

# Having surgery for a cheekbone/ eye socket fracture

## Oral & Maxillofacial Surgery

Information for Patients

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**This leaflet aims to explain your type of fracture. It has answers to many often asked questions. If you have any other questions that the leaflet does not answer, or if you would like more information, please ask us.**

### Introduction

Your cheekbone forms part of your eye socket. It supports it from below and protects your eyeball from injury. It is also linked to the side of the nose and the upper jaw.

A fracture of the cheekbone may only involve the bone you can feel when you touch your cheek, or may be complex and involve your eye socket.

- You will need to have X-rays.
- A CT (computerised tomography) scan is often needed.
- You may need your vision and eye movements checked in the orthoptic eye clinic.

These tests will help your surgeon check the nature and extent of the fractures.

### What are the symptoms of a cheekbone fracture?

- Pain, swelling and bruising around your eye and cheek.
- Reduced feeling or a change in feeling to the cheek, nose, upper teeth and gums.
- A bloodshot eye.
- Blurred and/ or double vision.
- Hard to look up or down (restricted eye movement).
- Sometimes a sunken eye (when there is a fracture in the floor of the eye socket).
- Unable to open your mouth fully, or painful when opening your mouth.
- Flattened cheekbone which is more noticeable after the first swelling settles.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

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To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## What next?

After your surgeon has examined you and seen the results of the tests and scans, they will talk to you about the need for surgery.

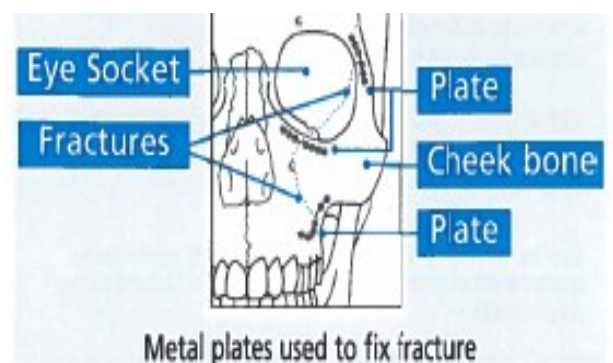
Surgery is not always needed for simple fractures which have not moved out of place, but may be needed to improve:

- facial appearance if your cheekbone has been flattened.
- limited opening of your mouth.
- double vision.
- eye movement. The fat and muscles which help the eye to move may become trapped in the fracture, limiting movement
- numbness or reduced feeling in your cheek, upper teeth and lip, if the fractured bones are squashing the nerve that supplies feeling to these areas. Re-sitting the bones may help this improve but is not guaranteed.

## What happens during the operation?

You will need to be asleep (under a general anaesthetic) for surgery on a broken cheekbone:

- To gain access, a small cut is made in the skin at the temple in the hairline. The cheekbone is then re-positioned.
- If the cheekbone is unstable metal plates and screws are used to fix it in position. This will need more cuts to help gain access to the area. These include in the:
  - skin crease in the outer part of the brow.
  - skin crease below the lower eye lashes.
  - skin crease at the corner of the eye.
  - inside of the lower eye lid.
  - mouth, on the gum, above the teeth.
- The cuts (incisions) are stitched together. Stitches on your skin will need to be removed in 7 to 10 days. This is often done at your GP surgery. Dissolving stitches in the mouth will typically take up to 2 to 3 weeks to dissolve.
- If the eye socket also needs repair, then the same cuts are used to access the area. The bones of the floor and walls of the eye socket are thin. It is often impossible to put these back in place, so a graft or implant is used to support the eyeball. For example:
  - bone taken from the skull, hip or elsewhere.
  - a thin metal or plastic sheet.
  - custom made titanium implant from a 3D scan, if time permits.



## What are the risks of the operation?

- The most significant risk is **blindness** affecting the eye on the side of the fracture. This is caused when blood from the surgery site collects in the eye socket. This is a rare complication. It affects about 1 to 3 in 1000 patients, or much less than 1%. This could be partial or complete blindness.  
We will check your eyesight frequently, in the first few hours to make sure if this happens, it is caught early and treated. If your eyesight gets worse or you have pain when you get home, return to the Emergency Department at once.
- Bleeding from the wounds on the skin or in the mouth is uncommon.
- Infection of the wounds, plates or graft is uncommon. You should stop smoking whilst they heal, as smoking increases the risk of infection.
- Plates and some implants are made from titanium. This is fine to leave in the body for life. Sometimes they can become uncomfortable, sensitive to cold or have repeated infections and may need to be removed, in this case.
- Sensitive or visible scars on your skin.
- Abnormal healing of the lower eyelid incision. Scars generally heal by tightening and this can sometimes pull the eyelid downwards or make it difficult to close your eye properly. This usually settles but sometimes needs surgery to correct.
- It may not be possible to return complex fractures to their position before injury. This may result in a flattening of the cheek or irregular steps on the rim of the eye socket.
- A sunken appearance of the eye may happen over a 12 month period.
- Numbness or tingling to your cheek, upper lip and teeth. Numbness can be made worse by the surgery. This is usually temporary, although may last as long as 18 months. Sometimes numbness or tingling can be permanent.

## What to expect after the operation

- At least 1 night in hospital.
- We will keep a close check on your eye for 8 hours after the procedure.
- Discomfort and swelling.
- Regular painkillers.
- Temporary blurred or double vision.
- Antibiotics and a nose decongestant may be prescribed.
- After surgery you will have X-rays or a CT scan to check the position of your cheekbone or eye socket (orbit).
- Wound drains placed are usually removed the next day.
- Stitches on your skin are often removed at your GP surgery after 7 to 10 days.
- Dissolving stitches in the mouth usually dissolve by 2 to 3 weeks.
- You will need at least 1 to 2 weeks off work, and 1 month to fully recover.
- A change in, or reduced feeling usually improves over a few weeks or months.

- The cuts are generally hidden in natural skin creases, but the wound will heal leaving a scar . This will improve over time. Most scars fade over a 12 month period.
- A soft diet is advised for the first few days, as chewing may be sore.
- You may have wounds in your mouth which may be uncomfortable when you try to brush your teeth. A small headed soft toothbrush (child size) may make oral care easier in this case. It is important to keep your mouth clean after surgery, using both your toothbrush and having a gentle rinse with warm salty water up to 3 times a day for the first week. This will help with healing and prevent an infection.
- Avoid smoking for the first few days at least, as it does not help with healing and can cause an infection.

### **What should I avoid doing?**

- Avoid heavy lifting or any strenuous activity, including exercise in the first instance.
- Do not blow your nose for the first 2 weeks.
- Do not drive for the first 24 hours. Only drive when your eyesight is good otherwise you may not be insured.
- Avoid another injury to the affected side for at least 8 weeks, to prevent movement of the fracture.
- Avoid any contact sports for 3 months.

### **When will I have a follow-up appointment?**

You will have a follow-up outpatient appointment 1 week after your surgery, so we can check the progress of your healing. We may continue to see you for a few weeks to make sure you are healing properly.

### **What if I have a problem?**

If you have any problems with your eye or vision, this will need to be checked urgently.

**Please contact the maxillofacial doctor on-call through the hospital switchboard or come to the Emergency Department immediately if:**

- you have a bulging eyeball.
- you have pain.
- your eye feels hard.
- you have difficulty looking up or down.
- your vision gets worse.



## Contact details

We can be contacted on the numbers below if you have any further queries or problems:

Reception: 0116 258 5301

Nurses station: 0116 258 5671

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