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ZYGOMATIC ARCH FRACTURE & ORBITAL BLOWOUT FRACTURE

WHY DO I NEED SURGERY?

The reason for this procedure, often referred to as orbital fracture repair or zygomatic arch fracture repair, or often a combination of the two, is due to the recent trauma that you have experienced. Most of the time when a person is involved with some type of facial trauma it involves not just the orbital region but also the arch that supports the globe as well as the mid sections of your face.

Most likely I have had a chance to review the CAT scan with you to tell you exactly where the fracture sites are. The reason for getting involved surgically at this point is that without the surgery the fracture will get worse and that, subsequently, could lead to severe pain in the fracture site as well as a disfigurement as well as lack of function such as chewing or mastication. If it involves the orbital area you could actually lose vision without this operation, and that is the reason for this operation.

WHAT HAPPENS DURING SURGERY?

Typically this surgery requires anywhere from 2-1/2 hours to about 5 hours of operating time under general anesthesia. After the general anesthesia has been properly achieved, the incisions will be made for the two types of fracture as I described to you earlier, zygomatic fracture as well as an orbital fracture.

To start with the zygomatic fracture, typically several incisions will be made. One that involves the hairline region and also one that may involve the eyebrow region as well as one possibly under the lower eyelid as well as inside the mouth to get full access to all the fracture sites. The incisions are made depending on where the exact location of the fracture sites are, as well as the areas that we need to get access to in order to reduce the angulations

After the incision, the fracture sites will be identified. Whether it involves the orbital fracture or the zygomatic arch fracture, and the fracture sites will be reduced. Upon reducing the fracture, titanium plates will be placed over the fracture site.

Once the plating is done, the areas will be then subsequently closed with the proper sutures.

WHAT ARE POSSIBLE RISKS AND COMPLICATIONS OF THE SURGERY?

In terms of complication it is mainly due to the access of the fracture site that we need to get to in order that we could put the plates over the fracture sites. Say, for example, if you had a fracture below the orbit often time there would be an incision made below the eyelid on that side so that we can get access to the broken bones. Once the broken bones are put together and the plates are made, there could be some foreign body sensation that comes from this. In regards to the eyelid incision that we sometimes have to make for a blowout fracture or the arch fracture, you could be left with scar tissue, and the scar tissue could pull the lower eyelid down, often referred to as an ectropion. In respect to the incision along the hairline, typically you could be left with some bald

spots in this particular area. However, people appear to be not so much bothered by this. In terms of any other incision that we make, there could be nerve residing in that area to cause some loss of sensation. In most of the facial injuries the nerve injury has already occurred, and most likely it will stay even after the surgery. Movement will be intact; however, the feelings of the face will not be there secondary to the injury that took place before the surgery. Although the fracture sites are reduced and the nerve may be freed up, people are often left with an injury on that particular side.

Therefore, one of the things that we have seen over the years is that the numbness on the face after surgery can exist even after the surgical involvement. There could be some visual changes and some other neurologic problems that you may have to anticipate, which could be up to about 3 to 5% even after the surgery. If there is a problem as such, we will refer you to an ophthalmologist for further care.

WHAT SHOULD I EXPECT AFTER SURGERY?

After the surgery most likely you will be discharged the same day. Upon being home you have the privilege or putting some ice over the area where the surgery was performed, and that would definitely add to the recovery of this surgery. All in all within 72 hours you can go from clear liquids into something more of a regular diet. If eye reconstruction was performed secondary to orbital injury, we may also have you use some eye drops even after the surgery. Dr. Lee will be discussing with you exactly when the post-op follow-up will be after the surgery during preoperative conference.

All in all the surgery is fairly safe. All the complication that I have mentioned earlier have a complication rate of anywhere from 3 to 5%. Because of the nature of the injury it is fairly important we take every initiative in preventing any type of nerve injury to your face. However, most of the time the injury has taken place even before the surgery, and the surgery often will not resolve the nerve problems.

If you have any further questions after having carefully read the above information, please feel free to discuss it with me in your preoperative evaluation, prior to any surgery. As has always been the case in our practice, you must have another family member or a guardian with you during the preoperative visit. We want you to be fully informed and comfortable prior to your surgery. Please sign and return this form to our office when you come for your preoperative visit.

Respectfully yours,

JAMES J. LEE, M.D., F.A.C.S.

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I understand the above information and consent to the surgery.

Patient Signature

Date

Patient Name-Printed