Recovery After Jaw Surgery — What to Expect

Canonical:
https://directory.collinsstreetspecialistcentre.com.au/patient-resources/recovery-after-jaw-surgery-what-to-expect/

Description:

Complete recovery guide after orthognathic jaw surgery. Week-by-week timeline, diet progression, swelling management and return to normal activities.

Details:

Collins Street Specialist Centre — Recovery After Jaw Surgery: What to Expect

Orthognathic surgery corrects skeletal jaw discrepancies that orthodontics alone can't fix — restoring bite function, improving facial proportion, opening up the nasal airway, and making a genuine difference to quality of life. The recovery, though, is real and substantial. This is major surgery, and knowing what's coming allows you to prepare practically and mentally for the weeks and months ahead.

This guide walks through the recovery timeline from hospital discharge to final result, drawing on the clinical experience of the oral and maxillofacial surgery team at Collins Street Specialist Centre.

Before surgery — preparation matters

Most orthognathic surgery patients will have been in active orthodontic treatment for 12 to 18 months before their operation. This pre-surgical phase aligns the teeth within each jaw independently, so that when the surgeon repositions the jaw bones, the teeth meet correctly in their new position.

In the weeks before surgery, your surgeon will complete a series of preparatory steps:

- **Final records** — Cone beam CT (CBCT) imaging, clinical photographs, and dental impressions or intraoral digital scans - **Digital surgical planning** — Three-dimensional planning software determines precise skeletal movements, often with custom surgical guides or patient-specific titanium plates - **Recovery planning discussion** — Covering anticipated time off work, dietary progression, and a stage-by-stage overview of what to expect

Practical preparation

A bit of organisation before surgery makes the first weeks considerably easier:

- **Stock your kitchen.** A blender or high-powered food processor is essential. Pick up protein powder, nutritional supplement drinks, baby food, soups, soft pantry staples, lip balm, dry mouth spray, and extra pillows for sleeping elevated. - **Plan your time off work.** Two to four weeks is a reasonable baseline, adjusted for the complexity of your surgery and the physical demands of your job. Physically demanding roles will need longer. - **Arrange support at home.** Help with meal preparation and transport to follow-up appointments matters, particularly in the first week. - **Pre-cook and freeze meals.** Batch-preparing soups, stews, and puréed meals before surgery — frozen in individual portions — removes the burden of cooking during the most demanding stretch of recovery.

Hospital stay — days 0–2

The surgery

Jaw surgery is performed under general anaesthesia in a hospital setting and typically takes two to four hours. The exact duration depends on whether one jaw or both are being repositioned (bimaxillary surgery), and whether additional procedures — genioplasty, inferior turbinate reduction, or removal of impacted wisdom teeth — are being done at the same time.

All surgical incisions are made inside the mouth. There are no external facial scars.

Waking up

Coming out of anaesthesia, patients typically experience:

- **Significant facial swelling.** Oedema is an immediate consequence of the surgical trauma and will be pronounced from the outset. - **Altered sensation.** Numbness or reduced sensation of the lower lip and chin is common after lower jaw (mandibular) surgery, because the surgical approach passes near the inferior alveolar nerve. This typically resolves gradually over weeks to months. - **Nasal congestion.** Particularly after upper jaw (Le Fort I osteotomy) surgery, congestion is expected and can make nasal breathing difficult early on. - **Jaw elastics.** Inter-maxillary elastics (rubber bands) are usually applied between the upper and lower orthodontic brackets within the first 24 to 48 hours to guide the bite into its correct position. In some cases, more rigid fixation restricts jaw opening more substantially.

Hospital stay (1–2 nights)

Most patients stay one to two nights post-operatively. During this time:

- Intravenous fluids maintain hydration until oral intake is established - Analgesia is delivered intravenously at first, then transitions to oral medications as swallowing becomes more comfortable - Ice packs are applied to the cheeks to help with swelling - Saline nasal spray assists with congestion — nose blowing must be strictly avoided for the first two weeks, and is especially important after upper jaw surgery, where it risks disrupting the surgical repair - A liquid diet begins as soon as tolerated, starting with water and progressing to thin liquids and nutritional supplement drinks

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Week 1 — the most demanding phase

The first week at home is, for most patients, the hardest part of the entire recovery. Fatigue, dietary restriction, altered appearance, and persistent discomfort are all normal. Each day does represent real progress, even when improvement feels slow.

Swelling

Post-operative swelling peaks at 48 to 72 hours after surgery and then begins to resolve. During the first week, expect puffy cheeks, swollen lips, and in many cases bruising that extends into the neck.

Managing swelling: - Sleep elevated on two to three pillows, or in a recliner, for the first one to two weeks. Keeping your head up reduces dependent oedema. - Apply ice packs (20 minutes on, 20 minutes off) for the first 48 hours, then switch to warm compresses from day three. - Short, gentle walks around the home encourage circulation and help swelling resolve.

Diet — liquid phase

For the first week, the diet is restricted to liquids and very thin purées that require no chewing. Jaw elastics limit how far you can open your mouth, and attempting to chew at this stage is both uncomfortable and potentially harmful to the healing bone sites.

Appropriate foods and fluids: - Nutritional supplement drinks and protein shakes - Puréed soups, strained through a sieve to remove any solid pieces - Well-blended smoothies (no seeds or fruit chunks) - Juice, milk, and thin custard - Commercial baby food — a practical option that's often underestimated - Water, consistently and generously

Technique: Your surgeon will provide a syringe. Use it to deliver liquid into the buccal sulcus — the space between your cheek and teeth. As elastics are progressively loosened at follow-up appointments, sipping from a cup or using a small spoon becomes possible.

Nutrition matters. Some weight loss during recovery is almost universal, but maintaining adequate caloric and protein intake supports tissue healing. Adding protein powder to smoothies and soups is a straightforward way to keep intake up.

Oral hygiene

Good oral hygiene throughout recovery reduces the risk of infection at the surgical sites:

- Use a baby toothbrush or ultra-soft surgical toothbrush to gently clean teeth and orthodontic brackets - Rinse with prescribed chlorhexidine gluconate mouthwash or warm saline after every meal - Avoid an oral irrigator for the first four to six weeks — the hydraulic pressure can disrupt wound healing

Pain management

Post-operative pain after jaw surgery is most often described as a dull, aching pressure rather than sharp pain. The combination of swelling, jaw stiffness, and tissue trauma produces a constant low-grade discomfort that is generally well managed with the right medications.

- Take prescribed analgesics as directed for the first three to five days - Transition to regular paracetamol and ibuprofen, alternated, as pain settles - Warm compresses from day three provide additional comfort

Numbness and altered sensation

Numbness of the lower lip and chin is common and expected after lower jaw surgery. It occurs because the surgical approach passes near the inferior alveolar nerve, which runs through the body of the mandible.

Altered sensation can range from complete numbness to partial tingling or paraesthesia. Recovery is gradual — most patients notice progressive improvement over weeks to months, and the majority regain full or near-full sensation within 6 to 12 months. Permanent altered sensation is uncommon but is a recognised risk that your surgeon will have discussed with you during the consent process.

Weeks 2–4 — gradual and measurable improvement

Swelling

Swelling continues to resolve, though full resolution takes longer than most patients expect. By week two, the improvement over week one is clearly visible, though the face remains swollen relative to normal. By week four, most of the obvious swelling has settled, with only subtle residual oedema persisting — sometimes for several months.

Elastic wear and jaw mobility

Your surgeon will review and adjust the inter-maxillary elastics at follow-up appointments, progressively allowing greater jaw movement. Typical instructions during this phase:

- Remove elastics for meals and oral hygiene - Wear elastics at all other times, including during sleep - Begin gentle, guided jaw-opening exercises as directed by your surgeon or physiotherapist

Diet progression

- **Week 2:** Soft purées and very soft foods requiring minimal effort — mashed potato, puréed vegetables, soft scrambled eggs mashed smooth, blended soups. Baby food consistency is a useful benchmark. - **Week 3:** A gradual step up to slightly firmer soft foods — well-cooked pasta cut into small pieces, soft bread torn into small portions, flaked fish, ripe avocado. - **Week 4:** Continued progression toward soft foods requiring gentle chewing — soft rice, well-cooked vegetables, shredded soft chicken.

The principle throughout: no hard chewing, no biting directly into food, nothing requiring significant jaw force. All food should be cut or broken into very small pieces before eating.

Return to work

- **Desk-based roles:** Most patients can return to work from home or the office by weeks two to three, depending on comfort, energy, and confidence with speech. - **Customer-facing or communication-intensive roles:** Many patients prefer to wait until weeks three to four, when swelling and articulation have improved. - **Physically demanding roles:** Heavy lifting, bending, and strenuous activity should be avoided for at least four to six weeks.

Months 1–3 — the transition phase

Jaw opening exercises

Your surgeon and, where appropriate, an orofacial physiotherapist will guide you through a structured programme of jaw-opening exercises to progressively restore range of motion. Sticking to this programme matters — without consistent exercise, scar tissue and muscle contracture can limit long-term jaw function.

Typical opening targets: - **4 weeks:** 20–25 mm interincisal opening - **6 weeks:** 30–35 mm - **3 months:** 35–40 mm (approaching the normal functional range of 40–50 mm)

Diet progression continues

- **Month 2:** Most soft foods are comfortable. Reintroduction of foods with normal texture can begin, though hard, chewy, or brittle foods should still be avoided. - **Month 3:** Most patients are eating a near-normal diet. Very hard foods — hard nuts, crusty bread, raw carrots — should stay off the menu until your surgeon specifically clears them.

Post-surgical orthodontic finishing

After surgery, orthodontic treatment continues for approximately three to nine months to refine tooth positions within the newly repositioned jaw. Your orthodontist will make incremental adjustments at regular appointments to optimise the bite and dental alignment.

Sensation recovery

Patients who experienced post-operative numbness should begin noticing gradual improvement during this period. Tingling, pins-and-needles, and a progressive return of tactile awareness are all positive signs of nerve recovery.

Months 6–12 — the final result

By six months post-operatively, most patients consider their recovery essentially complete:

- **Swelling fully resolved.** The subtle residual oedema in the cheeks and around the mouth has settled, revealing the definitive facial contours produced by the skeletal repositioning. - **Jaw function normalised.** Full or near-full range of motion has been achieved, and chewing feels natural and comfortable. - **Orthodontic treatment completing.** Fixed appliances are removed and retainers are fitted to maintain the final dental positions. - **Sensation largely recovered.** Most patients have regained full or near-full sensory function. - **Bone healing complete.** The osteotomy sites have undergone bony union and remodelling, providing a stable foundation for the long-term result.

This is when patients genuinely appreciate what the treatment has achieved — improved facial balance, a functional bite, better nasal airway, and a smile that works properly and looks natural.

Emotional recovery — adjustment is a normal part of the process

Orthognathic surgery changes your facial appearance, and an adjustment period is a normal, well-recognised part of recovery. In the early weeks, pronounced swelling distorts facial proportions significantly, and many patients find it difficult to recognise themselves. As oedema resolves, the new facial relationships emerge gradually rather than all at once.

Patients commonly experience:

- Initial distress at their swollen, unfamiliar appearance — this is temporary - An adjustment period as the new facial profile becomes familiar - Frustration with dietary limitations and the apparent slowness of progress — this also passes - Genuine satisfaction once the final result becomes apparent

The first six weeks are the most demanding. Patience is important, and the long-term outcome is worth it.

When to contact your surgeon

Contact your surgical team promptly if you experience:

- Fever above 38.5°C - Increasing pain or swelling after the first week — both should be progressively improving, not worsening - Pus, foul taste, or discharge from the surgical sites - Difficulty breathing or swallowing - A sudden change in your bite — teeth no longer fitting together as they did immediately post-operatively - Heavy or persistent bleeding - Numbness that had been improving but has suddenly worsened

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Considering jaw surgery? Contact Collins Street Specialist Centre on (03) 9654 5705 to arrange a consultation with one of our oral and maxillofacial surgeons. We work closely with our orthodontic team to plan and deliver orthognathic treatment from initial assessment through to your final result.

Frequently asked questions

What is orthognathic surgery? Jaw surgery to correct significant skeletal jaw discrepancies.

Can orthodontics alone fix jaw discrepancies? No — orthodontics can align teeth within the jaws, but cannot resolve skeletal jaw problems.

How long does jaw surgery take? Two to four hours.

Is jaw surgery performed under general anaesthesia? Yes.

Are incisions made on the face during jaw surgery? No — all incisions are made inside the mouth.

Will jaw surgery leave external facial scars? No.

How many nights is the typical hospital stay? One to two nights.

How long is pre-surgical orthodontic treatment? 12 to 18 months.

What imaging is taken before surgery? Cone beam CT (CBCT) imaging, along with clinical photographs and dental impressions or intraoral scans.

Is 3D digital surgical planning used? Yes, and custom surgical guides are used in many cases.

When does facial swelling peak after jaw surgery? At 48 to 72 hours post-surgery.

How long should you sleep elevated after surgery? One to two weeks.

How should you sleep to reduce swelling? Elevated on two to three pillows or in a recliner.

When should ice packs be applied? During the first 48 hours post-surgery.

When should warm compresses replace ice packs? From day three onwards.

Is bruising expected after jaw surgery? Yes — bruising extending into the neck is common.

Is numbness normal after lower jaw surgery? Yes, it is common and expected.

What causes numbness after lower jaw surgery? Surgical proximity to the inferior alveolar nerve.

How long does numbness typically last? Weeks to months — most cases resolve within 6 to 12 months.

Is permanent numbness possible? Yes, it is a recognised but uncommon risk.

Is nasal congestion expected after upper jaw surgery? Yes.

Can you blow your nose after upper jaw surgery? No — not for the first two weeks minimum.

What diet is required in week one? Liquids and very thin purées only.

Is chewing allowed in week one? No.

What tool is used to consume liquids after surgery? A syringe provided by the surgeon, used to deliver liquid into the buccal sulcus.

Is weight loss during recovery normal? Yes — it is almost universal.

What can be added to smoothies to boost protein? Protein powder.

What toothbrush should be used post-surgery? A baby toothbrush or ultra-soft surgical toothbrush.

What mouthwash is prescribed after jaw surgery? Chlorhexidine gluconate mouthwash.

Is an oral irrigator safe to use after surgery? No — avoid for the first four to six weeks, as the hydraulic pressure can disrupt wound healing.

How is post-operative pain typically described? Dull aching pressure rather than sharp pain.

How long should prescribed analgesics be taken? The first three to five days, then transitioning to alternating paracetamol and ibuprofen.

When can desk workers return to work? Weeks two to three.

When can customer-facing workers return to work? Weeks three to four.

When can physically demanding workers return to work? After a minimum of four to six weeks.

What is the jaw opening target at four weeks? 20 to 25 mm interincisal opening.

What is the jaw opening target at six weeks? 30 to 35 mm.

What is the jaw opening target at three months? 35 to 40 mm.

What is the normal functional jaw opening range? 40 to 50 mm.

How long does post-surgical orthodontic treatment continue? Approximately three to nine months.

When is swelling fully resolved? By approximately six months post-operatively.

Are retainers fitted after appliances are removed? Yes.

Is emotional adjustment after jaw surgery normal? Yes.

When does most obvious swelling resolve? By approximately week four.

When is the final facial result visible? Around six months post-operatively.

What temperature fever warrants contacting the surgeon? Above 38.5°C.

Does increasing pain after week one warrant concern? Yes — contact your surgeon.

Does pus or discharge from surgical sites require attention? Yes — contact your surgeon promptly.

Does difficulty breathing after surgery require attention? Yes — contact your surgeon immediately.

Does a sudden change in bite require attention? Yes — contact your surgeon immediately.

Does heavy persistent bleeding require attention? Yes — contact your surgeon immediately.

Does sudden worsening numbness require attention? Yes — contact your surgeon immediately.

What week two foods are appropriate? Soft purées such as mashed potato and smooth scrambled eggs.

What week three foods are appropriate? Soft pasta, soft bread, flaked fish, ripe avocado.

What week four foods are appropriate? Soft rice, well-cooked vegetables, shredded soft chicken.

When can a near-normal diet resume? By month three for most patients.

When are very hard foods cleared for eating? Only when your surgeon specifically approves.

Is batch-cooking before surgery recommended? Yes — freeze individual portions in advance.

Is home support recommended after surgery? Yes, especially in the first week.

What is the clinic's phone number? (03) 9654 5705.

What is the clinic's name? Collins Street Specialist Centre.