



Patient Information Leaflet

Fractured Zygoma

Cork University Dental
School & Hospital



This leaflet has been designed to explain your type of fracture and it contains answers to many frequently asked questions. If you have any other questions that the leaflet does not answer, or if you would like further information, please ask us.

What is a fractured zygoma?

Your cheekbone (zygoma) has been broken (fractured). The cheekbone is the floor of the eye socket. It is linked to the side of the nose and to the upper jaw. It protects the eye and supports it from below. Your surgeon has found out where the breaks are by examining you and taking x-rays.

What does the operation involve?

The surgery is done under general anaesthetic (you are fully asleep). Once you are asleep your cheekbone is lifted back to its correct position. This is done through a small cut (2-3cm long) behind the hairline at your temple. For many people this fixes the problem. However, if it looks as though your cheekbone will not stay in the correct position, small plates and screws will be put in to hold it. This will mean making other small cuts -

- close to the outside end of your eyebrow
- just below your lower eyelashes or on the inside of your lower eyelid
- inside your mouth - through the gum above your back teeth

All the cuts will be stitched. Stitches on the skin need to be removed after a week or so.

Stitches inside the mouth are dissolvable, but they can take two weeks or longer to fall out.

Sometimes the floor of the eye socket is damaged when the cheekbone breaks. This is repaired through a cut on the inside or outside of your lower eyelid. Sometimes the floor of the eye socket is completely shattered. In these cases, it may be necessary to put a graft under the eyeball to support it. Your surgeon will discuss the details of your treatment with you before your surgery.

What can I expect after the operation?

You will have some **pain** and **swelling**. The first few days after surgery are usually the worst, but it may take a couple of weeks to disappear completely. There will be swelling and bruising around your eyes. You may have a black eye and sometimes the whites of your eyes can become bruised - giving them a red appearance. You will get a prescription for painkillers to take regularly after the surgery. Cheekbone fractures rarely get infected, so you will not usually need antibiotics.

Swelling and bruising can be reduced by using cold packs and sleeping propped up for the first few days. Even if you have plates and screws to hold your cheekbone in place, it still takes about six weeks for the bone to heal completely. You must be careful to avoid another injury as it may push your cheekbone out of position again. The plates and screws are not usually removed.

For a month after your surgery you should avoid blowing your nose on the side of the fracture because this can cause swelling around your eye. Keep skin stitches dry until they are removed. If you have stitches inside your mouth you must keep your mouth as **clean** as possible for the first few weeks after surgery in order to prevent infection. It may be difficult to clean your teeth around

stitches because of soreness. You can clean the area after eating by gently rinsing your mouth with a mouthwash or with warm salty water (dissolve a teaspoon of kitchen salt in a cup of warm water), starting on the day after surgery.

How long will I be in hospital?

The number of nights you stay in hospital will depend on whether or not you have other injuries that need to be treated and also on what time of day your surgery takes place. Some people can go home the same day.

Do I need to take any time off?

Depending on the work you do, you may need to take two weeks or so off and avoid strenuous exercise for the same length of time. It is important to remember that you should not drive or operate machinery for 48 hours after your general anaesthetic.

When can I play sports again?

In general, you should wait six weeks before returning to full contact sport.

The usual advice is –

- Weeks 1 – 4 – low intensity exercise to stay fit. For example, walking, gentle exercise bike and so on.
- Week 5 – if you do not have problems, you can return to non-contact training.
- Week 6 – if you do not have problems, you can return to contact training.
- Week 7 – if you do not have problems, you can return to full contact sport.

What are the risks?

As with all surgery there is a risk of pain, swelling, bruising, bleeding and infection.

Risks associated with cheekbone fracture surgery include:

- There can be bleeding around the eye socket immediately after surgery. This can cause a problem with your eyesight but it happens very rarely. **If your vision gets worse or pain around your eye gets worse after you go home you should return to hospital immediately.**
- **Nerve damage** – a nerve in your upper jaw gives the feeling to the side of your nose, your upper lip and cheek. If it was bruised or torn when your cheekbone was broken you might already feel some tingling or numbness in these areas. This tingling may also be caused or made worse by surgery. For most people who have tingling or numbness it gets better by itself - although this can take several months. Some people have permanent numbness.
- Cuts in your skin will leave scars but after a few months these are difficult to see.
- Bleeding from the cuts is rare. It can usually be stopped quickly by using firm pressure.
- Cuts made in the skin of the lower eyelid can cause the lid to sag away from the eye (an ectropion). This usually gets better by itself, but sometimes needs surgery.
- **Infected plates** or screws – if this happens, they need to be removed. This can happen soon after your surgery or it may happen many years later. The metal that is used is titanium, which does not set off metal detectors.

Will I need further appointments?

Yes. Your surgeon will need to check on your cheekbone as it heals. Before you leave hospital you will get an appointment to come back to the clinic for a check-up.