JACKSONVILLE
SURGICAL ARTS
ORAL AND MAXILLOFACIAL SURGERY

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PRE-OPERATIVE INSTRUCTIONS

Temporomandibular Joint (TMJ) Surgery

ABOUT YOUR PROCEDURE

You are scheduled for surgery on the temporomandibular joint (TMJ) — the joint that connects your lower jaw (mandible) to the base of your skull, located just in front of each ear. This joint allows you to open and close your mouth, chew, speak, and yawn. When the TMJ is damaged, diseased, or dysfunctional and has not responded to non-surgical treatments, surgery may be recommended to reduce pain, improve jaw function, and restore quality of life.

TMJ surgery is performed under general anesthesia. Depending on the type of procedure, it may be performed in an outpatient surgical center or in a hospital with an overnight stay.

Your procedure may include one or more of the following:

- **Arthrocentesis:** A minimally invasive procedure in which small needles are inserted into the joint space to irrigate (wash out) the joint with sterile fluid. This removes inflammatory substances, breaks up adhesions, and can improve jaw movement. This is typically an outpatient procedure.
- **Arthroscopy:** A minimally invasive procedure in which a small camera (arthroscope) is inserted into the joint through a tiny incision near the ear. The surgeon can visualize the inside of the joint, remove adhesions, smooth irregular surfaces, reposition or release the disc, and irrigate the joint. This is typically an outpatient procedure.
- **Open joint surgery (arthrotomy/arthroplasty):** A procedure in which a larger incision is made in front of the ear to directly access the joint. This allows the surgeon to repair, reposition, reshape, or remove the articular disc (discectomy), smooth or reshape the bony surfaces of the joint (arthroplasty), remove diseased tissue, or address other structural problems. Open surgery is typically performed in a hospital with a 1–2 night stay.
- **Disc repositioning (discopexy):** The displaced articular disc is surgically repositioned and secured in its proper location over the condyle (the rounded end of the lower jaw bone).
- **Discectomy:** Removal of the articular disc when it is too damaged or degenerated to be repaired or repositioned. The joint may be allowed to form a scar tissue replacement, or a graft material may be placed.
- **Eminectomy:** Removal or reshaping of the articular eminence (the bony ridge in front of the joint socket) to prevent the jaw from locking in an open position (chronic dislocation).
- **Total joint replacement (TJR):** Replacement of the entire TMJ — both the condyle and the fossa (socket) — with a custom-made or stock prosthetic joint made of metal and ultra-high-molecular-weight polyethylene. This is reserved for end-stage joint disease when the natural joint structures cannot be salvaged. Total joint replacement is performed in a hospital with a 1–3 night stay.

Your surgeon will explain which specific procedure is planned for your case. Please read the following instructions carefully and contact our office with any questions.

BEFORE YOUR APPOINTMENT

- Inform our office of any changes to your medical history, including new diagnoses, hospitalizations, or surgeries since your last visit.
- Provide a complete and updated list of all medications you are currently taking, including:
  - Prescription medications
  - Over-the-counter medications (including aspirin, ibuprofen, naproxen)
  - Vitamins, herbal supplements, and nutritional products
  - Blood thinners (warfarin, Eliquis, Xarelto, Plavix, or others)
  - Inhalers
  - Birth control pills or hormonal medications
  - Medications for autoimmune or inflammatory conditions (methotrexate, biologics, steroids)
- **Blood Thinners:** If you take blood-thinning medications, please inform our office well in advance. Your surgeon will coordinate with your prescribing physician regarding whether to continue, adjust, or temporarily hold your blood thinner before surgery. **Do NOT stop any blood thinner on your own.**
- **Autoimmune or Inflammatory Conditions:** If you have rheumatoid arthritis, psoriatic arthritis, lupus, ankylosing spondylitis, or another autoimmune condition affecting your joints, please inform our office. These conditions may affect your TMJ and require coordination with your rheumatologist regarding medication management around surgery (particularly biologics and immunosuppressants).
- **Heart Conditions Requiring Antibiotic Premedication:** If you have a prosthetic heart valve, a history of endocarditis, certain congenital heart conditions, or a heart transplant with valve problems, please confirm with our office that appropriate arrangements have been made.
- **Steroids:** If you take oral steroids (such as prednisone or dexamethasone) or use a steroid inhaler, please inform our office, as supplemental (stress-dose) steroids may be necessary during and after surgery.
- **Diabetes:** If you are diabetic, please inform our office. Good blood sugar control is important for healing. Contact our office for specific instructions about adjusting your insulin or diabetes medication, as fasting will be required before general anesthesia.
- **Sleep Apnea:** If you use a CPAP or BiPAP machine, please inform our office and bring your machine to the hospital or surgical center on the day of surgery.
- **Allergies:** Please confirm all known allergies, including allergies to medications (especially antibiotics and latex), foods, and metals (particularly nickel, cobalt, or chromium — this is especially important if you are receiving a total joint replacement).
- **Previous TMJ Surgery:** If you have had any prior surgery on the TMJ (on either side), please ensure our office has complete records, including operative reports and imaging. Prior surgery increases the complexity of the procedure and affects surgical planning.

PRE-OPERATIVE APPOINTMENTS AND TESTING

In the weeks before surgery, you may be asked to complete the following:

- **Pre-operative medical evaluation:** A visit with your primary care physician or the hospital's pre-anesthesia clinic to review your medical history, perform a physical examination, and ensure you are medically cleared for surgery under general anesthesia.

PRE-OPERATIVE APPOINTMENTS AND TESTING (CONT.)

- **Pre-operative blood work:** A complete blood count (CBC) is typically required. Additional tests (metabolic panel, coagulation studies, blood type and screen) may be ordered based on your medical history and the type of procedure planned.
- **Imaging:** Your surgeon will review your imaging before surgery. This may include:
  - **MRI of the TMJ —** to evaluate the articular disc position, disc morphology, joint effusion, and soft tissue structures
  - **CT scan or cone-beam CT (CBCT) —** to evaluate the bony anatomy of the joint, including the condyle, fossa, and articular eminence
  - **Panoramic radiograph —** as a screening tool for overall jaw anatomy

If additional imaging is needed, it will be ordered before your surgery date. Please bring any imaging discs or ensure they have been sent to our office.

- **Dental evaluation:** If you are undergoing total joint replacement, a thorough dental evaluation and any necessary dental treatment (fillings, extractions, cleanings) should be completed **before** surgery to reduce the risk of bacterial seeding of the prosthetic joint from dental sources.
- Complete all pre-operative appointments and testing as directed. **Surgery may be postponed if required clearances or testing are not completed on time.**

MEDICATIONS — WHAT TO CONTINUE AND WHAT TO AVOID

Continue taking all regular medications unless specifically instructed otherwise by your surgeon, anesthesiologist, or prescribing physician.

- **Anti-inflammatory medications:** Unless otherwise directed, avoid aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve), and other NSAIDs for **7 days** before your surgery, as they may increase bleeding. Acetaminophen (Tylenol) is acceptable.
- **Herbal supplements:** Stop taking fish oil, vitamin E (high dose), ginkgo biloba, garlic supplements, turmeric, St. John's wort, and other herbal products at least **7–14 days** before surgery, as they may increase bleeding or interact with anesthesia.
- **Birth control pills / hormonal medications:** Discuss with your surgeon whether to continue or temporarily stop these medications, as they may increase the risk of blood clots.
- B**iologic medications (for autoimmune conditions):** If you take biologics (such as adalimumab/Humira, etanercept/Enbrel, infliximab/Remicade, or others), your surgeon and rheumatologist will coordinate the timing of your last dose before surgery and when to resume after surgery. Typically, biologics are held for 1–2 dosing cycles before elective surgery.
- **Medications on the morning of surgery:** Your surgeon or anesthesiologist will provide a specific list of which medications to take on the morning of surgery with a small sip of water. Typically, blood pressure medications, anti-seizure medications, and thyroid medications should be taken. Diabetes medications and blood thinners require specific instructions.

ORAL HYGIENE PREPARATION

Reducing bacteria in your mouth before surgery helps lower the risk of infection, particularly for open joint surgery and total joint replacement where the surgical site communicates with the oral cavity.

- If a chlorhexidine (Peridex) mouth rinse has been prescribed, begin using it as directed — typically starting **3–5 days** before surgery. Rinse twice daily for 60 seconds.
- Brush and floss all teeth thoroughly in the days leading up to surgery.
- Rinse with chlorhexidine mouth rinse the morning of surgery.

NUTRITIONAL PREPARATION

After TMJ surgery, your jaw movement will be limited and you will need to follow a modified diet. The duration and severity of dietary restrictions depend on the type of procedure:

- **Arthrocentesis / Arthroscopy:** Soft diet for **1–2 weeks.**
- **Open joint surgery (arthroplasty, disc repositioning, discectomy, eminectomy):** Soft diet for **4–6 weeks.** You may be on a liquid or pureed diet for the first 1–2 weeks.
- **Total joint replacement:** Liquid diet for **1–2 weeks,** then soft diet for **6–8 weeks** or longer as directed.
- **Stock your kitchen before surgery** with the following:
  - Protein shakes and nutritional supplement drinks (Ensure, Boost, Orgain, or similar)
  - Broth and cream-based soups (strained, no chunks)
  - Yogurt, applesauce, pudding, smoothie ingredients
  - Mashed potatoes, scrambled eggs, oatmeal (thinned)
  - Ice cream, milkshakes, Jell-O
  - Juice, milk, and water

Aim for at least 2,000 calories and 60–80 grams of protein per day during recovery to support healing and prevent excessive weight loss.

THE DAY BEFORE SURGERY

- Do not consume alcohol for at least 48 hours before surgery.
- Get a full night of rest.
- Fill all prescriptions provided by our office so they are ready when you return home. These may include:
  - Pain medication (liquid or dissolvable form for open surgery / TJR patients)
  - Antibiotic
  - Anti-nausea medication
  - Steroid (to reduce swelling)
  - Muscle relaxant
  - Chlorhexidine mouth rinse
- **Confirm that prescriptions are in liquid, dissolvable, or crushable form** if you are having open surgery or total joint replacement, as jaw opening will be limited.
- Prepare your recovery area at home:
  - Extra pillows to keep your head elevated (at least 2–3 pillows or a wedge pillow)
  - Ice packs or bags of frozen peas for the face (you will need several, to rotate)
  - Towels and washcloths
  - Lip balm (lips will become very dry)
  - A humidifier (optional, but helpful)
- Shower and wash your hair the evening before surgery. You may not feel well enough to shower for 1–2 days after surgery.
- If you have been prescribed an oral sedative or anti-anxiety medication to take the night before surgery, take it as directed.
- **Do not eat solid food after midnight** (or as directed by your anesthesiologist). Clear liquids (water, apple juice without pulp, black coffee, tea without milk) may be consumed up to **2 hours** before your scheduled arrival time. Do not drink anything within 2 hours of your arrival.

THE MORNING OF SURGERY

- Do not eat or drink anything within 2 hours of your scheduled arrival time (see fasting instructions above).
- Take only the medications your surgeon or anesthesiologist has approved, with a small sip of water.
- Rinse with chlorhexidine mouth rinse.
- Brush your teeth carefully.
- Shower if you did not do so the night before.
- Wear comfortable, loose-fitting clothing — **a button-down or zip-up top is ideal** (you will not want to pull clothing over your face or ears after surgery). Wear pants with an elastic waistband.
- **Do not wear:**
  - Contact lenses (wear glasses instead)
  - Jewelry, watches, earrings, or piercings (especially ear piercings — the surgical site is directly adjacent to the ear)
  - Nail polish or acrylic nails
  - Makeup or facial moisturizer
  - Hair products (gel, spray, etc.)
  - Hearing aids (bring the case to store them during surgery)
- Leave valuables at home.
- Arrive at the hospital or surgical center at the time instructed. You will typically be asked to arrive **1.5–2 hours** before the scheduled surgery time for pre-operative preparation.

TRANSPORTATION AND SUPPORT

- A responsible adult MUST drive you to and from the hospital or surgical center.
- **For arthrocentesis or arthroscopy:** A responsible adult must stay with you for the remainder of the day after surgery. You may be able to resume light activities the next day.
- **For open joint surgery or total joint replacement:** Plan for someone to stay with you for the first 2–3 days after you return home. You will need help with:
  - Preparing and administering liquid/soft meals
  - Managing medications (keeping track of timing and doses)
  - Applying ice packs
  - Monitoring for complications
  - Helping you get up and move around safely
- You will not be able to drive for at least **1 week** after open surgery or TJR, and possibly longer depending on your recovery and pain medication use.

SMOKING AND TOBACCO

- **Stop smoking, vaping, and all tobacco/nicotine products at least 2 weeks before surgery — and ideally 4 weeks or more.**

SMOKING AND TOBACCO (CONT.)

- Smoking significantly increases the risk of:
  - Smoking significantly increases the risk of:
  - Surgical site infection
  - Poor wound healing
  - Delayed bone and tissue healing
  - Respiratory complications under general anesthesia (coughing, bronchospasm, pneumonia)
  - Prosthetic joint infection (for total joint replacement patients)
- You must avoid all tobacco and nicotine products for a minimum of **6–8 weeks after surgery —** and ideally permanently.
- If you need help quitting, please ask our office or your primary care physician about smoking cessation resources.

SPECIAL INSTRUCTIONS FOR TOTAL JOINT REPLACEMENT PATIENTS

If you are receiving a prosthetic TMJ (total joint replacement), the following additional instructions apply:

- **Metal allergy testing:** If you have a known or suspected allergy to metals (nickel, cobalt, chromium, titanium), please inform our office well in advance. Allergy testing may be required before selecting the appropriate prosthetic components.
- **Dental clearance:** All active dental infections, untreated cavities, and periodontal disease should be treated **before** joint replacement surgery. Bacteria from the mouth can travel through the bloodstream and infect the prosthetic joint. A dental clearance letter may be required.
- **Antibiotic prophylaxis after surgery:** After total joint replacement, you may be advised to take prophylactic antibiotics before certain dental procedures (such as cleanings, extractions, and other invasive dental work) to protect the prosthetic joint from infection. Your surgeon will discuss the specific recommendations and duration of this precaution. There is currently no universal consensus on the duration of dental antibiotic prophylaxis after TMJ replacement — recommendations range from 2 years to lifelong, depending on your surgeon's protocol.
- **Hospital stay:** Plan for a **1–3 night** hospital stay. You will be monitored closely for airway status, facial nerve function, pain control, and wound healing.
- **Long-term follow-up:** Total joint replacement requires lifelong follow-up with periodic imaging to monitor the prosthetic components for wear, loosening, or heterotopic bone formation.

WHAT TO BRING

- Photo ID and insurance card
- Complete list of current medications
- Any prescribed pre-medications if not yet taken
- Your inhaler, if you have asthma
- Your CPAP/BiPAP machine, if you have sleep apnea
- Lip balm
- Comfortable, loose-fitting clothing for discharge (button-down or zip-up top)
- Slip-on shoes

WHAT TO BRING (CONT.)

- A small pillow for the car ride home
- Your phone and charger
- **Do NOT bring valuables, large amounts of cash, or expensive electronics**

IF YOU ARE FEELING ILL

If you develop a fever, cold, sore throat, cough, congestion, cold sore, ear infection, nausea, vomiting, or any new illness in the days before surgery, **call our office immediately.** Your surgery may need to be rescheduled. Upper respiratory illness significantly increases the risk of anesthesia complications, and active infection near the surgical site can compromise the procedure and healing.

WHAT TO EXPECT

Arthrocentesis:

- Duration: approximately **30–45 minutes.**
- Two needles are placed into the upper joint space through the skin in front of the ear. Sterile fluid is used to irrigate the joint. Medications (such as a corticosteroid or hyaluronic acid) may be injected into the joint at the end of the procedure.
- You will go home the same day.
- Expect mild soreness and swelling in front of the ear for 2–5 days.

Arthroscopy:

- Duration: approximately **45–90 minutes**.
- One or two small incisions (each about 2–3 mm) are made in front of the ear. A small camera is inserted to visualize the joint, and instruments are used to treat the pathology.
- You will go home the same day.
- Expect moderate soreness and swelling for 5–10 days. A small bandage will cover the incision sites.
- The overall complication rate for TMJ arthroscopy is less than **8%,** with the most common complications being temporary swelling of surrounding soft tissues (2–18%), minor bleeding, and transient numbness in the ear or temple area.

Open joint surgery (arthroplasty, disc repositioning, discectomy, eminectomy):

- **Duration:** approximately **1.5–3 hours per side**.
- An incision is made in front of the ear (preauricular incision), often extending slightly into the hairline. The surgeon carefully identifies and protects the facial nerve branches before accessing the joint.
- You will typically stay in the hospital for **1–2 nights.**
- Expect significant swelling and bruising in front of the ear and along the jaw for 1–3 weeks. Swelling peaks at 48–72 hours.
- **Facial nerve:** Temporary weakness of the muscles on the side of the face (particularly the forehead and around the eye) occurs in approximately **4–50%** of open TMJ procedures, depending on the complexity and type of surgery. In the vast majority of cases, this weakness is temporary and resolves within weeks to months. Permanent facial nerve injury is uncommon (approximately 0–3%).
- **Numbness:** Temporary numbness or tingling in the ear, temple, or cheek area (auriculotemporal nerve distribution) is common and usually resolves within days to weeks.

WHAT TO EXPECT (CONT.)

Total joint replacement:

- Duration: approximately **2–4 hours** per side.
- An incision is made in front of the ear with extension into the hairline (preauricular/temporal approach), and a second small incision is made below the angle of the jaw (submandibular approach) to access the lower portion of the joint and ramus.
- You will stay in the hospital for **1–3 nights.**
- Expect significant swelling and bruising for 2–4 weeks.
- **Facial nerve:** Transient facial nerve weakness occurs in approximately **24%** of total joint replacement cases, but permanent weakness occurs in approximately **3%** or less.
- **Sensory changes:** Temporary or permanent numbness or altered sensation in the lower lip, chin, ear, or temple area may occur.
- Infection of the prosthetic joint is rare (approximately **0.7–1.5%**) but is one of the most serious complications and may require removal of the prosthesis.

PHYSICAL THERAPY AND JAW EXERCISES

Physical therapy is a critical component of recovery after TMJ surgery. Research has shown that patients who participate in a structured postoperative physical therapy program achieve significantly better outcomes in jaw opening, pain reduction, and overall function compared to those who do not.

- **Arthrocentesis / Arthroscopy:** Gentle jaw exercises typically begin **1–3 days** after surgery. Your surgeon will provide specific instructions.
- **Open joint surgery:** Physical therapy typically begins **1–2 weeks** after surgery and continues for **2–3 months**. The program progresses in stages:
- **Weeks 1–2:** Gentle active jaw opening within a pain-free range, tongue exercises, controlled condylar rotation
- **Weeks 3–6:** Moist heat application, ultrasound therapy, active-assistive and self-stretching exercises, postural correction
- **Week 7 onward:** Gentle joint mobilization, neuromuscular re-education, progressive stretching
- **Total joint replacement:** Physical therapy follows a similar staged approach, with the timeline adjusted based on your surgeon's protocol. Jaw exercises are essential to prevent scar tissue from limiting your jaw opening.
- You may be referred to a physical therapist who specializes in TMJ rehabilitation. Compliance with your exercise program is one of the most important factors in achieving a successful outcome.

ACTIVITY RESTRICTIONS

- **No strenuous physical activity, heavy lifting, or exercise for at least 2–4 weeks** after arthrocentesis/arthroscopy, or 4–6 weeks after open surgery/TJR.
- **Avoid wide yawning, singing, or prolonged talking** for the first 2–4 weeks.
- **Do not chew gum** during the recovery period.
- **Do not sleep on the operated side** for at least 2–4 weeks.
- Plan to take **3–5 days off from work** after arthrocentesis/arthroscopy, or **2–3 weeks** after open surgery/TJR. If your job involves physical labor, you may need additional time.

IMPORTANT REMINDERS

- **Attend all pre-operative appointments —** surgical, medical clearance, and dental (if applicable).
- **Confirm that all prescriptions are in liquid or dissolvable form** (for open surgery and TJR patients).
- **Arrange for help at home** for the first 2–3 days after open surgery or TJR.
- **Stock your kitchen** with liquid and soft foods before surgery.
- **Stop smoking and all nicotine products** at least 2 weeks before surgery.
- **Complete all pre-operative testing and medical clearance** as directed.
- **Remove all earrings and ear piercings** before surgery — the surgical incision is directly adjacent to the ear.
- If you wear a bite splint (occlusal appliance), bring it to the hospital on the day of surgery.
- If you have any questions or concerns before your surgery, please do not hesitate to call our office.

We are committed to providing you with the best possible care and helping you achieve lasting relief from your TMJ condition.