

Information about Zygoma (Cheekbone) Fracture

What is it?

Your cheekbone (zygoma or malar bone) has been broken (fractured) as part of your injury. This bone also forms part of the eye socket. The cheekbone typically breaks in 4 spots at the same time - your surgeon can show you on a CT scan or a plastic skull to demonstrate.

Your surgeon will discuss whether surgery is a suitable treatment for your injury, discuss any other options, and explain the risks and benefits of surgery.

What is the purpose of surgery?

- To improve functional problem
- To improve or cure double vision
- To improve any eye position change
- To aid mouth opening and closing
- To improve the appearance of the face

What will surgery not correct?

- Pre-existing sight loss
- Numbness of the cheek, nose or teeth as a result of the injury

The decision to have surgery is a joint decision between you, your surgeon, and the ophthalmology team, if you have double vision.

What will it involve?

Usually you will have surgery 7-14 days after your injury. You will have a general anaesthetic which means you will be asleep during the surgery.

Once you are asleep the cheekbone will be put back in the right place. This usually involves a small cut about an inch 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. To place these metal plates and screws you may need:

- 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 or on the inside of the lower eyelid

These metal plates and screws are made from titanium.

What are the risks?

- A scar on the lower or upper eyelid - this can result in the eyelid turning out (ectropion) or in (entropion). This is unusual but you may need further treatment. Scar inside the mouth.
- Infection in one or all of the metal plates used.
- Persistent change in appearance (under or over correction).
- Persistent double vision – this is unusual, but can be a problem even with a good surgical repair. A small number of cases go on to have further treatment for double vision.
- New double vision - in cases where you have had surgery for cheekbone position reasons only.
- Loss of vision - There is approximately 1 out of 300 people risk of loss of vision following zygoma surgery. Each individual will have an individual risk which is hard to be exact about, some patients being higher risk, some lower. Your surgeon will discuss with you if you are lower or higher risk.
- There is a lifelong risk of plate infection, but this is very rare.

What are the benefits?

- Improve facial symmetry
- Improve double vision (often resolves fully)
- Improved eye position

After Surgery

- If you have a surgical wound inside your mouth we will give you mouthwash and oral hygiene instructions to follow.
- We advise against blowing your nose for 6 weeks after the injury or after your surgery.
- You should avoid strenuous sport for 6 weeks, and contact sport for 3 months after your injury.

When can I go back to work?

You will normally be able to return to work after 7-10 days. This will usually be after your clinic appointment following the surgery. Some jobs will require longer periods off work, and your surgeon will advise you on timescales at your clinic appointment.

What follow-up do I need?

You need to stay in hospital for at least 6 hours following the surgery - this usually means overnight.

You will have a follow up appointment 6 weeks after your surgery to make sure your fracture is healing. Most patients will be discharged after 6 weeks.

Your surgeon may request scans or an assessment by the ophthalmology team as part of your care.

Any questions

This leaflet is a guide and if you have any specific questions please discuss these with the surgical team.

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