dr petrie vd merwe
MAXILLO-FACIAL & ORAL SURGEON
021 300 1572 | admin@drpetrievdmerwe.co.za
www.drpetrievdmerwe.co.za
44 Reitz Street, Somerset West, 7129
BChD (UWC), MBChB (UP), PDD (Oral Surgery) (UWC), MChD (Chir.Max-Fac.Med)(UP)
HPCSA Nr. DP0099856 | Practice Nr. 1140418

Orthognathic Surgery

(Diagnosis: Skeletal Malocclusion K07.0)

Orthognathic surgery involves surgically repositioning either upper or lower jaw to facilitate a good functional occlusion (bite), improve facial aesthetics, improve upper airway airflow (in obstructive sleep apnoea) and other functional jaw abnormalities.

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. 5-8% % Inferior alveolar nerve injury
This may lead to numbness of the same half of the lower teeth, lip, and chin. Numbness could be temporary or may lead to some degree of persistent numbness. The affected lip moves normally.

2. Major bleeding
Major bleeding is defined as bleeding that either requires blood transfusion or surgery to stop the bleeding.

3. 3-5% Infection
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.

4. Unfavourable splits with malocclusion
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.

5. Surgical relapse
Surgical relapse mostly occurs because of continued growth but could be the result of resorption of temporomandibular joint bone and/or other bony growths or abnormalities.

6. Less common complications (<0.1%)
Avascular necrosis of the jaw
Plate fracture or loosening (requiring removal)

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HPCSA Nr. MP1234567 | Practice Nr. 1234567

Injury to tooth roots resulting in tooth infection or loss

Temporomandibular joint problems

Treatment Alternatives

1. Orthodontic Camouflage

OC can result in an acceptable occlusion / bite but may result in an unacceptable long-term stability (hence increased risk of teeth becoming skew again) or poor facial aesthetics / profile.

2. Growth Modification

GM can be used during a child pre- pubertal growth spurt (6-8). It is largely not an option for post-pubertal patients. The body of evidence to support GM is limited.

3. No treatment

CONSENT			
I HAVE BEEN INFORMED OF THE POTENTIAL COMPLICATIONS, TREATMENT ALTERNATIVES AND BENEFITS OF ORTHOGNATHIC SURGERY. **MY RIGHTS AS A PATIENT ARE CONTAINED (NOT LIMITED TO) IN:** **SOUTH AFRICAN CONSTITUTION (1996); THE NATIONAL HEALTH ACT 61 OF 2003; CHILDREN'S ACT 2010.** **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.**			
I HEREBY GIVE MY CONSENT: ☐	I AM: **The patient** ☐ **The parent/legal guardian** ☐		
SURNAME:	FULL NAMES:	❑ Mr. ❑ Mrs. ❑ Dr.	❑ Miss ❑ Prof. ❑ Mx.
BIRTH DATE: / /	Sign Here		
WITNESS INFORMATION			
SURNAME:	FULL NAMES:	❑ Mr. ❑ Mrs. ❑ Dr.	❑ Miss ❑ Prof. ❑ Mx.
BIRTH DATE: / /	Sign Here		