



PATIENT INFORMATION

Oral/Jaw Surgery

*Please bring this book to the hospital
on the day of your surgery*

THE OTTAWA HOSPITAL
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Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified healthcare provider. Please consult your healthcare provider who will be able to determine the appropriateness of the information for your specific situation.

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Introduction

Welcome to The Ottawa Hospital. You are being admitted for Oral/Jaw Surgery. The length of your hospital stay will depend on the extent and type of your surgery. Your oral surgeon will tell you how long you will be in hospital.

Your health care team has prepared this booklet for you. It has information about your surgery and discharge.

There are 2 **Clinical Pathways** in this booklet. A clinical pathway shows the usual plan of care, so you will know what will happen to you on a day-to-day basis. If needed, this plan of care may be changed based on your condition.

- The Clinical Pathway on pages 2 and 3 is for Simple Jaw surgery for a patient discharged on the day after surgery. Your surgeon will tell you if you are being admitted overnight in hospital in either the Overnight Surgical Day Care Unit (ONSD) or on the in-patient ward. Patients in Overnight Surgical Day Care Unit will be discharged by 07:30 a.m. the day after surgery. Patients being admitted to an in-patient ward will be discharged by 10:00 a.m. the day after surgery.
- The Clinical Pathway on pages 4 and 5 is for a patient having Complex jaw Surgery who will be discharged 2 days after surgery.

Please be sure to read and keep this booklet as team members will refer to these instructions throughout your hospital stay.

Please bring this booklet to the hospital.

CLINICAL PATHWAY #1
Simple Jaw Surgery (Discharge on Post-op Day 1)

| | Pre-Admission Unit (PAU) | Day of Surgery – Pre-op Same Day Admission Unit (SDA) / Surgical Day Care Unit (SDCU) |
|---------------------------|--|--|
| Consults | <ul style="list-style-type: none"> • Dietitian prn | |
| Medications | | <ul style="list-style-type: none"> • Antibiotic • Steroid • Anti-inflammatory • Mouth rinse (antiseptic) |
| Tests | <ul style="list-style-type: none"> • Blood tests • ECG (if ordered) | <ul style="list-style-type: none"> • Blood tests (if ordered) |
| Treatments | | <ul style="list-style-type: none"> • IV (intravenous) started |
| Activity | | <ul style="list-style-type: none"> • Regular activity |
| Nutrition | | <ul style="list-style-type: none"> • No solid food from midnight the day before surgery • Water up to 3 hours pre-op |
| Patient Teaching | <ul style="list-style-type: none"> • Review Clinical Pathway and Teaching Booklet | <ul style="list-style-type: none"> • Review events of operative day |
| Discharge Planning | <ul style="list-style-type: none"> • Discuss expected length of stay | <ul style="list-style-type: none"> • Review plan for discharge from in-patient ward or Overnight Surgical Day Care Unit |

CLINICAL PATHWAY #1
Simple Jaw Surgery (Discharge on Post-op Day 1)

| | Day of Surgery – Post-op | Post-op Day 1 – Discharge Day |
|---------------------------|---|--|
| Consults | | |
| Medications | <ul style="list-style-type: none"> • Intravenous fluids • Pain medication – injection or by mouth • Nausea medication – if needed • Antibiotics • Steroid • Anti-inflammatory • Patient specific medications | <ul style="list-style-type: none"> • Pain medication – if needed • Antibiotics • Nausea medication – if needed • Steroids • Anti-inflammatory • Patient specific medications • Nasal spray if necessary |
| Treatments | <ul style="list-style-type: none"> • Oxygen • Nasal airway (possible) • Nasogastric tube • Pressure jaw dressing • Ice packs to jaw • Urinary catheter (possible) | <ul style="list-style-type: none"> • Oxygen • Salt water mouth rinses • Ice packs if necessary |
| Activity | <ul style="list-style-type: none"> • Head of bed raised • Bedrest • Up to bathroom when able | <ul style="list-style-type: none"> • Head of bed raised • Regular activity |
| Nutrition | <ul style="list-style-type: none"> • Nothing to eat or drink until Nasogastric tube is removed • Sips of clear fluids using syringe | <ul style="list-style-type: none"> • Jaw/blenderized diet • Use of 60 mL syringe for feeding • Avoid straws |
| Patient Teaching | <ul style="list-style-type: none"> • Breathing exercises • Pain management • Written communication | <ul style="list-style-type: none"> • Breathing exercises • Pain management • Wound care • Diet • Mouth care • Medications • Use of nasal spray • Use of oral suction • How and when to cut wires/elastics • When to call MD |
| Discharge Planning | | <ul style="list-style-type: none"> • Confirm discharge plans. Discharge from ONSD at 7:30 a.m. Discharge from in-patient ward at 10:00 a.m. • Ensure patient/family has scissors or wire cutters for discharge home • Prescription if needed • Follow-up appointment • Take Patient Information booklet home with you |

CLINICAL PATHWAY #2
Complex Jaw Surgery (Discharge on Post-op Day 2)

| | Pre-Admission Unit (PAU) | Day of Admission Operative Day | Operative Day PACU/Ward |
|---------------------------|--|--|---|
| Consults | <ul style="list-style-type: none"> • Dietitian prn | | |
| Medications | | <ul style="list-style-type: none"> • Antibiotic • Steroid • Anti-inflammatory • Mouth rinse (antiseptic) | <ul style="list-style-type: none"> • Intravenous fluids • Pain medication – injection • Nausea medication – if needed • Antibiotics • Steroid • Anti-inflammatory • Patient specific medications |
| Tests | <ul style="list-style-type: none"> • Blood tests • ECG (if ordered) | <ul style="list-style-type: none"> • Blood tests (if ordered) | |
| Treatments | | <ul style="list-style-type: none"> • IV (intravenous) started | <ul style="list-style-type: none"> • Oxygen • Nasal airway (possible) • Nasogastric tube • Pressure jaw dressing • Ice packs to jaw • Urinary catheter (possible) |
| Activity | | <ul style="list-style-type: none"> • Regular activity | <ul style="list-style-type: none"> • Head of bed raised • Bedrest • Up to bathroom when able |
| Nutrition | | <ul style="list-style-type: none"> • No solid food from midnight the day before surgery • Water up to 3 hours pre-op | <ul style="list-style-type: none"> • Nothing to eat or drink until Nasogastric tube is removed • Sips of clear fluids using a syringe |
| Patient Teaching | <ul style="list-style-type: none"> • Review Clinical Pathway and Teaching Booklet | <ul style="list-style-type: none"> • Review events of operative day | <ul style="list-style-type: none"> • Breathing exercises • Pain management • Written communication |
| Discharge Planning | <ul style="list-style-type: none"> • Discuss expected length of stay | | |

| CLINICAL PATHWAY #2 | | |
|---|--|---|
| Complex Jaw Surgery (Discharge on Post-op Day 2) | | |
| | Post-op Day 1 | Post-op Day 2 – Discharge Day |
| Consults | | <ul style="list-style-type: none"> • Dietitian prn |
| Medications | <ul style="list-style-type: none"> • Pain medication – if needed • Antibiotics • Nausea medication – if needed • Steroids • Anti-inflammatory • Patient specific medications • Nasal spray if necessary | <ul style="list-style-type: none"> • Pain medication – if needed • Antibiotics • Anti-inflammatory • Patient specific medications |
| Treatments | <ul style="list-style-type: none"> • Oxygen • Salt water mouth rinses • Ice packs if necessary | <ul style="list-style-type: none"> • Salt water mouth rinses • Nasal spray if necessary |
| Activity | <ul style="list-style-type: none"> • Elevated head of bed • Regular activity | <ul style="list-style-type: none"> • Elevated head of bed • Regular activity |
| Nutrition | <ul style="list-style-type: none"> • Jaw/blenderized diet • Use of 60 mL syringe for feeding • Avoid straws | <ul style="list-style-type: none"> • Jaw/blenderized diet • Use of 60 mL syringe for feeding • Avoid straws |
| Patient Teaching | <ul style="list-style-type: none"> • Breathing exercises • Pain management • Diet • Mouth care • Use of nasal spray • Use of oral suction | <ul style="list-style-type: none"> • Activity • Pain management • Wound care • Medications • How and when to cut wires/elastics • When to call MD |
| Discharge Planning | <ul style="list-style-type: none"> • Confirm discharge plans • Discharge time 10:00 a.m. • Ensure patient/family has scissors or wire cutters for discharge home • Prescription if needed | <ul style="list-style-type: none"> • Take Patient Information booklet home with you |

The Health Care Team will consist of the:

1. Oral Maxillofacial Surgeon

The Oral Maxillofacial Surgeon will discuss all aspects of your care and answer any questions you might have. The Oral Maxillofacial surgeon will oversee your care with the other health care providers.

2. Registered Nurse

The Registered Nurse (RN) will directly care for you before and after surgery. Your nurse will co-ordinate many aspects of your care including providing hands on care, emotional support, teaching and planning for your discharge home.

3. Patient Care Assistant/Orderly

The Patient Care Assistant (PCA)/Orderly will work with the RN to assist with your care including baths, help with getting out of bed and going to the bathroom.

4. Dietitian

You will have already received instruction and literature on nutrition from your surgeon's office. The Dietitian may see you in the Pre-admit Unit and do a follow up visit on the ward (if Complex Jaw Surgery – 2 day stay) to provide you with information about what types of food you will be able to eat. Because you will be on a liquid/blenderized diet after your surgery, the information you have been provided from your surgeon's office, the Dietitian, and in this booklet will suggest things you should drink so that you will have enough nutrition during your recovery.

Preparing For Surgery

You should call your doctor and let them know if your physical condition has changed prior to your surgery date (if you have a cold, flu etc.).

You will have a consultation with your doctor prior to surgery where a pre-surgical physical examination will take place. Your doctor will also explain the goals of the surgery and potential complications.

You will be seen in the Pre-Admission Unit (PAU) prior to your operation. The PAU nurse will tell you about your surgery and explain what to expect during your hospital stay. Blood tests will be done and the Dietitian, may see you to discuss how your nutritional requirements will be met while your jaw is wired shut. You will also be given a copy of the Clinical Pathway that shows what will happen during your hospital stay. You should bring all medications that you are taking, in properly labeled containers, to the PAU visit.

Reminders before you come to the hospital:

- Do not smoke or drink alcoholic beverages (beer, wine, etc.) within 24 hours before your operation.
- Do not eat after midnight the night before your operation. You may drink water only, up to 3 hours before surgery, then nothing by mouth.
- If you usually take a heart pill or blood pressure pill in the morning, take them as usual with a sip of water the morning of your surgery.
- Arrange transportation to and from the hospital.

- If your surgeon told you that your jaw may be wired, purchase a small pair of wire cutters from a hardware store prior to admission and bring them to the hospital the day of discharge.
- Bring your personal toiletries, a housecoat and slippers.
- Leave all valuables at home (jewellery, large sums of money, credit cards, etc.).

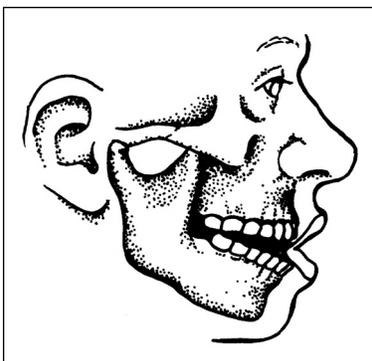
What type of surgery will I have?

Jaw growth is a slow and gradual process, and in some instances, the upper and lower jaws may grow at different rates. The result can be a host of problems that can affect chewing function, speech, long-term oral health, and appearance. Injury to the jaw and birth defects can also affect jaw alignment. Orthognathic surgery may be required if the jaws need repositioning.

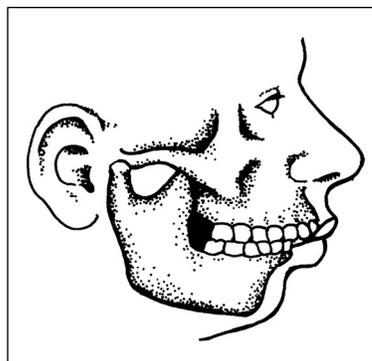
Orthognathic surgery or Jaw Surgery is sometimes called “Surgical Orthodontics” because, just as an orthodontist repositions teeth, an oral and maxillofacial surgeon uses orthagnathic surgery to reposition one or both jaws. The objective of orthognathic surgery is the correction of a wide range of minor and major facial and jaw irregularities, and benefits include an improved ability to, chew speak and breathe. In many cases an enhanced appearance can also result.

Corrective jaw surgery involves moving all or part of the upper an/or lower jaw into a more favorable position. After the jaws are moved into their new position, rubber bands or wires attached to the teeth may be used to fasten the jaws together during healing. Alternatively, rigid internal fixation with miniature screws and plates may be used to allow you to open and close your jaws sooner after corrective surgery.

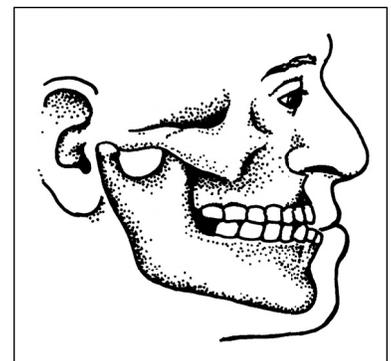
Although it is not frequent, in some cases bone grafts may have to be utilized. Artificial bone can be used in some instances. Bone grafts may be harvested locally within the mouth or skull area. Occasionally, remote donor sites such as the rib, hip or leg are utilized. Surgeon will discuss this with you if deemed necessary.



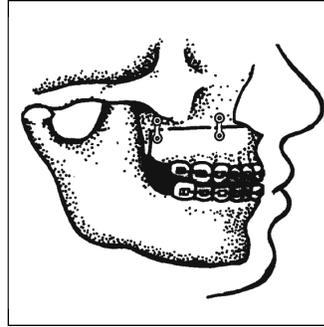
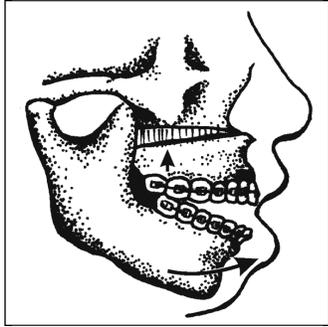
If there is space between the top and bottom teeth when the mouth is closed — this is called an “open bite”.



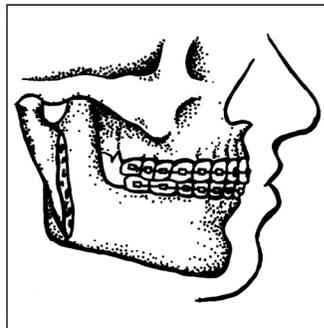
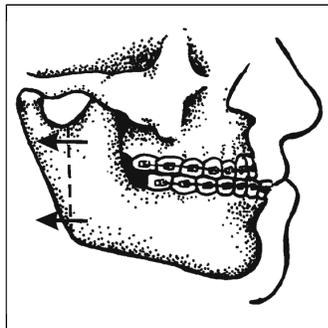
Candidates for orthognathic surgery can have “retrognathia” or a receding lower jaw, often called a weak chin.



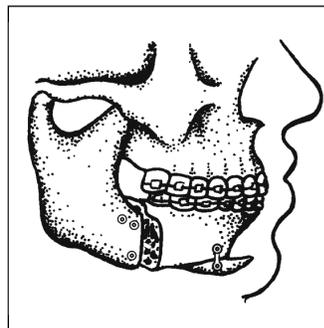
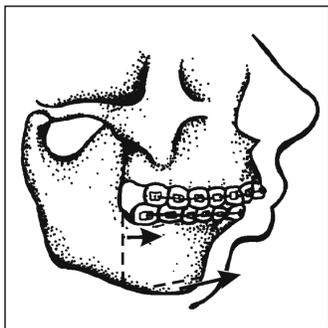
When the lower jaw is overdeveloped and protrudes out beyond the upper jaw — this is called a prognathic jaw.



Before and after upper jaw surgery to correct an open bite. The upper jaw is held together with plates and screws.



Before and after profiles showing correction of a protruding lower jaw.



To correct a receding lower jaw, the jaw is moved forward from behind the teeth, a portion of the chin is moved forward and both areas of the jawbone are held in place using plates and screws.

After Surgery

The average length of stay in the hospital will be overnight in Surgical Day Care Unit (ONSD)/in-patient ward for Simple jaw surgery or, up to 2 days for Complex Jaw Surgery.

Immediately following surgery:

You will be observed in the Post Anaesthetic Care Unit (PACU) for two to twelve hours as ordered by your Surgeon before returning to SDCU or a ward. Be sure to let the Nurse in the Same Day Admission Unit know how your family can be contacted after surgery. Dr. Kucey would like his patient's family to wait in the ICU Family lounge which is located on the 2nd floor across from the D-wing elevators.

Your jaws may be held together with elastics and/or wires, making it difficult to talk. There may also be plastic splints in your mouth. In many cases, bones may be held internally with small pins, screws or plates. The period of jaw wiring may vary depending on your particular type of surgery. This again should be discussed with your doctor. In many instances, elastics will be used at the time of surgery and it will be necessary for you to learn how to apply and remove them.

Oxygen

Oxygen is an important part of the air we breathe. Oxygen is carried throughout the body by the blood to the tissues. Under certain conditions, the body may require extra oxygen. These conditions may include lung disease, heart disease and the demands of surgery.

Extra oxygen can help restore normal oxygen levels in the blood and body tissues and reduce the workload of the heart and lungs.

During your hospital stay, you may receive extra oxygen. This is given through a mask placed at the base of your chin. The oxygen will be humidified (mixed with water to form a mist) to prevent drying of your mouth and lips. **You may have a tube in one nostril to help keep your airway open and make it easier to breathe.** The amount of oxygen in your blood is measured by placing a small clip on your finger. This is called pulse oximetry. This measurement is used to check that your body is getting the right amount of oxygen. The amount of extra oxygen is then increased or decreased and eventually removed based on these measurements.

Deep Breathing

Air (oxygen) enters the nose and mouth, travels down the windpipe (trachea) into the large airways (bronchi). The airways eventually get smaller and smaller like branches on a tree. Along the branches are tiny air sacs called alveoli. This is where oxygen moves into the blood stream and is carried to the cells. Normally the alveoli stay open because we tend to take large breaths. Because of the surgical procedure, anaesthesia, pain, or jaw immobility, we tend to take smaller breaths, which may cause the alveoli to close. Deep breathing exercises after surgery will help keep your lungs healthy.

Deep breathing exercises work best when you are sitting up in a chair or on the side of the bed.

- Take a deep breath in through your nose and mouth. Hold for five (5) seconds. Breathe out through your mouth slowly.
- Repeat this exercise ten (10) times each hour while you are awake and until your activity level increases.

Dressings and Packing

You may have a pressure dressing or facial wrap for 24 hours. You will experience some swelling and possibly bruising as well. The nurse will apply ice to your jaw to help reduce this. You may experience minor bleeding from the mouth or nose. In some cases, nasal packing may need to be used. It is important that you do not blow your nose for at least two to three days. If a bone graft was removed from your leg, hip, or rib area, a dressing will be covering this site.

Intravenous (IV)

You will have an IV to replace your fluids until you are able to get enough nutrition through syringe feedings. Do not pull on the IV tubing. When you are walking, push the IV pole using the hand that does not have the IV.

Pain and Nausea

You will receive medication for discomfort as required. Most of the time medication is given in a liquid form and you will receive it using a syringe with a long catheter on the end of it. Sometimes a needle is necessary to administer your medication and in the rare instances that bone grafting is done, you will probably receive your medication in your intravenous for a short period of time. In addition to jaw discomfort, you may have a sore throat, a headache or may feel nasally congested.

If you feel nauseated a medication can be given to relieve this. Sometimes a tube inserted through your nose, called a nasogastric tube, is placed in the stomach to prevent nausea for a few hours following surgery. If you vomit, it will be in liquid form and the fluid can be expelled around the back of the teeth and through the braces. The nurse will suction any remaining fluid from your mouth or nose as you will not be allowed to spit. The nurse will also teach you how to suction yourself.

Diet

At first you will not be allowed to eat anything and this usually lasts until the nasogastric tube comes out (usually less than one day). Your diet will be progressed to a high calorie, high protein blenderized diet. You will be shown how to feed yourself with a syringe.

Oral hygiene

You need to do mouth rinses with warm salt water solution or special mouth rinses ordered by the doctor every two hours after eating to help decrease swelling and prevent infection.

Do not use a water-pic for mouth-care.

Indwelling Catheter

You may have a urinary catheter (tube) to drain urine out of your bladder. If you have a catheter, it will be removed in the morning the day after your surgery.

What to expect the following days:

- You will be encouraged to drink plenty of fluids by a syringe. A Dietitian may discuss a high calorie, high protein blenderized diet with you to ensure that a healthy intake is maintained when you leave the hospital.
- You will continue to receive medication for discomfort as required.
- You will continue to have facial swelling. It usually peaks at 48 hours following the surgery and decreases after that. Bruising of the face may also occur.
- You will be instructed to gently brush the outside of teeth or wires, paying particular attention to the gumline. As healing takes place and discomfort decreases more vigorous brushing can resume. You will be encouraged to use Toothette® sponges to rub over gums and keep mouth fresh.
- You will be encouraged to get up out of bed and walk around.
- Place a pillow beneath your head and upper back to minimize swelling of the face.



Going Home

Wound Care

You may have minor bleeding from the mouth or nose for several days. Any significant bright red blood should be reported to your doctor immediately.

You will continue to have swelling of the face occurring for the first 48 hours post-operatively. This will slowly decrease during the first week following surgery. After that the swelling resolves more rapidly, resulting in a dramatic improvement by the end of the third week. Any bruising of the face and neck generally turns yellow and fades during the first couple of weeks. Be sure to ask your nurse or surgeon to explain when it may be necessary to, and how to cut the elastics/wires in your mouth.

If you have sutures on the face, these must be removed no later than five to seven days following surgery.

Activity

It is essential that you see the Oral Maxillofacial Surgeon before returning to normal activities. Some physical activities (eg. Contact sports, swimming etc.) will have to be limited for six to eight weeks.

You may return to work in approximately 10 to 14 days. The surgeon will want to see you in one to two weeks following the surgery.

Oral Hygiene

Continue to use warm saline (salt water) rinses and a soft brush to clean your wires or bands. Keep lips moist. **Do not use a water pic for mouthcare.**

Pain

You can expect some mild discomfort. You will be given a prescription for liquid pain relievers and a liquid antibiotic. The antibiotic must be taken until finished. Do not use any other medication, even those bought without a prescription, before discussing it with your doctor.

Diet

Do not neglect your nutrition. An adequate intake of calories and protein is essential to promote healing and to maintain weight and strength. Your post-operative diet will consist of blended foods, milkshakes and high protein supplements. You will have received instruction and literature on nutrition from your Surgeon's office prior to surgery. You may receive further dietary instructions from the hospital dietitian (for a 2 day stay). This booklet also has examples of blenderized foods and recipes.

Liquid/Blenderized Diets for Jaw Surgery

General Guidelines:

- During the weeks after surgery good nutrition is critical for healing.
- You will need food in a smooth, thin consistency so that it may pass easily through a syringe.
- Avoid using straws
- Your diet should be based on Canada's Food Guide to ensure adequate nutrition.
- Aim for 5 or 6 smaller meals because liquids tend to be more filling. As well, taking food through a syringe is both time consuming and tiring.
- For extra protein and calories, add skim milk powder to cooked cereal, mashed potatoes, cream soups, puddings, milkshakes.

- Nutritional supplements (ENSURE®, BOOST®, RESOURCE®, CARNATION BREAKFAST ANYTIME®) are also available as quick, convenient meal replacements.
- When using a syringe avoid excessively hot or cold food and beverages.

The liquid/blenderized diet will be required for up to four to six weeks after your surgery.

A Dietitian may be available to help you with any questions or concerns you may have about your diet.

Dietitian _____ Telephone _____

Tips for blenderized fruits, vegetables and meats:

Fruits: 1/2 cup (125 ml) peeled and chopped, cooked or canned fruit
 2-3 Tbsp. fruit juice

- blend on low speed until smooth
- extra liquid or increasing blender speed can help make thinner consistency

NOTE – cherries, pineapple, and dried fruits do not blenderize/liquefy well. Use lemon or orange juice with bananas to stop browning.

Vegetables: ½ cup (125 ml) chopped, well cooked or canned vegetables
 2-3 Tbsp. vegetable cooking water

- blend on low speed until smooth
- extra liquid or increasing blender speed can help make thinner consistency

NOTE – cabbage, celery and corn do not blenderize/liquefy well.

Meats: ½ cup tender, cooked meat or poultry
 3-4 Tbsp. vegetable cooking water, vegetable juice, broth or gravy

- blend on low speed until smooth
- extra liquid or increasing blender speed can help make thinner consistency

NOTE – fish does not blenderize/liquefy well.

Sample Menu Pattern:

Breakfast: fruit juice
cream of wheat cereal thinned with milk
Instant breakfast
tea or coffee if desired

Snack: milkshake or smoothie

Lunch: cream of tomato soup
blended meal of stewed beef, stewed carrots and broth
ice cream or sherbet
milk
tea or coffee if desired

Snack: pudding thinned with milk

Supper: strained cream of celery soup
blended meal of tender cubed chicken, peas and broth

Snack: juice or milk

Extra Snack: milkshake, instant breakfast drink, fruit shake or commercial supplement

Blenderized Recipes

Banana Shake

30 ml (2 Tbsp) non-fat powdered milk
250 ml (1 cup) whole milk
1 small ripe banana
15 ml (1 Tbsp.) honey
1 scoop vanilla ice cream
Dash of vanilla extract if desired

Combine in blender and blend until smooth.

One serving = 550 ml (19 ounces),
540 calories, 18 grams protein.

Hot Milk Toddy

250 ml (1 cup) hot whole milk
30 ml (2 Tbsp.) rum
5 ml (1 tsp.) sugar OPTIONAL
1 inch piece of cinnamon stick or ground
Cinnamon to taste
Nutmeg to taste

Place sugar, cinnamon stick and rum in a large mug and stir until sugar is dissolved. Pour in the hot milk and sprinkle with nutmeg.

One serving = 300 ml (10 ounces),
240 calories, 8 grams protein

Ice Cream Float

125 ml ($\frac{1}{2}$ cup) vanilla ice cream
180 ml ($\frac{3}{4}$ cup) root beer, cola or
Flavoured soda

Place ice cream in a tall glass and
add soda.

One serving = 300 ml (10 ounces),
210 calories, 3 grams protein.

Apricot Yogurt Smoothie

250 ml (1 cup) chilled apricot nectar
250 ml (1 cup) plain yogurt
180 ml ($\frac{3}{4}$ cup) whole milk

Combine in blender and blend until
smooth.

Options: use peach or pear nectar
instead.

Add honey to taste.

One serving = 550 ml (19 ounces),
320 calories, 13 grams protein.

Strawberry Shake

250 ml (1 cup) strawberries (fresh or
frozen)
50 ml ($\frac{1}{4}$ cup) cottage cheese
180 ml ($\frac{3}{4}$ cup) whole milk
Honey or sugar (optional)

Combine in a blender and blend until
smooth.

Options - replace strawberries with
125 ml ($\frac{1}{2}$ cup) orange juice.

One serving = 500 ml (18 ounces),
220 calories, 13 grams protein.

Orange Juice Float

180 ml ($\frac{3}{4}$ cup) orange juice
125 ml ($\frac{1}{2}$ cup) orange sherbet

Pour orange juice into a tall glass and top
with a scoop or sherbet.

One serving = 300 ml (10 ounces),
190 calories, 2 grams protein

Complete Breakfast

125 ml ($\frac{1}{2}$ cup) orange juice
15 g (1 Tbsp.) wheat germ
1 egg or 50 ml ($\frac{1}{4}$ cup) cottage cheese
Sugar or honey to taste

Combine all ingredients in a blender and
blend until smooth.

One serving = 500 ml (18 ounces),
315 calories, 16 grams protein.

Peanut Butter Shake

125 ml ($\frac{1}{2}$ cup) cold whole milk
30 ml (2 Tbsp.) non-fat powdered milk
15 ml (1 Tbsp.) smooth peanut butter
1 medium banana, sliced or
125 ml ($\frac{1}{2}$ cup) fresh or canned peaches

Combine in a blender and blend until
smooth.

One serving = 250 ml (8 ounces),
325 calories, 14 grams protein.

Fruity Fruits

125 ml (½ cup) canned fruit
125 ml (½ cup) fruit juice
125 ml (½ cup) yogurt
Honey or sugar to taste

Blend canned fruit until smooth.
Gradually add juice.

One serving = 170 calories,
6 grams protein.

Egg Salad Sandwich

1 egg (hard boiled)
15 ml (1 Tbsp.) mayonnaise
1 ml (¼ tsp.) dry mustard
1 slice buttered bread, no crusts
250 ml (1 cup) chicken broth

Mix egg, mayonnaise and mustard.
Spread on bread.
Blend with chicken broth until smooth.

One serving = 290 calories, 6 protein.

Meatloaf

90 g (3 ounces) meat loaf
1 small potato (cooked)
1 medium carrot (cooked)
30 ml (2 Tbsp.) gravy
250 ml (1 cup) beef broth

Combine all ingredients and blend
until smooth.

One serving = 390 calories, 30 grams
protein.

Hot Cereal

1 package instant rolled oats
250 ml (1 cup) boiling water
250 ml (1 cup) warm milk
15 ml (1 Tbsp.) sugar or honey

Mix boiling water to oats and stir. Add
milk and sugar and blend in blender for
1 minute.

Options: add 5 ml (1 tsp.) cocoa and ½ of
a banana, blend for an extra minute.

One serving = 270 calories, 12 grams
protein.

Cold Cereal

45 g (½ cup) Rice Krispies
250 ml (1 cup) milk
Honey or sugar to taste

Blend together until smooth,
approximately 1 smooth.

Options: try with other cereals.
May be necessary to thin with more milk.

One serving = 227 calories, 10 grams
protein.

Tuna Casserole

250 ml (1 cup) prepared tuna casserole
5ml (1 tsp.) lemon juice
250 ml (1 cup) warm milk
125 ml (½ cup) hot water

Blend all ingredients until smooth.

Options: substitute macaroni and cheese,
or your favourite casserole.

One serving = 400 calories, 26 grams
protein.

When to call the Doctor

- Increased bleeding
- Fever
- Increased discomfort
- Increased swelling
- Foul smelling odour from your mouth

Follow Up

Expect to see the doctor in _____ weeks at _____

- Dr. Richard Biewald 613-232-4203
- Dr. Kevin Butterfield 613-232-4203
- Dr. Stephen Caples. 613-567-3322
- Dr. Gary M. Cousens 613-232-4203
- Dr. Brent Johnson 613-591-3684
- Dr. Samuel P. Kucey (Chief of Oral/Maxillofacial Surgery). 613-232-4203
- Dr. Hassan Moghadam 613-232-4203
- Dr. William Wayne 613-224-4599
- Dr. Ed Zeligman. 613-232-4203



Resources

Orthognathic Surgery - A Patient's Guide

Consultant/Publisher - Samuel P. Kucey, D.D.S., F.R.C.D. (c), Diplomat A.B.O.M.F.S.

Orthognathic Surgery – Reshaping Your Face with Orthodontics and Corrective Jaw Surgery

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