



Temporomandibular Joint Surgery

(Diagnosis: ICD-10: K07.6/ M19.99/ M25.58)

Temporomandibular joint disorders (TMD) constitute a complex set of symptoms that results in pain and poor joint movement. It includes muscle pain, joint clicks / noises, joint pain and limited mobility and atypical symptoms such as vertigo, tinnitus, or ear fullness.

The causes of TMDs are poorly understood. It is thought to be associated with teeth grinding, psycho-emotional stress and some medicines. Trauma to the TM-joints may result in TMD symptoms in some patients.

Most patients respond well to a set of conservative treatments such as jaw rest, bite plates, pain / anti-inflammatory medications, muscle relaxant medications, physiotherapy, psychotherapy, Botox injections or joints rinses (arthrocentesis).

Less than 10% of patient will require open joint surgery during their lifetime.

Complications

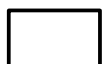
Below complications does not constitute an exhaustive list but does highlight some of the most common complications. If you require more information, please ask your Maxillofacial and Oral Surgeon directly.

1. Facial Nerve injuries (2-3%)

The facial nerve passes over the temporomandibular joint and are at risk of injury. Injuries will result in weakness of frowning, blinking, pouting, smiling, and grimacing. Most injuries are temporary, but some injuries may result in long term dysfunction.

2. Auriculotemporal nerve injury (Common)

The auriculotemporal nerve passes behind and over the temporomandibular joint. It provides sensation to the earlobe and area of skin in front of the ear. Injury will result in numbness of the skin in these areas. Numbness largely resolves after 6-months but could be permanent and related with a burning pain (neuralgia).





3. Major bleeding or Seroma (<1%)

Major bleeding is defined as bleeding that either requires blood transfusion or surgery to stop the bleeding. Seroma is an abnormal collection of tissue fluid that causes swelling and may require surgical drainage.

4. Surgical Site Infection / prosthesis infection (<1%)

Infections results in pain and swelling, mostly >7-days after surgery but it may develop weeks / months after surgery. We follow the American College of Surgeons Antibiotic prophylaxis protocol. Infections can be local and result in systemic infection with fever.

5. Malocclusion (<1%)

Changing the structure of the joint may directly change the way teeth bite on top of each other. Careful planning largely limits this risk, but inaccuracies in planning or operation execution may result in malocclusion. This could be corrected via fillings, orthodontic treatment, jaw movement surgery or joint reoperation.

6. Perforation of the ear canal (<1%)

The external ear canal is situated behind and above the temporomandibular joint. The front wall of the canal can be injured during the operation, or the prosthesis could "migrate" into the ear canal over time.

7. Continued joint noises (>10%)

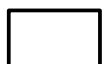
The jaw does not always break (split) where we would like it to. This may result in a poor occlusion / bite that could be corrected with further orthodontics or surgery.

8. Frey Syndrome or salivary fistulae (Rare)

Frey Syndrome results from abnormal healing of injured nerve ends. The symptoms are cheek sweating when hungry and flushed skin over cheek. Salivary fistula results in salivary draining from pinpoint of skin where cut was made.

9. Scarring (Rare)

Scarring from TM-joint surgery is uncommon due to the anatomical location of the incisions / cuts. They are placed in natural skin creases. Scarring is more common after infection, patients with previous surgical scarring or re-operations.





10. Hardware failure (Rare)

Plate, screws, or implants may all fail due to infection or mechanical breakage. This will require re-operation.

11. Death (Rare)

Treatment Alternatives

1. Continued non-surgical treatments

Continued non-surgical treatments include jaw rest, bite plates, pain / anti-inflammatory medications, muscle relaxant medications, physiotherapy, psychotherapy, Botox injections or joints rinses (arthrocentesis).

2. Arthrocentesis / Arthroscopy

This is a minimally invasive treatment option that aims to rinse out the joint, tear any abnormal scar tissue in the joint and allow for injection of medications directly into the joint. Arthroscopy additionally help surgeon to directly visualize any obvious joint abnormalities. Minor joint procedures can be performed via the arthroscope.

3. Medical treatments

Where temporomandibular joint symptoms are a result of other systemic conditions such as Rheumatoid Arthritis, Systemic Sclerosis or Ankylosing Spondylitis, these conditions should first be well controlled by your Physician / Rheumatologist.

4. No treatment

Patients are entitled to deny any treatment.

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CONSENT			
<p>I HAVE BEEN INFORMED OF THE POTENTIAL COMPLICATIONS, TREATMENT ALTERNATIVES AND BENEFITS OF TEMPOROMANDIBULAR JOINT SURGERY.</p> <p>MY RIGHTS AS A PATIENT ARE CONTAINED (NOT LIMITED TO) IN:</p> <p>SOUTH AFRICAN CONSTITUTION (1996); THE NATIONAL HEALTH ACT 61 OF 2003; CHILDREN'S ACT 2010.</p> <p>I ACKNOWLEDGE THAT I REMAIN ULTIMATELY RESPONSIBLE FOR THE COST OF THE ABOVE TREATMENT AS CONTAINED IN THE T&C OF THIS PRACTICE BILLING POLICY.</p>			
<p>I HEREBY GIVE MY CONSENT: <input type="checkbox"/></p>		<p>I AM: The patient <input type="checkbox"/> The parent/legal guardian <input type="checkbox"/></p>	
SURNAME:	FULL NAMES:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	<input type="checkbox"/> Miss <input type="checkbox"/> Prof. <input type="checkbox"/> Mx.
BIRTH DATE:	<div style="border: 1px solid black; height: 40px; width: 100%; position: relative;"> <div style="position: absolute; bottom: 5px; right: 5px; background-color: red; color: white; padding: 2px 5px;">Sign Here</div> </div>		
WITNESS INFORMATION			
SURNAME:	FULL NAMES:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	<input type="checkbox"/> Miss <input type="checkbox"/> Prof. <input type="checkbox"/> Mx.
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