



Care Instructions: Genioplasty (Chin Surgery)

BEFORE SURGERY CARE + STEPS

Initial Visit with Dr. Steinbacher. At the first visit we ask questions relating to your cosmetic concerns relating to your face, chin, neck region, lips, and smile. We perform an examination and take measurements on your face and mouth. If you have X-rays or CT scans we review those. We may ask for supplemental medical tests or information if appropriate. We obtain a 3D photograph and multi-view photographs for planning. We will discuss possibilities – including osseous genioplasty (where we move your own bone) versus chin implant (and the type of materials such an implant can be made from).

WE OFTEN DO THIS PROCEDURE TOGETHER WITH FAT GRAFTING, AND SUBMENTAL LIPOSUCTION (NECK LIPOSUCTION)

***These instructions are for Osseous genioplasty – using your own bone – but can apply to chin implants (silicone, porous polyethylene, and/or titanium)**

Medical history: Please inform us of any major medical problems. We will perform a history and physical but in some cases a clearance from your other specialists, and our anesthesia department may be required. Please inform us of any auto-immune problems, diabetes, healing problems, bleeding problems, bone disorders (e.g., osteoporosis or osteopenia), or respiratory problems, sleep apnea/snoring.

Medications: NO blood thinners – no aspirin, NSAIDS, ibuprofen, or similar medications BEFORE SURGERY. Do NOT take these prior to surgery. These can increase bleeding. Please do NOT take these for at least 2 weeks prior to surgery. If your primary doctor has you on these for a specific reason we will coordinate with you and them. We will screen your medication list. We WILL give you NSAIDS, specifically ibuprofen after surgery, but please do not take prior to surgery.

Pre-Anesthesia Testing. (PATA). In certain circumstances you will need to meet a member of the anesthesia department prior to surgery. Also, certain tests, such as an EKG, and labs may be obtained prior to surgery. A clearance from your primary doctor and modification of your existing medication schedule may be required. If you are young, healthy, with no medical problems and few medications this might not apply to you.



Procedure Planning: Osseous Genioplasty. In most cases this is the preferred intervention for chin modification. This is because a) it uses your own bone/tissue – which heals in place and stays forever, b) it is the most versatile – meaning the chin can be altered, using this technique – in any plane of space (augmentation front/back and/or vertically; reduction: front/back and/or vertically; asymmetry correction, and ability for both narrowing and widening). **Chin implants**. Are also used in some instances. The broad categories include custom (created specifically for you – bespoke) or stock (off-the shelf). The material possible include: titanium, porous polyethylene, or silicone. Ask us about the pros and cons of each material and design, and compared to osseous genioplasty.

3D Assessment/Planning: For either choice of chin procedure – some variation of 3D assessment is done. Ranging from simple measurements on the CT scan (for straight chin advancements; or stock implants) v. 3D cutting guides and plates for osseous genioplasty; or 3D plan for bespoke custom implants. You can have some input on the 3D plans – There may be a fee associated with the planning, and ***We limit the number of Plan Modifications to Two (2).***

Possible Concurrent procedures: Bone grafting. With osseous genioplasty we may add off the shelf bone or calcium substitute to fill gaps and promote your own bone healing. We typically will do ***fat grafting*** as well to fill in and soft-tissue creases, and help overall facial balance and aesthetics. ***Submental liposuction*** is frequently added to help sculpt and better define the chin to neck contour/appearance. Other ***facial or mandibular defining implants*** may be performed concurrently. Additionally, a common concurrent procedure with genioplasty to alter the profile is ***rhinoplasty***. Lastly, both ***facelift/necklift*** (facial aging rejuvenation procedures); and ***orthognathic surgery*** (upper/lower jaw surgeries) may be performed with genioplasty; See those separate instruction sheets.

Foods / Supplements to Avoid Prior to surgery: Avoid onion, garlic, tomatoes, and ginseng, or other herbal supplements prior to surgery. Avoid fish oil. Avoid herbal teas (green tea is good/fine).

Smoking: Do NOT smoke for 4 months before and 4 months after surgery. Smoking will decrease your ability to heal and will increase your risk for infection. Also, the sucking in of hot smoke can impede healing of the incisions inside your mouth, pull the incisions apart, and irritate the mucous membranes.

General care and washing prior to surgery: Please remove nail polish or nail gel before surgery. Male patients should shave their face prior to the procedure (morning of or night before). To help reduce infection risk we will give you a prescription for and ask that you use:

- **Antibiotic nasal cream** – starting at the preoperative appointment
- **Shower and shampoo** the morning of surgery with chlorhexidine shampoo



We also may recommend

- **Dental cleaning** 2 weeks before surgery
- Your own diligence with **oral hygiene** leading up to surgery
- A **fluoride mouthwash** the month before surgery
- A **chlorhexidine mouthwash** the night before and morning of surgery.

NIGHT BEFORE SURGERY

- **Relax, eat a healthy meal – but avoid excessively rich, fatty, or salty meals**
- **DO NOT CONSUME ALCOHOL**
- Do not eat or drink anything after midnight
- Remove contact lenses at least by the night before surgery – ok to bring/wear glasses day of surgery, bring a case to protect them during surgery
- **AVOID ANY CLOTHING THAT HAS TO PULL OVER HEAD.** Bring a zip-up, or button up only.
- Do not wear makeup.

DAY OF SURGERY

You will arrive 1-2 hours prior to the scheduled start time. Remember: **NO FOOD OR DRINK AFTER 12 MID-NIGHT THE NIGHT BEFORE SURGERY.** You and your family will meet with the nursing, anesthesia, and surgical team members. We will answer any final questions. **Tell us / anesthesia if you have a history of motion sickness** or nausea with anesthesia; please tell the anesthesia team – we take several measures to reduce nausea and vomiting, and they may wish to add a motion sickness (Scopolamine) patch behind your ear.

The operation:

Length and Stay

The operation usually takes 1 hour (depending on what else is being done concurrently). The operation is typically performed with an incision inside your mouth (at the gutter inside your lower lip). A chin implant is sometimes placed through a small external skin incision. A small stab or larger incision may be under the chin if submental liposuction is performed, or the platysmal muscle is tightened, or a tracheal shave.

Post-Op Recovery

For an isolated genioplasty, or genioplasty with rhinoplasty, this is an outpatient procedure – meaning you go home afterwards. We would like **ice applied to your face** immediately in the recovery room and in the hours you are home (for 48 hours) following surgery. **Ointment to your lips** should also be immediately used. Your bed should be inclined so your **head is elevated**. Small dripping or drainage of blood or secretion from your mouth may be experienced.

Clear liquids to drink will be given the first night to ensure your stomach is settled. You otherwise, beginning on day 1 do not need to alter your diet. However, bland or easily digestible foods are preferred to avoid stomach upset, nausea, or vomiting. You will be able to open and close your mouth. We recommend a salt water and medicated rinse which we will outline below (after eating, and a few times per day).



We may obtain a **cone beam Xray/CT** at follow-up. The **swelling of your lips and chin, lower jaw region tends to be greatest on the 3rd day** and improves afterwards. Please continue the ice and nasal sprays as directed.

We will give you a **face-bra to wear (compression garment)**. However please wear it for 1-2 hours on; 1-2 hours off. Too much compression can interfere with lymphatic drainage. We will recommend you use **Jade rollers**, to help the swelling come down, and encourage lymphatic drainage.

Recap General

- It is normal for your lips and chin to feel “tingly” or “numb” after surgery. Be careful not to bite your lips. Swelling usually peaks at 3-4 days after the operation.
- The sensation will return by a couple weeks typically.
- It is normal to have a swollen lower lip and chin, and possibly “leakage” from the mouth for the first few days after surgery.

Recap Diet

- 24 hours: Please adhere to a “**clear liquid diet**” or soft or blenderized, bland diet. This includes items such as clear juices and broths. Avoid straws for the first week, cup to lips is fine.
- Day after surgery – can resume regular diet. Avoid non-spicy and hot foods – your lip may have decreased sensation – and we do not want to burn it.
- ***YOU CAN CHEW NORMALLY AFTER GENIOPLASTY ALONE*** (UNLIKE COMPLETE JAW/ORTHOGNATHIC PROCEDURES)
- **Boost or Ensure drinks, shakes, or homemade shakes with protein powder may be helpful**
- **Multivitamin complex** during the first several weeks postop is recommended.
- **Calcium carbonate effervescent powder** is recommended – mix tab in water and drink – once per day (to help with bone healing).

Medication

- Antibiotics are typically given during surgery and continued for 1 week at home. We will give you a prescription when you are discharged.
- We will give you a prescription for oral pain medication. For safety, the medication dose is weight based.
- We will give you an oral mouth rinse – please use several times per day.
- We will give you ointment for your lips – please use either Vaseline or bacitracin to your lips.
- Anti-nausea medications – we will give if you have a history of postop nausea or motion sickness.
- All medications should be taken exactly and only as directed.
- Sometimes at your first follow-up, if swelling is of larger magnitude than “normal” we may give you a steroid oral medication pack to help this come down.



Pain

Most patients describe the recovery phase as mild to moderate discomfort only. The mental nerves are usually subtly numbed for a period of time, which decreases the amount of overall pain. However, because the operation is on the bones, there can be a deep-seated, dull, bone pain type discomfort. This extent of which varies from patient to patient. We will prescribe you pain medicine. Most patients do not require narcotics for more than 1-2 days, and then may switch to use these at night only. Ibuprofen (NSAIDs) is proven to be the most effective for genioplasty postoperative discomfort. For this reason we will not give you many narcotic containing medications.

- **Percocet or roxicet.** This is Tylenol with oxycodone. Usually in tablet form. The first couple days at home you may want to take this 1-4 x/day. After the 2nd-3rd day you can typically take it in the evening and bedtime only and start lessening the times and dose. By the time of your first follow-up visit many patients do not need this medication any more.
- **Tramadol.** If you prefer not to have a pain medicine with narcotic (as oxycodone is) we can give you this medication to take in lieu of percocet. Alternatively, we can give this to you in addition and you can alternate between Percocet and tramadol. Or take the Percocet in the evening and bed, and tramadol during the day.
- **Ibuprofen.** This is the best medication for discomfort associated with genioplasty – and it helps limit the edema/swelling from surgery. Please take 600-800mg 3-4x per day, and this is frequently more effective than the Percocet. So try this first. As the week moves on and into the second week you can start lessening the doses or times this is taken too. (e.g., 600mg 3x/day. Then 400mg 3x/d, then 400mg 2x/day, etc).

Swelling (Edema)

- This surgery can cause chin/neck (and at times lip) swelling – it will go away.
- The amount of swelling varies from patient to patient and cannot be predicted.
- Swelling increases first 2-3 days and starts going down by the end of the second week.
- We do several things to help lessen the edema [Ask to see our papers on fat grafting and orthognathic edema].
- **Facial ice packs** are crucial the first 2-3 days after surgery.
- **Arnica** and **vitamin K cream** (topical), **pineapple juice** (drinking it) can help
- **Traumeel** ointment apply to the face 3x / day.
- **Arnica** pills or tabs 3x/day; also **Bromelain** tabs 2-3x /day
- Anti-inflammatory medication (steroid type) (Medrol dosepack, usually only after first week)
- Keeping head elevated.
- Stay upright and walk around. (not with exertion and sit up slowly)
- Lymphatic facial massage before surgery (possibly after). (Use **Jade rollers**)
- Avoid too much speaking or stress first few weeks of operation. No heavy lifting or strenuous activity.



Bruising

This may occur within 3-5 days after surgery and usually disappears by 2-3 weeks. It can track down your neck.

- Arnica and Vitamin K (topical) and Pineapple juice (drinking it) can help it resolve
- Traumeel ointment to face 3x/day.

Dental, Mouth Hygiene

- Before and after eating you should DOUBLE-RINSE your mouth after each meal or intake. This will help keep your incision line and stitches as clean as possible (inside the lower lip).
- 1. Tablespoon of salt mixed in warm water (swish and spit)
- 2. Chlorhexidine (Peridex) mouth wash we give you – (swish and spit)
- After day 4 from surgery – Also swish and spit with diluted hydrogen peroxide (1 Part Hydrogen peroxide, 2 Parts water)
- Toothbrushing – you can brush the night of surgery – just be careful around the lower lip, and lower front teeth. Do not pull aggressively on your lower lip. Use fluoride toothpaste, and do NOT brush the incision line.
- DO NOT use a water pic for at least 3 weeks post-surgery.
- Keep you lips lubricated with Vaseline and or Bacitracin.

Care Recap

- **ICE to FACE.** You may apply ice packs to your face, as shown during your hospital stay.
- Warm Compresses and Lymphatic massage at day 3-4 onward. (Jade rollers)
- **Keep lips moist.** Apply Vaseline, bacitracin, cocoa butter, or balm to your lips several times per day. Rare patients have an allergy to preservatives, to look at the ingredient list of any lip ointment. Vaseline is the safest.
- **ORAL/MOUTH CARE.** Use rinses with warm saline and medicated mouthwash several times per day as described above. Oral rinses should should certainly be carried out following every meal, snacks, or liquid nutritional intake.
- The sutures typically dissolve in 3-4 weeks. You may begin brushing your teeth the night after surgery using a soft tooth brush and staying away from the suture line.
- **NO SMOKING, NO VAPING**

Activity

- Keep your head elevated with 2-3 pillows.
- Stay upright and walk around – helps the swelling drain. Sit up slowly, and don't overdo it. If you feel dizzy sit again. Ensure you are drinking enough and sit up and walk slowly without much exertion.
- You can SHOWER / BATHE after surgery – but make sure a family member can assist you if needed. DO not shower with too hot water if you have not had enough to drink; and right after taking a narcotic pain medication. (We do not want you to lose consciousness or fall in the shower). Please consider having someone help you and consider sitting if possible.
- DO NOT hang your head upside down (e.g., touching toes type stance).



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- DO NOT Squat or stoop. And minimize or have someone help if climbing stairs after surgery.
- NO Strenuous aerobic activity, NO lifting over 5 pounds should be avoided for 2-3 weeks.
- NO contact sports for 6 weeks. Failure to observe this can jerisk falling and shifing the segment or implant(s), and also cause the swelling to stick around longer, possibly with infection risks as well.
- Patients may feel up to returning to school/work after 3-4 days; but it depends on your specific job and the activities you perform at work. Discuss this with us at your visit.

Other

Facial garment (Jaw Bra)

Wear this 1-2 hours at a time and then take a couple hours off. The first 3-4 nights it is advised to wear this while sleeping – but not too tight; and ensure your head is elevated. If you have had concurrent submental liposuction, we may advise you to wear the garment for 3-4 hours on and 1 hour off. Jade roller massage from cheeks and sides of chin down onto neck and 3rd-4th day will help the swelling recover quicker.

Other Procedures

See those specific instructions for concurrent rhinoplasty and/or facelift. Submental liposuction and fat grafting do not add much to the recovery.

Follow-up

The first follow up appointment is usually scheduled 5-7-10 days post-operative. Following your first post-operative appointment, please anticipate recommended follow visits at approximately 6 weeks, 6 months and 1 year from your date of surgery. Your chin may look more full given the swelling for several weeks – but by 6wks 70-80% of the edema will have resolved. Edema sticks around longer over the summer and hotter months, and resolves more quickly in the winter.

PostOp Jaw Surgery Video Instructions (just focus on the genioplasty portion)

<https://youtu.be/47fCLq3xnUA>

For additional information and before and after examples please visit:

<https://www.dereksteinbacher.com/genioplasty/>

OR

<https://www.instagram.com/dereksteinbacher/?hl=en>

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In the event, you have urgent concerns please contact or message us.



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Concerns and Contacts

Please call 203-453-6635 for assistance/concerns, such as persistent fever (greater than 101 degrees), excessive drainage or bleeding, difficulty breathing or new onset swelling.

In case of an emergency, call 911.



English

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