

## CHIN IMPLANTS

The following information has been prepared to enable you to understand what chin implants are, what they are intended to do what they may or may not achieve, what the risks are, and in general what you will likely experience after the surgery. Please read this information carefully and comment if there is anything you do not understand, please ask questions.

### GENERAL INFORMATION:

Exciting new developments in chin augmentation include new implant shapes textured surfaces, and more biocompatible implants. The face is now divided into zones and custom implants are prepared for the patient. This further introduces aesthetic enhancement into facial implant surgery over the conventional one-sizes-fits-all philosophy of implant placement.

The implants are usually made of dimethylpolysiloxane, which is a silicone compound. Occasionally other materials may be used. Prior to the surgery, the type, size, and method of placement of the implants will be discussed carefully with you.

### THE ANESTHESIA

Chin implant surgery is performed under a "light" general anesthetic (patient is asleep). This technique provides excellent operating conditions while affording maximal patient comfort and safety. The anesthetic is administered by a board certified doctor anesthesiologist who remains in attendance throughout the operation. All of the required monitoring, anesthetic delivery and emergency equipment are present at all times. Further information, including any questions you may have, will be explained and discussed fully by our anesthesiologist prior to your surgery.

### PRE-OPERATIVE PREPARATIONS

You must be in good health to undergo any elective cosmetic surgery. A physical examination and routine lab work will need to be performed by your own primary physician. If you do not have a primary doctor, we can refer you to local doctors in our area. We do not provide these services. It will be required that all this pre-op paperwork is in our office 1-2 weeks prior to surgery.

It is very important that our office is aware of any medical conditions and all medications you are taking.

It is imperative that you not smoke 2 weeks prior to surgery, and 2 weeks after surgery. This would impede your healing greatly. Talk to us about options.

It is a required that someone drive you home upon your discharge. Also arrange for transportation to and from our office for your post-operative appointments until your doctor gives you permission to drive.

DO NOT take aspirin or aspirin-containing products for 2 weeks prior to surgery and for 2 weeks after surgery.

An adequate diet with vitamin supplements, especially Vitamin C, is recommended. You should be in the best nutritional state possible prior to surgery.

If you will be preparing your own meals at home after surgery, have on hand easy to prepare foods. A soft diet, such as mashed potatoes, yogurt, applesauce, soups, Jell-O are helpful the first 24-48 hours after surgery.

### THE SURGICAL PROCEDURE:

The procedure is frequently done in conjunction with a facelift or other facial surgery, or may be done as an isolated operation. It is usually done under general anesthesia in our outpatient surgery center. It also may be performed under local anesthesia with sedation if so desired. There is absolutely no pain involved during the procedure because of the anesthetic. The procedure takes approximately one hour to perform.

### RISKS AND COMPLICATIONS:

As with any surgical procedure, there is some risk. Certainly the administration of any medication of any sort can rarely have an unpredictable and in extreme cases fatal outcome. Every caution is taken to prevent possible drug sensitivity and if it should occur, to treat it properly and avoid any dire consequences.

**Motor nerve injury** is rare yet because the motor nerves usually are not vulnerable to injury from this kind of procedure. If such an injury occurs, temporary or permanent damage to facial muscles of expression may result. Weakness of the smiling muscles however is usually due to trauma to the muscles themselves, and in almost all cases can be expected to abate completely within a few weeks although some cases have taken up to six months to a year to completely return to function.

**Infection.** Infection occurring immediately after surgery is quite uncommon because of the use of antibiotics and the careful surgical technique used in the procedure. However, late infection meaning infection occurring anywhere after three to six months may occur due to a dental abscess or other infection which seeds the blood stream with bacteria, causing bacteria to lodge on the implant and create a localized infection. In most cases, infection of this nature is readily responsive to antibiotics but on rare occasions, the infection is recalcitrant to antibiotic therapy, and the only treatment is to remove the implant and let it heal for a period of up to three months or longer to completely eradicate the infection. At that time, the implant may be reinserted.

It is wise to remember that foreign bodies of any sort can be the focus of an infection, and so that when infection occurs or when one goes to the dentist for a cleaning or other dental work, one is encouraged to take antibiotics immediately prior to that procedure. This is the same prophylaxis that is recommended for patients with certain kinds of heart disease, patients with breast implants, patients with joint replacement surgeries and patients with pace makers or other foreign bodies dwelling within their system. This

simple precaution prevents infection quite reliably.

**Malposition** is quite unusual but may occur and be apparent immediately after the surgery. It is unlikely that implants will move or "slip" to a different position once they have healed. It must be remembered that faces are rarely symmetrical and that sometimes this asymmetry is not perceived prior to surgery, only becoming noticed by the patient after surgery has been performed. Asymmetry if significant can be only corrected by re-operation in which the implant is repositioned or a different type of implant is inserted.

**Hematoma**, which is a small collection of blood within the implant pocket is quite unusual but may occur and require reopening of the wound to take out the blood clot. It is not dangerous, but must be treated properly to avoid either malposition or an unusual amount of scar tissue post-operatively.

### WHAT TO EXPECT AFTER SURGERY

The swelling should begin to subside within three to five days along with the discomfort. It is not uncommon to experience some *temporary* numbness in the lip or weakness of the smile. This is just due to the body's inflammatory response to any surgical operation and usually within one to three weeks both of these functions are returned to normal. It is expected that you will be presentable in approximately one week.

Dressings- Immediately after surgery, a chin strap with foam padding is applied, and worn for 3-4 days.

### POST OPERATIVE CARE

Wearing the chin-strap with foam padding is **required for the first 72 hrs**, then you may shower, and discard the padding. Continue wearing chin-strap for an additional week, or as advised by Dr. Moelleken.

Wash face gently with a mild soap and water. **AVOID** scrubbing around the chin area.

It is expected that you will remain somewhat quiet and sedentary for the first few days after surgery. This is to reduce the swelling and reduce the chances of bleeding in the area around the implant. After the first week, in the absence of other procedures that require a longer convalescence, normal activity may be resumed although it would be wise to avoid sports or exercise for up to three weeks after the surgery.

It is important to **keep your head elevated** for the next 7-10 days. **Sleep on your back** with 2-3 pillows underneath your head and **avoid** rolling on your sides.

After 10 days, make-up may be applied unless advised otherwise by the doctor.

Please wait 2 months after surgery before having any dental work done.

**AS WITH ANY FACIAL SURGERY, AVOID BENDING FORWARD, AS THIS CREATES STRAIN ON ALL INCISIONS THAT ARE HEALING.**

**Report to office:**

- Any excessive pain.
- Any rise in body temperature over 100 degrees.
- Any excessive bleeding.

**DO NOT** brush teeth vigorously for 1 week after surgery – use child's toothbrush gently.

**AVOID** excessive talking and smiling for 3 days after surgery.

**FINISH ALL THE ANTIBIOTICS PRESCRIBED TO YOU BY THIS OFFICE.**

**RESUMPTION OF PHYSICAL ACTIVITIES**

**GENERAL RULES OF THUMB**

**TWO, FOUR, SIX RULE**

**FIRST WEEK- TAKE IT EASY!!! PATIENTS WHO ARE TOO VIGOROUS FREQUENTLY DEVELOP COMPLICATIONS!**

**At two weeks-** take long walks on a flat surface. No other kind of workouts. Any activity that would raise your blood pressure would compromise the healing incisions and newly developing blood supply.

**At four weeks-** light exercise such as aerobics, but no weight training. Start light. For example, if you normally do 30 minutes on a treadmill, begin with 15 minutes, then increase as your body gets used to things. Use of vitamin C and E concentrate and scar-fade gel should begin as soon as the incisions are completely healed, usually 3-4 weeks.

**At six weeks-** resume all previous activities with clearance from Dr. Moelleken. Avoid sun exposure to incision site for months following surgery, as this may result in a hyperpigmented scar.