous exercise, have a hot bath or bend down for 2 weeks.

Do not smoke, and keep your mouth as clean as possible to reduce the risk of infection.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

It is important to keep the joint moving. Your surgeon will give you stretching exercises to do to help improve how your mouth opens. You may need a course of physiotherapy. You should continue to rest and wear any splints until you are told otherwise.

Eat only soft foods until your surgeon says you can move on to solid food.

You should be able to return to work after a few days, depending on your type of work.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

The future

The healthcare team will arrange for you to come back to the clinic after 4 to 6 weeks. Your surgeon will measure how well your jaw is opening and discuss your symptoms with you. You may need a steroid injection to reduce any inflammation that has not settled.

If your symptoms have improved, your surgeon will advise you on returning to a normal diet and activities.

Summary

Open TMJ surgery is an operation to diagnose and treat problems such as locking, pain and being restricted when opening your mouth. It is usually recommended if non-surgical treatment and an arthroscopy have failed to help.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer

Andrew Sidebottom (FDSRCS, FRCS)

Illustrator

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