
Open Joint Surgery of the Temporomandibular Joint (TMJ)

Patient Information Sheet

What is the Temporomandibular Joint?

The temporomandibular joints (TMJs) are the paired joints connecting your lower jaw (mandible) to the base of your skull, situated just in front of each ear. They enable you to open and close your mouth, chew, speak, and yawn. Each joint contains a small fibrocartilaginous disc that acts as a cushion between the two bony surfaces, allowing smooth and coordinated movement.

Why Has This Operation Been Recommended?

Open joint surgery is recommended when conservative treatments have not adequately controlled your symptoms, or when a specific structural problem within the joint requires direct surgical correction. Common indications include:

- Severe joint damage from osteoarthritis or inflammatory arthritis (such as rheumatoid arthritis)
- A displaced or irreparably damaged articular disc that has not responded to less invasive treatment
- Bony ankylosis — fusion of the joint resulting in severely restricted mouth opening
- Tumours or cysts involving the joint
- Significant trauma to the joint
- Failure of previous minimally invasive procedures such as arthrocentesis or arthroscopy

What Does the Operation Involve?

Open joint surgery is performed under a general anaesthetic — you will be fully asleep throughout. A carefully planned incision is made in front of the ear (pre-auricular incision), designed to follow the natural skin creases to minimise visible scarring. An additional small incision within the ear canal (endaural) may occasionally be required.

Through this incision, the joint is exposed under direct vision. Depending on your specific condition, the procedure may involve one or more of the following:

- Disc repositioning and repair (discoplasty) — repositioning a displaced disc and securing it with sutures
- Disc removal (discectomy) — removal of a severely damaged or irreparable disc, with or without interposition of replacement material
- Total joint replacement — fitting a prosthetic joint replacement in cases of severe destruction or ankylosis
- Release of ankylosis and removal of bony overgrowth — to restore mouth opening
- Excision of a tumour or cyst

The wound is closed in layers. A small drain may be placed temporarily to prevent fluid accumulation and is typically removed the following morning. Operating time is usually between one and three hours, depending on the complexity of the procedure.

Before Your Operation

Pre-operative Assessment

You will attend a pre-operative assessment clinic before your admission. This may include blood tests, an ECG, and specialist imaging (MRI or CT scan) if not already obtained. Please inform the team of all medications you are currently taking — particularly blood thinners, aspirin, or herbal supplements — as some may need to be paused before surgery.

You will be required to fast (nothing to eat or drink) for at least six hours before your anaesthetic. Written instructions confirming exact fasting times will be provided with your admission letter.

What to Expect After Your Operation

In Hospital

Most patients remain in hospital for one to two nights. You will recover initially in the anaesthetic recovery room before being transferred to the ward. Pain relief and intravenous fluids will be administered, transitioning to oral medications as tolerated. Your wound will be checked and the drain removed, usually on the morning after surgery.

Recovery at Home

Recovery following open joint surgery requires patience and adherence to post-operative instructions. The following table provides a general guide; your individual recovery plan may differ.

Timeframe	What to Expect / What to Do
First 48 hours	Swelling and bruising around the jaw, cheek, and neck is expected and normal. Keep your head elevated, even when sleeping. Apply a cold compress (wrapped in a cloth — never directly on skin) for 20 minutes on and 20 minutes off to help reduce swelling. Take pain relief as prescribed.
Days 2 to 7	Swelling typically peaks at 48 to 72 hours before beginning to resolve. Bruising may track downward toward the neck — this is normal. Maintain a soft, blended, or liquid diet. Avoid wide mouth opening.
Weeks 1 to 2	Non-dissolvable sutures are removed at approximately 7 to 10 days. Continue with a soft diet. Gentle jaw exercises as directed may begin. Light activity is acceptable; avoid strenuous exercise.
Weeks 3 to 6	Swelling continues to resolve. Some firmness and mild numbness around the scar is normal at this stage. Progress toward a normal diet as comfort allows. Jaw physiotherapy exercises are an important focus during this period.

3 to 6 months

Most patients notice significant improvement in pain and jaw function. Final results, including scar maturation, may take up to 12 months. Continue prescribed exercises throughout.

Diet and Jaw Care

A soft diet is essential during the initial weeks of recovery to protect the healing joint. Suitable foods during this period include:

- Soups, broths, and smoothies
- Yoghurt, fromage frais, and soft cheese
- Mashed potato, scrambled eggs, and soft-cooked fish
- Well-cooked pasta or rice
- Soft fruits such as banana, melon, or tinned fruit

Please avoid hard, crunchy, or chewy foods — such as crusty bread, raw vegetables, tough meat, or chewing gum — until advised otherwise. Avoid wide mouth opening; if you feel a yawn coming, support your chin gently with your hand to limit movement.

Risks and Complications

Open joint surgery of the TMJ is a well-established and generally safe procedure. Mr Bhatti will take every precaution to minimise risk; however, as with any surgical procedure, complications can occur. It is important that you understand these before giving your consent.

Common and Expected Effects

- Swelling, bruising, and discomfort around the jaw and cheek — normal and expected following surgery
- Temporary restriction of mouth opening during the early healing period
- Numbness or altered sensation around the ear, cheek, or scalp — usually resolves over weeks to months
- A scar in front of the ear — generally fades well over 12 months and is positioned to be as inconspicuous as possible

Less Common Complications

- Facial nerve weakness — the facial nerve runs in close proximity to the joint. Temporary weakness of the muscles of facial expression (such as drooping of the corner of the mouth, or difficulty fully closing the eye) can occasionally occur. Permanent weakness is rare but is a recognised risk.
- Wound infection — antibiotics are administered routinely but infections can still develop. Most respond to a course of oral antibiotics; occasionally a return to theatre is required.
- Haematoma — a collection of blood beneath the wound. Small haematomas typically resolve spontaneously; larger collections may require drainage.
- Incomplete pain relief — surgery aims to significantly improve symptoms, but complete pain elimination cannot be guaranteed in every case.

- Joint stiffness (trismus) — scarring during healing can restrict mouth opening. Regular physiotherapy exercises are essential to minimise this risk.
- Requirement for further surgery — some patients may require additional procedures in the future.

Rare but Serious Complications

- Injury to adjacent structures including blood vessels or the external ear canal
- Failure or wear of a joint replacement prosthesis, potentially requiring revision surgery
- General anaesthetic complications — these will be discussed in detail by your anaesthetist prior to surgery

⚠ When to Seek Urgent Medical Attention

Please contact Mr Bhatti's team immediately or attend your nearest Emergency Department if you experience:

- Sudden marked increase in swelling or pain not controlled by prescribed analgesia
- High temperature (fever above 38°C / 100.4°F)
- Increased redness, discharge, or an unpleasant smell from the wound
- Difficulty breathing or swallowing
- Bleeding that is difficult to control with gentle pressure
- New weakness of the face or inability to fully close the eye

Physiotherapy and Jaw Exercises

Jaw physiotherapy is an integral component of recovery following open joint surgery and is essential to achieving the best possible outcome. A structured exercise programme will be provided by Mr Bhatti's team, typically commencing gently within the first one to two weeks and progressing over the following months. The aims of physiotherapy are to:

- Prevent scar tissue from restricting joint movement
- Restore normal mouth opening and lateral jaw movement
- Strengthen the muscles of mastication
- Retrain normal jaw movement patterns

It is essential that exercises are performed consistently as directed, even if they are initially uncomfortable. In some cases, referral to a specialist orofacial physiotherapist will be arranged.

Follow-Up Appointments

You will be seen in clinic approximately one week following discharge for wound review and suture removal. Further clinic appointments are typically arranged at six weeks, three months, and six months post-operatively. Please do not hesitate to contact the team between appointments if you have any concerns — no question is too small.

Returning to Normal Activities

Activity	Approximate Return Timeframe
Desk work / working from home	1 to 2 weeks
Driving	When comfortable and free from strong opioid analgesia — typically 1 to 2 weeks. Check with your motor insurer.
Light exercise (walking)	1 to 2 weeks
Gym and strenuous exercise	4 to 6 weeks
Swimming	4 to 6 weeks (once wound is fully healed)
Contact sports	Minimum 3 months — to be confirmed with Mr Bhatti
Flying	2 weeks for short-haul; discuss with Mr Bhatti for long-haul travel

Alternatives to Open Joint Surgery

Open joint surgery is generally considered after simpler measures have been exhausted or where the nature of the problem demands direct surgical access. Alternatives that may have been considered or previously tried include:

- Physiotherapy and targeted jaw exercises
- Occlusal splint therapy
- Pharmacological pain management
- Arthrocentesis — a guided washout of the joint performed under local anaesthetic
- Arthroscopy — keyhole (minimally invasive) surgery of the joint

Mr Bhatti will have discussed the merits and limitations of these alternatives with you. The recommendation for open joint surgery will have been made based on a careful review of your individual clinical circumstances.

Consent

Before your procedure, you will be asked to sign a consent form confirming that the operation, its purpose, and the potential risks have been explained to you and that you have had the opportunity to ask questions. Informed consent is an ongoing process — please feel free to raise any further questions at any stage, including on the day of your admission. You may withdraw consent at any time prior to the commencement of surgery.

Contact Mr Bhatti's Team

If you have any questions or concerns before or after your surgery, please do not hesitate to contact us.

Mr Nabeel Bhatti

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PATIENT INFORMATION SHEET
Open Joint Surgery — TMJ

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We are here to support you throughout your care.

This information sheet is intended to complement, and not replace, a personal consultation with Mr Bhatti.

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