

TRISMUS

- INDICATION: - Release of a partial trismus and a fibrotic and/or bony ankylosis.
- MATERIALS NEEDED: - Gowns + gloves
- Linen for draping
- Basic Maxillo Facial Surgery Set
- Extraction forceps
- Drill/saw
- Hammer + chisel
- Gauzes
- Diathermia, bipolar
- Suction
- Saline/adrenaline solution
- Syringe + small needle or carpule syringe
- Syringe + IV needle to rinse
- Knife 15
- Sutures
- EQUIPMENT: - Diathermia
- Suction unit
- Drill/saw unit
- PREPARATION PATIENT: - The patient is lying on the back.
- DISINFECTION: - Disinfect the head with soap solution.
- DRAPING: - Drape the head with a turban.
- OPERATION REPORT: - Injection of saline/adrenaline solution into the intra oral mucosa.
- Intra oral release of scar tissue with a Freer and a Williger rasp.
- Extract dentition with extraction forceps if necessary.
- Osteotomy and removal of ipsilateral coronoid process with a reciprocal saw and hammer and chisel.
- If necessary release of the tendon fibers of the temporal muscle which remained attached to the ascending ramus.
- If the oral aperture is not sufficient then osteotomy and removal of contralateral coronoid process and release of the tendon fibers of the temporal muscle which remained attached to the ascending ramus.
- If there are bony bridges remove them with reciprocal saw and hammer and chisel.
- Placing of the Heister forceps.
- If there is still a trismus, inspection of the ipsilateral temporo mandibular joint (TMJ).
- High condylectomy or a high gap osteotomy of the ascending ramus with a reciprocal saw and hammer and chisel.
- Preferable interposition of soft tissue to prevent recurrence of the trismus.
- Closure of the intra oral mucosa with Vicryl 3-0.
- BANDAGE: - None
- SPECIALITIES: - Depending on the preference of the maxillo facial surgeon a external fixator can be placed between the mandible and the zygomatic body at the contralateral side of the face.