

Patient Information

Fractures of the cheek bone

Introduction

This leaflet gives you information about the repair of your fractured cheekbone. If you have any further questions, please ask a member of the medical or nursing staff or contact us on the phone number at the end of this leaflet.

The problem

Your cheekbone has been broken. The cheekbone forms part of the eye socket, both protecting the eyeball and supporting it from below. Your cheekbone is also linked to the side of the nose and the upper jaw. The number of fractures, where they have happened and whether they need treatment to help them heal has already been decided by the doctor who examined you.

What does the operation involve?

The operation involves a general anaesthetic which means you will be asleep during the procedure.

Once you are asleep, the cheekbone will be put back in the right place. This usually involves making a small cut about 2 centimetres long through the hair in the temple. Sometimes this is all that is required but if the surgeon does not feel that your cheekbone will stay in the correct position on its own it may be necessary to hold it in place with small metal plates and screws.

Putting plates and screws into the cheekbone may require one or more alternative incisions (cuts):

- A cut made close to the outside end of the eyebrow
- A cut made on the inside of the mouth through the gum above the back teeth
- A cut made in the skin crease just below the lower eyelashes

Reference No.

GHPI1120_07_25

Department

**Oral &
Maxillofacial**

Review due

July 2028

**Patient
Information****Will anything else be done while I am asleep?**

Some fractures of the cheekbone produce a break in the floor of the eye socket. In such cases, a cut on the outside of the lower eyelid is necessary as described above. Occasionally, the bones in the floor of the eye socket are shattered and do not support the eyeball properly even if they are put back in the right position. In this case, it may be necessary to repair the floor of your eye socket to support the eyeball. The material that is used will be discussed with you before you sign the consent form for your operation, but can involve thin sheets of plastic/metal or bone grafted from other areas of your body.

What can I expect after the operation?

Stitches on the skin will need to be removed after a week but any stitches inside the mouth are usually dissolvable although they can take 2 weeks or longer to fall out.

You are likely to feel sore and regular pain relief will be arranged for you. The discomfort is usually worse for the first few days, although it may take a couple of weeks to completely disappear.

Cheekbone fractures usually heal without infection but in some circumstances, it may be necessary to give you a course of antibiotics to take home. You must complete the course.

Keep the wound dry and clean with the anti-bacterial cream provided. This will allow healing to progress as quickly as possible. Please do not smoke as this will delay the healing process.

There will be a variable amount of swelling and bruising in the skin around the eyelids. Occasionally, the whites of the eyes may become bruised giving them a red appearance.

All of these changes are most noticeable in the first 24 hours after surgery and will reduce over the next couple of weeks. Swelling and bruising can be reduced by using cold compresses and by sleeping propped upright for the first few days after surgery.

Patient Information

You may need to stay in hospital for 1 night after the surgery. The following day, the position of your cheekbone may be checked with X-rays before you are discharged home.

Even if the fracture has been held in the right place with plates and screws, it will still take around 6 weeks for your cheekbone to heal completely. During this time, you need to be careful to avoid an injury to this side of your face as it may push the cheekbone back out of position.

You should also avoid blowing your nose on the side of the fracture for a month following surgery because this can produce swelling in and around the eye.

Do I need to take any time off work?

Depending on the nature of your work it may be necessary to take 2 or more weeks off work. You should avoid strenuous exercise during this time.

It is important to remember that you will not be able to drive or operate machinery for 48 hours after your general anaesthetic.

What are the possible problems?

- There is a nerve that runs through the cheekbone that supplies feeling to the cheek, side of your nose and upper lip. This nerve may have been bruised at the time of the fracture and as a result you might already feel some tingling or numbness over your face. This tingling may also be caused or made worse by surgery. In the majority of people, the numbness gets better on its own although it may take several months to do so.
- Any cuts made on the face will produce a scar but these should fade with time and after a few months are usually difficult to see.
- Bleeding from the incision (cut) is unlikely to be a problem but should the area bleed when you get home this can usually be stopped by applying pressure over the site for at least 10 minutes with a clean rolled up handkerchief or swab.

Patient Information

- Bleeding in and around the eye socket can very rarely cause a problem with the eyesight immediately following surgery.
You will be closely monitored in the first few hours after your operation to make sure that if this happens it will be picked up quickly. If you experience worsening vision or pain in and around your eye when you get home you should return to hospital immediately.
- If a cut is made in the skin of the lower eyelid the outside corner of the lid may occasionally be pulled down slightly (an ectropion). This tends to settle with time but may need further surgery.
- If it has been necessary to put any plates or screws in your cheekbone to hold it in position these are not normally removed because they tend not to cause problems unless they become infected. The metal that is used is titanium which does not set off metal detectors in airports etc.

Will I need further appointments?

Before you leave hospital, an appointment will be arranged to take out any stitches. This will be in the outpatient department. It is important to keep any stitches or dressings dry until they are removed.

If you have any incisions inside your mouth, it may be difficult to clean your teeth around the stitches because it will be sore. It is best to keep the area free from food debris by gently rinsing your mouth with warm salt water (dissolve a flat teaspoon of kitchen salt in a cup of warm water) starting on the day after surgery.

A review appointment will be arranged before you leave hospital. It is usual to keep a close eye on you for several weeks following treatment to make sure that your jaw heals correctly.

Further follow-up appointments may be necessary to review your progress.

It is important to remember that you will not be able to drive or operate machinery for 48 hours after your general anaesthetic.

**Patient
Information****Contact information**

If you have any questions or concerns, please contact the Oral & Maxillofacial Surgery department.

Outpatient department**New and follow-up clinic booking enquiries**

Tel: 0300 422 6940

Monday to Friday, 9:00am to 4:30pm

Minor surgery (local anaesthetic with/without sedation) booking enquiries

Tel: 0300 422 3197

Monday to Friday, 9:00am to 4:30pm

Inpatient and Day Surgery Unit booking enquiries

Tel: 0300 422 8192

Monday to Friday, 9:00am to 4:30pm

Post-operative concerns

Please contact the Gloucestershire Hospitals switchboard on Tel: 0300 422 2222 and ask for the 'operator' when prompted. When the operator responds, please ask to be put through to the 'first on-call doctor for Oral & Maxillofacial Surgery'.

Website

For further information, please visit the Oral & Maxillofacial Surgery webpage: www.gloshospitals.nhs.uk/glosmaxfax

Feedback

We would welcome your feedback regarding your treatment. Please visit the comments section on NHS choices (www.nhs.uk).

Feedback can also be left on the Gloucestershire Hospitals twitter account: @gloshospitals

Content reviewed: July 2025

**Patient
Information**

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MACC programme, supported by the Health Foundation.

* Ask 3 Questions is based on Shephard HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options. *Acad Med*. 2011;86:379-83.



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>