



## Fractures of the cheekbone (Zygoma)

Aintree University Hospital **NHS**

NHS Foundation Trust

Regional Maxillofacial Unit  
University Hospital Aintree  
Tel No. 0151 529 5195/5196

Your cheekbone (Zygoma) has been broken (fractured). Your Doctor has recommended you to have an operation however, it is your decision to go ahead with the operation or not.

This leaflet has been designed to help you understand what the operation involves and to give you information about the benefits, risks and alternatives of the operation so you can make an informed decision.

If you have any further questions please ask a member of the health care team.

### Who are the healthcare team?

Your healthcare team will include:

#### Surgeons

Consultant, Specialist Registrars and Senior House Officers.

#### Ophthalmologists

Eye Doctors

#### Nursing Staff Charge

Nurses, Staff Nurses and Nursing Auxiliaries.

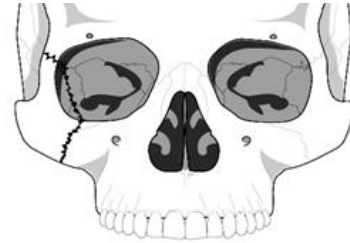
#### Theatre Staff – Anaesthetists

Operating Department Practitioners, Theatre Nurses and Recovery Nurses.

### What is a fracture of the Cheekbone (Zygoma)?

Your cheekbone forms part of the eye socket. It protects your eyeball and supports it from below.

It is linked to the side of your nose and upper jaw. You may have one or more fractures anywhere within your zygoma.



### Why do I need surgery?

Surgery is recommended to:

- ease your pain
- stabilise your fracture, so that your fracture can heal.

### Are there any alternatives to surgery?

No. If your fracture is not treated it will heal in the wrong place. This can cause a change in your facial appearance.

To try to correct this at a later date will involve complex surgery as it involves breaking your cheek bone again.

Alternatively to restore your cheek shape an implant can be inserted but these can become infected or displaced.

### What are the benefits of surgery?

The benefits of surgery are to:

- correct the flattening of your cheek thus restoring facial appearance
- reduce the likelihood of permanent cheek numbness
- make sure you have good mouth opening
- help correct any double vision (if present).

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

The main problem for patients who do not have the operation is altered facial appearance (a flat cheek).

Other problems include:

- poor mouth opening
- numbness of the cheek
- double vision.

## What does the operation involve?

This operation is performed under a general anaesthetic. Your anaesthetist will discuss the options with you and answer any questions, or concerns you may have.

Once you are asleep your cheekbone will be put back into place. This usually involves a small cut about one inch long through the hair in your temple.

Sometimes that is all that is needed. However if your 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 your cheekbone may need one or more alternative cuts:

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

## Will anything else be done when I am asleep?

Some fractures of the cheekbone produce a break in the floor of your eye socket that needs attention.

In such cases a cut inside/outside of your lower eyelid is needed.

Occasionally 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 position.

In these circumstances it may be necessary to replace the floor with a graft such as a metal plate, artificial cartilage or bone to support your eyeball and rebuild the socket.

The graft material that is going to be used will be discussed with you before you sign any consent form for your operation. Grafts can be thin sheets of plastic or bone taken from other areas of your body such as your jaw, hip or skull.

## What can I do to make the operation a success?

- **Lifestyle changes** - If you smoke, try to **stop now**. There is strong evidence that stopping smoking reduces the chances of getting complications and infection after an operation.
- **Medication** - You should continue your normal medication unless you are told otherwise. Make sure your surgeon or a member of the health care team is aware of any medication you are taking.

## What are the risks and complications?

The surgical team will try and make your operation as safe as possible. However, complications can happen and every operation carries a risk.

The complications fall into three types:

1. Complications of anaesthesia
2. General complications of any operation
3. Specific complications of this operation

## 1. Complications of anaesthesia

Your anaesthetist will be able to discuss with you the risks of having an anaesthetic and can also provide you with a written information leaflet.

## 2. General Complications

- **Pain:** You will be prescribed painkillers and it is important you take them as instructed.

The discomfort is usually worse for the first few days although it may take a couple of weeks to completely disappear.

- **Blood clots:** Blood clots in your legs (deep vein thrombosis) can start with pain, redness and swelling in your calf.

If you get these symptoms please inform a member of the health care team. However this problem is very unusual following this type of surgery.

## 3. Specific complications

- **Infection:** Only a small amount of fractures become infected (1 in 200 patients) but it may be necessary to give you antibiotics whilst in hospital and to continue with treatment on discharge.

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). Start on the day after discharge.

- **Ectropian:** If a cut is made in the skin of your lower eyelid the outside corner of the lid may occasionally be pulled down slightly (an ectropian), (1 in 400 patients). This tends to settle on its own, but may need further surgery.
- **Swelling and bruising:** Many patients experience swelling and bruising in the skin around your eyes.

Occasionally the white of your eyes may become bruised giving 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 in a propped up position for the first few days following surgery.

- **Tingling and numbness:** There is a nerve that runs through your cheekbone that supplies feeling to your 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 most people the numbness gets better on its own although it may take several months to do so. (1 in 50 patients suffer with some form of permanent numbness).

- **Scarring:** Any cuts made to your face will produce a small scar but these should fade with time and after a few months are usually difficult to see. It is very unusual that these small scars cause a problem.
- **Bleeding:** Bleeding from the surgery cut is unlikely to be a problem. However 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 clean handkerchief (**do not** use a paper handkerchief) or swab.

**Bleeding in and around the eye socket can, very rarely, cause blindness immediately following surgery.**

- You will be checked closely in the first few hours after your operation to make sure that any bleeds or visual problems are picked up quickly.

If you experience worsening vision or pain in or around your eye when you get home you should return to University Hospital Aintree **immediately**.

## How soon will I recover?

### In Hospital

After your operation you will be moved to the recovery room and then to your ward. You usually stay in hospital for one night following the surgery.

The following day the position of your cheekbone will be checked by your surgeons, possibly with an x-ray before you are discharged home.

If it has been necessary to put screws and plates in your cheekbone to hold it in position these are not normally removed unless they become infected. The metal that is used is titanium which does not set off metal detectors in airports.

### At Home

It will take at least six weeks for your cheekbone to heal completely. During this time you need to be careful to avoid injury to this side of your face since it may push your cheekbone out of position again.

## Is there anything I should do after the operation?

It is advisable to keep to a soft diet for four to six weeks due to pain/discomfort and to keep your bones in the correct position, to allow healing.

You should also avoid blowing your nose on this side of the fracture for a month following surgery as this can cause swelling in and around the eye.

## Do I need to take time off work?

This will depend on the nature of your work. You may need to take 2 weeks or more off work and avoid strenuous exercise for this time.

It is important to remember that you **should not** drive or operate heavy machinery for 48 hours after your general anaesthetic.

## What can I do to make my recovery a success?

- Take your painkillers as prescribed regularly for at least 2-3 days, then according to your discomfort (but do not exceed the prescribed daily dose).
- Keep stitches and dressings dry until they are removed. If you have any stitches in your mouth you will need to keep your mouth particularly clean with chlorhexidine mouthwash to prevent infection. These stitches will not need to be removed as they will be dissolvable.
- Contact the hospital immediately on 0151 529 5195/5196 if you have any problems.
- Attend your appointments. If for any reason you are unable to attend an appointment please let the hospital know as soon as possible.

## Will I receive a follow-up appointment before I leave hospital?

Yes. Before you leave hospital an appointment will be arranged to take out any stitches and review you in the outpatient department.

It is usual to check you regularly for several months following treatment to make sure that your cheekbone heals in the correct position.

## For further Information/Advice

If you have any problems or need further advice please contact any member of the Maxillofacial Department Team at University Hospital Aintree (Ward 29) on:

Telephone: 0151 529 5195/5900

Fax: 0151 529 5288

You can also get further information from:

[www.aboutmyhealth.org](http://www.aboutmyhealth.org)

**for support and information you can trust.**

[www.baoms.org.uk](http://www.baoms.org.uk)

**British Association of Oral and Maxillofacial Surgeons.**

[www.bda-dentistry.org.uk](http://www.bda-dentistry.org.uk)

**British Dental Association**  
(Tel 0207 935 0875)

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

NHS direct 0845 46 47  
(textphone 0845 606 46 47)

### **Merseyside Victim Support and Witness Service**

33 Everton Brow  
Liverpool  
L3 8PU  
Tel 0151 298 2848 Fax 0151 298 2517

### **Counselling in the community**

0151 922 3760

### **Victims of Domestic Violence**

0151 727 1355

### **Samaritans**

0151 708 8888

We hope you have found this information leaflet useful. You should read this leaflet following or together with any advice given by your relevant health professional.



### **If you require a special edition of this leaflet**

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please:

**0151 529 8564**  
**listening@aintree.nhs.uk**

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