

## **Infant Mandibular Distraction Osteogenesis (Jaw Lengthening)**

Your infant's jaw was not fully developed at birth. The tongue is attached to the jaw. When an infant's jaw is small, the tongue (which is normal size) is farther back in the throat. This may cause the airway to be blocked. If there are breathing problems, your infant may have a hard time feeding and gaining weight.

One or more surgeries will be needed to lengthen your infant's jaw. The process, called Mandibular Distraction Osteogenesis, will help make your infant's jaw larger. This process will take place in the hospital over a period of time.

### **What is the process?**

1. Surgery is done to cut the bone of the jaw.
2. A distractor device will be placed in one of these ways.
  - **Externally (outside).** An external device is used. Pins are put in the jaw on each side of the cut. The device is attached to the pins.
  - **Internally (inside).** An internal device is used. This is put right on the bone on either side of the cut, and left under the skin.
3. A period of time is allowed to pass to prepare the bone. This is called the latency phase.
4. The device is turned (activated) each day to allow room for new bone to grow. This is called the activation phase.
5. The activation phase takes place in the hospital.
6. After the activation phase is complete, the device is left in place. It holds the bones in place until the newly formed bone matures and gets solid. This is called the consolidation phase.
7. About 4 to 6 weeks later, the bone becomes solid. The device will then be removed in the operating room.



External Distractor

Photo courtesy of  
Stryker

### **What happens after surgery to place the distractors?**

- Monitors will be used to check your infant's oxygen level, breathing, heart rate and blood pressure.
- Your infant will go to the Intensive Care Unit. When well enough, your child will be moved to a regular unit.

**Diet:**

- Your infant will have an IV. This will prevent dehydration, and allow medicines to be given.
- Your infant may have a tube for feeding. Your infant's health care provider will talk with you if this is needed.

**Follow up**

Your infant will need to be seen in the Craniofacial Clinic after going home.

**ALERT:** Call your child's doctor, nurse, or clinic if you have any questions or concerns or if your child:

- Has a hard time breathing.
- Has severe pain that does not stop.
- Has a fever of 101°F (38.3°C) or higher.
- Is not able to drink enough liquids.
- Is vomiting often.
- Has redness or swelling along the suture line or around the pins.
- Is bleeding or has drainage from the incision line.
- Has special health care needs that were not covered by this information.

**This teaching sheet is meant to help you care for your child. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment, and follow-up.**