



**DR. STEPHEN F. WORRALL. MD, FRCS, FDSRCS.
CONSULTANT ORAL & MAXILLOFACIAL
SURGEON**

FRACTURES OF THE CHEEKBONE

This leaflet has been designed to improve your understanding of your forthcoming treatment and contains answers to many of the common questions. If you have any other questions that the leaflet does not answer or would like further explanation please ask a member of the medical or nursing staff.

THE PROBLEM


Your cheekbone has been broken. The cheekbone forms part of the eye socket, both protecting the eyeball and supporting it from below. It is also linked to the side of the nose and the upper jaw. The number of fractures, where they have occurred and whether they need treatment to help them heal has already been established by the doctor who examined you. The treatment that is about to take place involves a general anaesthetic, ie: you are going to be put to sleep completely.

WHAT DOES THE OPERATION INVOLVE?

Once you are asleep the cheekbone will be put back in the right place. This usually involves a small cut about an inch long through the hair in the temple. Sometimes this is all that is required but if the surgeon does not feel that your cheekbone will stay in the correct position on its own it may be necessary to hold it in place with small metal plates and screws. Putting these plates and screws into the cheekbone may require one or more alternative incisions:

- A cut made close to the outside end of the eyebrow
- A cut made on the inside of the mouth through the gum above the back teeth
- A cut made in the skin crease just below the lower eyelashes or on the inside of the lower eyelid

THE YORKSHIRE CLINIC • BRADFORD ROAD • BINGLEY • BD16 1TW
PHONE 01274 560311 • FAX 01274 551247

 SWORRALL@DOCTORS.ORG.UK •  WWW.MILLENNIUM3.ORG.UK

These incisions are put back together again at the end of the operation with stitches. Stitches on the skin need to be removed after a week but any stitches inside the mouth are usually dissolvable although they can take a fortnight or even longer to fall out.

WILL ANYTHING ELSE BE DONE WHILE I AM ASLEEP?

Some fractures of the cheekbone produce a break in the floor of the eye socket that needs attention. In such cases a cut on the inside / outside of the lower eyelid is necessary as described above. Occasionally the bones in the floor of the eye socket are shattered and do not support the eyeball properly even if they are put back in the right position. In these circumstances it may be necessary to “graft” the floor of your eye socket to support the eyeball. The graft material that is going to be used will be discussed with you before you sign any consent form for your operation but can involve thin sheets of plastic or bone grafted from other areas of your body.

WHAT CAN I EXPECT AFTER THE OPERATION?

It is likely to be sore and regular painkillers will be arranged for you. The discomfort is usually worse for the first few days although it may take a couple of weeks to completely disappear. Cheekbone fractures usually heal without infection but it may be necessary to give you antibiotics, particularly if a “graft” has been used. Initially it may be necessary to give you antibiotics through a vein in your arm whilst you are in hospital. You will be sent home with painkillers and a course of antibiotics if necessary.

There is a variable amount of swelling and bruising in the skin around the eyelids. Occasionally the whites of the eyes may become bruised giving them a red appearance. All these changes are most noticeable in the first 24 hours after surgery and have very much reduced by the end of the second week. Swelling and bruising can be improved by using cold compresses and sleeping propped upright for the first few days after surgery.

You usually stay in hospital for one night following the surgery. The following day the position of your cheekbone may be checked with X-rays before you are allowed home.

Even if the fracture has been held in the right place with plates and screws it still takes around six weeks for your cheekbone to heal completely. During this time

you need to be careful to avoid an injury to this side of your face since it may well push the cheekbone back out of position again. You should also avoid blowing your nose on the side of the fracture for a month following surgery because otherwise this can produce swelling in and around the eye.

Before you leave hospital an appointment will be arranged to take out any stitches and review you in the outpatient department. It is important to keep any stitches or dressings dry until they are removed. If you have any incisions inside your mouth it may be difficult to clean your teeth around stitches because it is sore. It is best to keep the area free from food debris by gently rinsing your mouth with a mouthwash or warm salt water (dissolve a flat teaspoon of kitchen salt in a cup of warm water) commencing on the day after surgery.

DO I NEED TO TAKE ANY TIME OFF WORK?

Depending on the nature of your work it may be necessary to take a fortnight or so off work and avoid strenuous exercise for this time. It is important to remember that you will not be able to drive or operate machinery for 48 hours after your general anaesthetic.

WHAT ARE THE POSSIBLE PROBLEMS?

- There is a nerve that runs through the cheekbone that supplies feeling to the cheek, side of your nose and upper lip. This nerve may have been bruised at the time of the fracture and as a result you might already feel some tingling or numbness over your face. This tingling may also be caused or made worse by surgery. In the majority of people the numbness gets better on its own although it may take several months to do so.
- Any cuts made on the face will produce a scar but these should fade with time and after a few months are usually difficult to see.
- Bleeding from the incisions is unlikely to be a problem but should the area bleed when you get home this can usually be stopped by applying pressure over the site for at least 10 minutes with a rolled up handkerchief or swab.
- Bleeding in and around the eye socket can very rarely cause a problem with the eyesight immediately following surgery. You will be closely

monitored in the first few hours after your operation to make sure that if this happens it will be picked up quickly. If you experience worsening vision or pain in and around your eye when you get home you should return to hospital immediately.

- If a cut is made in the skin of the lower eyelid the outside corner of the lid may occasionally be pulled down slightly (an ectropion). This tends to settle on its own but may need further surgery.
- If it has been necessary to put any plates or screws in your cheekbone to hold it in position these are not normally removed because they tend not to cause problems unless they become infected. The metal that is used is titanium which does not set off metal detectors in airports etc.

WILL I NEED FURTHER APPOINTMENTS?

A review appointment will be arranged before you leave hospital. It is usual to keep a close eye on you for several months following treatment to make sure that your fracture heals uneventfully.