

### How do we improve the aesthetic result?

The osteotomies of the upper and lower jaw and of the wider craniofacial area may be combined with the **placement of fat tissue**, using special methods for best cosmetic results.

Adipose tissue can be procured from other parts of the body and be fitted on the lips, the nose, the cheeks and in any other area of the face.

In several cases, we have performed simultaneous **aesthetic-cosmetic surgeries** along with the Orthognathic surgery in order to achieve a better and more beautiful result.

For instance, rhinoplasty (nose surgery) for the correction or for the re-alignment of the nose with the "new face" in collaboration with a partner Plastic Surgeon.

### What you should know about the postoperative period?

Patients after surgery are monitored at specified intervals as defined by the protocol followed by the Oral and Maxillo Facial Surgeon.

Several follow-up appointments are needed for the evaluation of the healing progress.

After surgery, the orthodontic treatment continues for a few more months to refine the result.

Finally, it should be noted that due to the overall development in the field of surgery to the visceral skull, **the probability of the effect to recur is rare, even after many years.**

This means that there are no visible scars left on the face, indicating that the patient underwent a surgery.



### Cyprus Cranio Maxillo Facial Center

When we refer to Orthognathic Surgery in Cyprus, we are proud that **our center is directly related to the vast majority of the successful stories and satisfied cases in our country!**

“ **Do it with passion or do not do it at all** ”

Dr. Zoe's Nicolaou passion for Orthognathic surgeries as well as our experience, education and expertise, established us, as a pioneer center in the field, attracting even the interest of international patients, great international associations and congresses that allow us to showcase our work to hundreds of scientists and doctors every year from all around the world.

**We are sure that we can help you change your lives too!** We are at your disposal for any questions that you may have and we are willing to provide you with the best possible result.

Do not hesitate to request a private presentation to consult our case studies and stories of success!

Find the complete Orthognathic Surgery guide and see more of our cases on [www.facialexcellence.com](http://www.facialexcellence.com)



**Cyprus Cranio Maxillo Facial Center**  
**Dr Zoe Nicolaou**  
Oral & Maxillofacial Surgeon

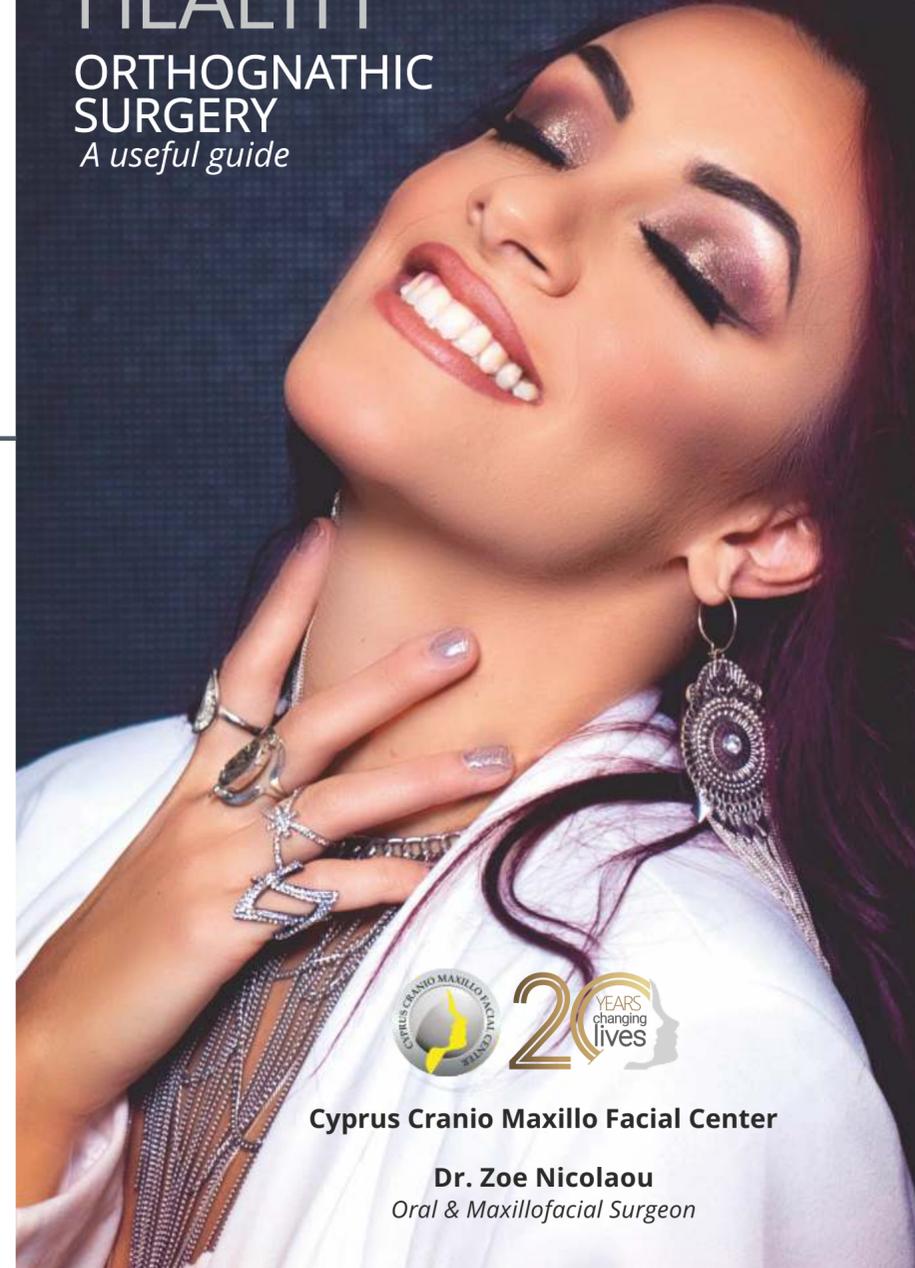
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Cover and inside pages' photos: Our patient Ioanna Kammenou.  
The photos are used with her written consent.

# HARMONY CONFIDENCE HEALTH

## ORTHOGNATHIC SURGERY *A useful guide*



**Cyprus Cranio Maxillo Facial Center**

**Dr. Zoe Nicolaou**  
Oral & Maxillofacial Surgeon

### We change lives...

...at the most specialized maxillofacial center since 2000. We have established Orthognathic surgery in **Cyprus!**

### What is Orthognathic Surgery and why us?

Orthognathic Surgery, also known as Jaw Surgery refers to the surgery that corrects the abnormalities of the jaws and the facial bones with the primary purpose of improving the functionality of the stomatognathic system and the facial aesthetics.

### The first signs of the problem

It is estimated that 5% of the general population show **poor occlusion of the teeth**, due to abnormal growth of the jaws and the facial bones in general. The poor occlusion of the teeth can only be corrected by the Orthodontist with braces or other methods when the problem is due to crooked teeth and be dealt at an early age.

These problems can occur with the birth of the child so they are called "**Congenital**", or occur during the skeletal growth course and are visibly manifested during adolescence. Therefore, are classified as "**Acquired**".

Rarely they can occur in cases of bad habits, traumas or tumors with defects, creating malformations that are classified as "**Postnatal**".

However, with the progression of technology, **it is never too late to find the ideal solution that you need and create your own, customized treatment plan!**

### Functional and aesthetic problems

The skeletal disorder of the jaws and facial bones, results in disruption of the functions of the stomatognathic system. Therefore, chewing, swallowing, speaking and breathing are affected and disharmony in facial aesthetics is observed.

A condition like this, not only it affects the quality of life but, it also affects the psychology of the individual, its interpersonal and professional relationships, etc.



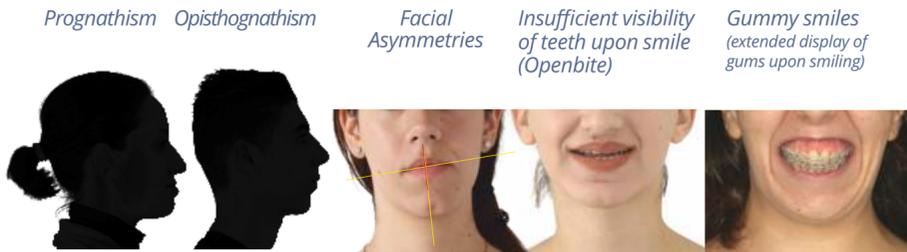
## How is the problem handled?

Usually, **Orthodontic treatment** is mandatory with the planning of **Orthognathic surgery** as an intermediate step. Then, Orthodontic treatment continues post-surgically, for the complete restoration of the occlusion. The operation is achieved with **osteotomies** during which, the bones of the jaws are separated and placed in the correct position. The immobilization of the jaws in the new position is done with the use of **screws** and **small titanium plates**.

In the cases of congenital anomalies, **distraction osteogenesis**, achieves gradual extension of the bones (1 mm / day) and extension of the soft tissues, using intraoral or extraoral equipment until the bones reach to their final, desired position.

To deal with these cases the Oral and Maxillofacial Surgeon cooperates closely with the Orthodontist and other medical specialists (Physician, Anaesthesiologist, Otorhinolaryngologist (ENT), Plastic Surgeon, General Dentist, Periodontist, Endodontists, Prosthodontist, etc.)

With Orthognathic surgery, we can correct skeletal problems such as:



## What you should know about the treatment procedure

The surgery is usually done after the age of 16 to 17 years, when the growth/development of the maxilla is completed. The only exception is birth defects, such as clefts and syndromes (and other craniofacial deformities).

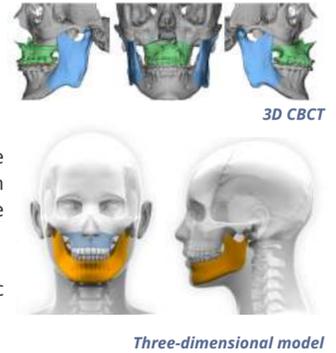
Once the problem is identified, diagnosed and found that it requires surgery, the patient begins the **orthodontic treatment** for preparation prior to the Orthognathic surgery for about 9 to 18 months depending on the case. The aim of the orthodontic preparation are: a) to arrange dental occlusion of the jaws, so that after surgery there will be a good dental occlusion and b) to maintain the stability of the result.

Once the patient is prepared from the Orthodontist, the Maxillofacial Surgeon plans the surgery. Nowadays, we have the ability to analyze deformity problems in the three levels of space, using different study methods and computerized technology, in order to identify the exact problem and compile the proper treatment plan.

With the help of **three-dimensional imaging methods (3D CBCT)** the movements of the maxilla can be done accurately in a three-dimensional level and construct **stents** and **guides** which accurately represent the necessary movement of the bones.

## We invest in the latest and most advanced technologies for ultimate accuracy

The **three-dimensional design method (3D virtual planning)** is the new development in Orthognathic Surgery and the **printing of three-dimensional models**, allows us to know in advance and in great detail and accuracy the entire region before we get into the surgery room.

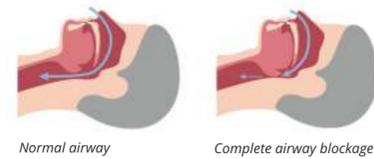


It also provides us with the ability to generate a realistic estimation of the final result and the "new" face of the patient.

Orthognathic surgery corrects several other congenital craniofacial anomalies as well as other syndromes such as the **Obstructive Sleep Apnea Syndrome 'OSAS'**.

A syndrome where the airways are blocked and proper oxygenation is not achieved.

A possibly hard condition for the daily activities of the patient and even dangerous for the life.



Request the 'Obstructive Sleep Apnea Syndrome' treatment flyer

## How is the surgery being performed and how long does it last?

The operation is performed under general anesthesia in a fully equipped operating theater.

The development of surgical techniques has reduced the duration of the surgery in 1-4 hours.

This means:

- Avoiding the intensive care unit
- Short hospital stay
- Less swelling
- Non-application of mandibular immobilization
- Almost regular meals from the very next day after surgery

