Initial Management of Maxillofacial Injuries

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PRIMARY SURVEY

AIRWAY WITH CERVICAL SPINE CONTROL
Look for airway obstruction from foreign bodies (such as broken teeth, dentures).

SECONDARY ASSESSMENT

Examine the skull and spine for fractures. (With neck immobilized, gently palpate skull and C-spine for tenderness or stepoffs.)

Examine the maxillofacial areas for fractures. Palpate orbital rims, nose, and both jaws for step-off fragments.

MANAGEMENT OF SOFT TISSUES

In general, the facial soft tissues should be conservatively debrided of irregular tissues, cleansed, and meticulously closed with fine everting sutures. Caution is required at areas where injured underlying structures can be missed.

Special caution is also required in areas that contain visible landmarks, including the borders of the eyelid, eyebrows, lips, nose, columella (skin below nasal septum), and external ear.

Close cartilage first

Avoid linear scars (notching)

• Special caution is also required with soft tissue injuries overlying important anatomic structures:
  * middle third of cheek (parotid duct) to avoid parotid fistula
  * margin of mandible and zygomatic arch (facial nerve)
  "canthal region (medial corner) of eyelids (lacrimal ducts)

Parotid duct laceration Ear hematoma*

* ear hematomas (as shown) must be evacuated to prevent cartilage necrosis (cauliflower ear)