

## **ALLOPLASTIC GENIOPLASTY (Chin Implant)**

Alloplastic (which means not of your own tissue) genioplasty (chin reshaping) is done to strengthen the lower third of the face by adding projection and sometimes width to the chin. The implants used are of a soft pliable silicone and come in various shapes and sizes. When examining a patient for a chin implant, Dr. Pautler will make measurements and discuss with you what shape is right for you. The implant is placed under the soft tissue of the chin pad on the hardest part of the chin bone (the mandible). The incision can be done in the mouth or on the bottom of the chin in the skin. The latter approach is used most often when a neck tightening procedure is contemplated. When the intra-oral approach is used a soft particle-free diet is maintained for a few days after the surgery. This is not necessary if the approach is through the skin. Either way, the implant is positioned, the incision then closed, and then Dr. Pautler uses tape to secure the implant as it heals in place. The surgery is almost always done on an outpatient basis and under deep sedation (unless other procedures are combined or the patient desires a general anesthetic). The recovery takes about a week for swelling and bruising to go away. There may be some discomfort and this is relieved with pain pills that Dr. Pautler will prescribe. Inherently a safe procedure, there are some risks involved and they are explained below:

1. Infection. Dr. Pautler uses antibiotics during and after the procedure to prevent infection. Very rarely one can still occur and in the worst-case scenario, the implant may need to be removed and then replaced after six weeks.
2. Displacement or malpositioning: It is unusual for the implant to move. If this occurs, it may be from trauma (impact to the chin) or from bleeding. Simple taping of the area for a few days is usually adequate. If the movement is extreme, the implant may need to be repositioned surgically.
3. Nerve injury: There are a few nerves in the area that can be injured and can result in temporary numbness or weakened lip depressor muscles. It is extremely rare to have a permanent nerve injury.
4. Erosion of the bone: VERY rare, this refers to thinning of the chin bone where the tooth roots are located. This unusual scenario could occur if the implant was pushed out of position higher up. You would most likely be able to feel the implant with your tongue and the problem could be corrected surgically. A SMALL AMOUNT of bone erosion and settling of the implant is to be expected. This is not unfavorable because it helps position the implant in the long term.

*Initials* \_\_\_\_\_

5. Bleeding: Excessive bleeding is rare, but if this occurs and builds up around the implant, Dr. Pautler may need to use a needle and syringe to aspirate the blood. If it is too thick and clotted, she may need to remove the blood in the operating room. Also, the accumulation of blood around the implant could enlarge the pocket and cause malpositioning. This is why tape is used for compression. Also, it is important to relax after surgery and sleep with your head elevated for the first two nights.
6. Extrusion: If the implant is too large with respect to the available tissue for coverage, pressure on the overlying soft tissue can occur and the incision may not heal properly. The implant may then become exposed. If this occurs, implant replacement may be needed.
7. Under or over-correction: This is usually a judgment call, but if a patient feels his or her chin is over or under corrected, an implant replacement can be done.