

# Facial Trauma Reconstruction

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## Description:

--- title: "Facial Trauma Reconstruction" slug: /oral-maxillofacial-surgery/facial-trauma/ type: procedure specialty: oral-maxillofacial-surgery specialists: ["A/Prof Patrishia Bordbar", "Dr Ricky Kum..."]

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### # Facial Trauma Reconstruction

#### ## What Is Facial Trauma Reconstruction?

Facial trauma encompasses injuries to the bones, soft tissues, teeth and supporting structures of the face and jaw. These injuries can result from sporting accidents, falls, motor vehicle collisions, workplace incidents or interpersonal violence. Oral and maxillofacial surgeons are specifically trained to diagnose, treat and reconstruct facial injuries - restoring both function and appearance.

At Collins Street Specialist Centre, our oral and maxillofacial surgeons bring the highest level of specialist surgical training to facial trauma management, combining their dual qualifications in dentistry and medicine with advanced imaging and surgical planning technology.

#### ## When Might You Need Facial Trauma Treatment?

Seek urgent assessment from an oral and maxillofacial surgeon if you have experienced:

- **Jaw fractures** - pain, swelling, difficulty opening or closing the mouth, a change in your bite, or numbness in the lip or chin following injury
- **Cheekbone (zygomatic) fractures** - flattening of the cheek, restricted jaw opening, numbness below the eye, or double vision
- **Orbital (eye socket) fractures** - swelling around the eye, double vision, sunken appearance of the eye, or numbness of the cheek
- **Nasal fractures** in combination with other facial injuries
- **Multiple fractured or avulsed (knocked-out) teeth** following trauma
- **Lacerations** to the face, lips, tongue or intraoral soft tissues requiring specialist repair
- **Dentoalveolar injuries** - fractures of the tooth-bearing portion of the jaw
- **Mandibular dislocation** - inability to close the mouth following injury or extreme opening

#### ### When to Go to Hospital vs a Specialist

If you have experienced severe facial trauma with any of the following, proceed to an emergency department immediately:

- Loss of consciousness or concussion
- Uncontrolled bleeding
- Difficulty breathing or swallowing
- Suspected spinal injury
- Significant facial deformity

For isolated dental injuries, jaw pain after trauma, or follow-up care after initial hospital treatment, an oral and maxillofacial surgeon at Collins Street Specialist Centre can provide definitive management.

## ## What to Expect

### ### Emergency Assessment

Your oral and maxillofacial surgeon will conduct a systematic evaluation:

- **Clinical examination** of the entire face, jaw, teeth and intraoral structures, including assessment of nerve function, eye movement and bite alignment
- **3D imaging** using the Planmeca ProMax 3D Max to precisely map fracture lines, displacement and involvement of vital structures such as the inferior alveolar nerve, infraorbital nerve and sinuses
- **Digital surgical planning** using coDiagnostiX and virtual planning software to simulate the reconstruction before surgery, enabling precise repositioning of displaced bone
- **Dental assessment** to determine which teeth can be saved, which require extraction, and whether immediate or delayed implant placement may be appropriate
- **Medical coordination** with other specialists including ophthalmologists, neurosurgeons, ENT surgeons and plastic surgeons as required

### ### Surgical Treatment

The goal of facial trauma surgery is to restore normal anatomy, function and appearance. Treatment depends on the type and severity of injury:

- Jaw (mandibular) fractures:**
  - **Closed reduction** - for minimally displaced fractures, the jaw may be immobilised using wires, elastics or arch bars to hold the teeth and jaw in the correct position while healing occurs (typically four to six weeks)
  - **Open reduction and internal fixation (ORIF)** - for displaced fractures, the surgeon makes an incision, repositions the bone fragments into their correct alignment, and secures them with titanium plates and screws. These are typically left in place permanently and are well tolerated by the body

- Mid-face fractures (cheekbone, orbit, upper jaw):**
  - Fractures are accessed through carefully placed incisions (often inside the mouth or in natural skin creases to minimise visible scarring)
  - Bone fragments are repositioned and secured with titanium plates and screws
  - Orbital floor fractures may require reconstruction with titanium mesh or other materials to support the eye and prevent it from sinking
  - Nasal fractures may be reduced (repositioned) at the same time

- Dentoalveolar injuries:**
  - Repositioning and splinting of displaced teeth
  - Reimplantation of avulsed teeth where possible
  - Management of root fractures, often in collaboration with our specialist endodontists
  - Stabilisation of fractured alveolar bone segments

- Soft tissue repair:**
  - Meticulous closure of facial lacerations, paying careful attention to anatomical landmarks (the lip border, nostril margin, eyebrow line) to achieve the best cosmetic outcome
  - Repair of intraoral lacerations including tongue, floor of mouth and palate
  - Management of salivary gland or duct injuries

### ### Reconstruction

In cases of significant bone loss or comminuted (shattered) fractures, primary reconstruction may be performed at the time of initial surgery or staged for a later date:

- **Bone grafting** to restore areas of missing jawbone
- **Soft tissue reconstruction** using local or free tissue flaps
- **Dental implants** to replace teeth that could not be saved, typically placed once bone healing is complete (three to six months)
- **Orthognathic surgery** in rare cases where trauma has resulted in a lasting jaw deformity affecting the bite

## ## Recovery and Aftercare

Recovery from facial trauma surgery varies significantly depending on the extent of injury:

- **Initial recovery** (first two weeks): swelling, bruising and discomfort are expected. Prescribed pain relief and anti-inflammatory medication, ice packs, and head elevation help manage symptoms - **Diet:** soft or liquid diet for two to six weeks depending on the injury, particularly for jaw fractures - **Jaw exercises:** your surgeon will guide you on when and how to begin gentle jaw mobilisation to prevent stiffness - **Oral hygiene:** maintaining excellent oral hygiene is essential for healing, particularly around splinted teeth or surgical sites. A chlorhexidine mouthwash may be prescribed - **Activity restrictions:** avoid contact sports and strenuous physical activity for six to eight weeks, or as directed by your surgeon - **Follow-up:** regular appointments to monitor bone healing through imaging, remove any external fixation, and assess nerve recovery - **Long-term:** some patients may require secondary procedures such as plate removal, scar revision, dental implants or orthodontic treatment

### ## Why See an Oral and Maxillofacial Surgeon?

Oral and maxillofacial surgeons are the most extensively trained dental specialists, with 15 to 17 years of continuous study encompassing:

- **Dual degrees in dentistry and medicine** - providing comprehensive understanding of both the dental and broader medical aspects of facial trauma - **Specialist surgical training** in the management of facial fractures, soft tissue injuries and reconstruction - **Hospital-based experience** managing complex trauma, often as part of multidisciplinary trauma teams - **Understanding of dental occlusion** - the ability to restore your bite to its pre-injury alignment is a critical component of jaw fracture management that requires both dental and surgical expertise

At Collins Street Specialist Centre, our surgeons also have access to advanced 3D imaging and digital surgical planning, enabling precise reconstruction guided by technology.

### ## Our Specialists

**A/Prof Patrishia Bordbar** - Specialist Oral and Craniomaxillofacial Surgeon. A Clinical Associate Professor at the University of Melbourne, A/Prof Bordbar holds dual degrees in dentistry (BDS) and medicine (MBBS Hons), along with FRACDS (OMS) and FRCS (Edinburgh). Past President of ANZAOMS and current Chair of the AOMI Board in Oceania. She has extensive experience in facial trauma management, including paediatric cases, through her role as Consultant Surgeon at the Royal Children's Hospital and Western Hospital Melbourne. A/Prof Bordbar utilises digital and virtual surgical planning for complex reconstructive cases.

**Dr Ricky Kumar** - Specialist Oral and Maxillofacial Surgeon. With dual qualifications in medicine and dentistry and fellowship training at the Royal Children's Hospital Melbourne and Oxford University Hospitals, Dr Kumar has particular expertise in paediatric facial trauma and corrective jaw surgery. He is a Consultant Surgeon at the Royal Melbourne Hospital, Royal Dental Hospital of Melbourne and Monash Health.

\*Please note: Dr Kumar's availability should be confirmed at the time of booking.\*

### ## Related Treatments

- [\[Bone Grafting\]](#) - Reconstruction of bone defects resulting from trauma - [\[Dental Implants - Surgical Placement\]](#) - Replacement of teeth lost through trauma - [\[Dental Trauma - Endodontics\]](#) - Root canal treatment for traumatised teeth - [\[Dental Trauma - Children\]](#) - Specialist management of facial and dental injuries in children - [\[Corrective Jaw Surgery\]](#) - For lasting jaw deformities following trauma

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\*At Collins Street Specialist Centre, all facial trauma surgery is performed by Dental Board-registered specialist oral and maxillofacial surgeons. To verify a practitioner's specialist registration, visit the [AHPRA Register of Practitioners](<https://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx>).\*