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ORAL & MAXILLOFACIAL SURGEON



TEMPOROMANDIBULAR JOINT DISORDERS

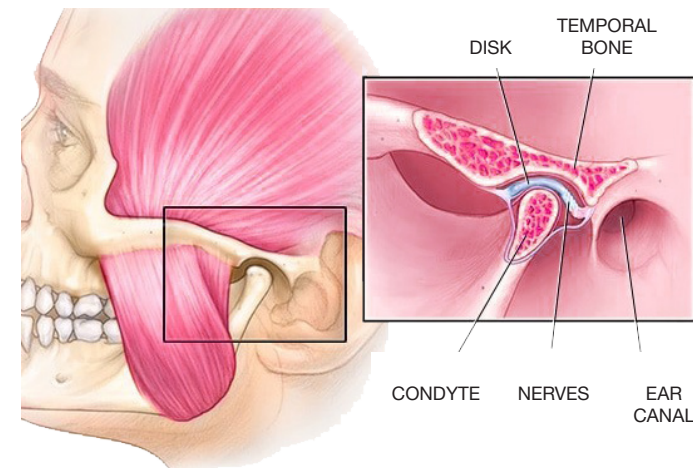
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A COMPREHENSIVE GUIDE

TMJ disorders

The temporomandibular joint (TMJ or jaw joint) joins the lower jaw to the skull on each side of the head. TMJ joint allows the mouth to open, close and move from side to side. When you place your fingers on either side of your ear and open and close your mouth you can feel the TMJ move.

Muscles attached to the TMJ control movement of the joint and assist in talking, chewing and swallowing. There is an 'articular disk' within the joint which acts as a cushion between the skull and the lower jaw. Sometimes this disc can erode or become displaced. This can cause a clicking or popping sound.

4 out of 10 people will have signs and symptoms of a TMJ disorder at some stage in their life. For some people the problem is temporary and goes away by itself. 1 out of 4 people will seek treatment and 5% will need surgical treatment.



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This guide is for general information only. Dr van Mourik will assess you individually, and recommend treatment which is most appropriate for you.

Causes of TMJ disorders

The causes of TMJ disorders are relatively unknown. They can be contributed to by a number of different things including:

- Wear and tear, often caused by osteoarthritis
- Grinding and clenching of the teeth which can cause spasms in the muscles that are used for eating
- Tooth loss or issues with teeth, for example a new filling or missing teeth can cause an uneven bite
- Diseases such as rheumatoid arthritis, gout, fibromyalgia and connective tissue diseases
- Injury to the jaw

Symptoms of TMJ disorders

Symptoms may arise at any time in life. However, onset is most common during early adulthood. Symptoms may range from mild to severely disabling.

Signs and symptoms include:

- Difficulty opening mouth
- Limited range of jaw movement
- Jaw locking up
- Clicking, grinding or popping noises from the joint
- Jaw pain on opening, chewing or yawning
- Grinding and clenching of teeth

Vague symptoms which may be related to TMJ disorder include:

- Pain radiating to ears, cheeks, back or even shoulders
- Headaches, migraine and nausea
- Ringing in the ears
- Sensitive teeth and/or tooth pain
- An uncomfortable bite

Diagnosis of TMJ disorders

To get an accurate diagnosis, Dr van Mourik will ask for a description of each symptom you are experiencing. He will also ask questions about your medical and dental history.

An examination of your jaw, mouth and face will reveal the way the jaw is moving and any signs of abnormal movements or disease.

Dr van Mourik may require imaging, including X-rays, a CT or MRI scan. A blood test may also be required.



Non-surgical treatment options

Because the discomfort of TMJ syndrome often goes away without surgery, Dr van Mourik will consider non-surgical options first. A team approach to treatment is often required. It may involve your participation, together with healthcare professionals such as physiotherapists and psychiatrists.

Please note that a TMJ disorder that has taken years to develop is unlikely to resolve after only a few weeks of treatment.

The type of treatment prescribed will depend on the extent of the TMJ disorder. Non-surgical treatment options include the following:

- **A bite splint:** An appliance worn at night to reduce frictional stress caused by tooth grinding or clenching.
- **Physiotherapy:** Gentle stretching, mobilisation, massage and exercises can help to reduce joint stiffness while improving strength and range of motion.
- **Medication:** Anti-inflammatories, analgesics, sedatives, muscle relaxants or antidepressants may be prescribed.
- **Injections into painful muscles:** Can assist with pain relief and/or relax the jaw muscles.
- **Dietary modifications:** Eat soft foods which require little chewing. Ensure that you use both side of your mouth to chew.
- **Using hot and cold packs:** Hot packs can help to relax muscles and relieve TMJ muscle tenderness. Cold packs help to reduce inflammation.
- **Avoid extreme movements of your jaw:** Try not to yawn, talk a lot or eat foods which require you to open your mouth wide.
- **Dental treatment or prosthodontics:** Replacing missing teeth and/or getting fillings can help to evenly distribute biting forces around the mouth and take pressure off the TMJ.
- **Stress management techniques:** Can help reduce anxiety, a common trigger for TMJ symptoms.

Surgery is indicated if non-surgical options haven't worked or if a significant problem with the TMJ has been diagnosed. There are four surgical procedures that may help with TMJ disorders:

Arthroscopy

Dr van Mourik makes a small incision in front of your ear and inserts an arthroscope (an instrument with a camera and light on the tip). He looks for any defects and repairs them, if possible.

Arthrocentesis and lavage

This minimally-invasive procedure is the most common surgery for TMJ disorders. By washing out the joint using arthrocentesis and lavage, chemicals causing inflammation are removed. Pain and locking of the joint can be helped by this process.

Arthrotomy

This is a type of open surgery where an incision is made in front of your ear. It enables Dr van Mourik to visually examine the joint and, if necessary, to take samples of tissue for biopsy. After surgery wiring of the jaws or teeth may be necessary to guide the bite and assist with healing. It leaves a scar in front of your ear, and requires a hospital stay, 9 out of 10 people enjoy good symptom relief.

Total joint replacement

Sometimes when the temporomandibular joint is badly affected by arthritis, trauma, or is defective, the best solution may be to replace it with an artificial joint. The prosthesis is inserted into place through two incisions, one in front of your ear and the other below your jaw. A TMJ prosthesis will not restore full jaw function, extensive eating of hard foods and continual wide opening will risk damaging the prosthesis. While this is major surgery, 9 out of 10 people report good results and you can expect the artificial joint to last between 15 and 20 years.

Dr van Mourik will give you detailed post-operative instructions during your initial consultation. To maximise your chance of making a quick recovery without complications, please pay careful attention to these instructions.

Hospital stay

Arthroscopy and arthrocentesis may be performed as a day surgery, so once recovered from the anaesthetic, you will be ready to go. Because you have had general anaesthetic, you will need someone to pick you up and take you home.

For more complex surgery you will need to spend between 2 and 5 days in hospital.

Pain management:

For arthroscopy or arthrocentesis pain tablets such as Nurofen® or Panadol® are usually required for 3 days.

Arthrotomy and joint replacement may require Nurofen® and Panadol® for up to 2 weeks after surgery.

Work/School

For arthroscopy or arthrocentesis, you will need to allow approximately 3 days off. For arthrotomy or joint replacement, you will need approximately 2 weeks off.

Swelling

Swelling is normal and can last for 2 weeks. Some people report decreased hearing, but this normally subsides as the swelling decreases.

Rehabilitation

Rehabilitation can take a long time. Compliance with a soft food diet and a personalised physiotherapy program is required after surgery.

Possible complications of TMJ surgery

It is unusual to have complications if a skilled oral and maxillofacial surgeon performs your TMJ surgery.

Dr van Mourik makes every effort to minimise risk. Most people having surgery will not have any complications. He will discuss the risks with you to make sure you are well informed before any surgery is performed.

If you are concerned about any potential risk or complications, please discuss your concerns with Dr van Mourik. The risks of TMJ surgery include:

General risks

- Infection, possibly requiring antibiotics.
- A noticeable raised and/or itchy scar.
- A cardiovascular complication can follow general anaesthetic. It could affect your heart, a vein, a lung or your brain. It is more likely if you are older or have an existing cardiovascular condition.

Specific risks

- A temporary change in sensation around the front of your ear or forehead. It usually resolves spontaneously but occasionally it is permanent.
- Temporary weakness in the muscles around your eye and forehead caused by injury to a nerve. Again, this is usually temporary but occasionally it can be permanent.
- Worsening of TMJ symptoms.
- Difficulty moving the joint because of a build-up of scar tissue.
- With joint replacement, there is also a risk of ringing in the ear, temporary or permanent hearing loss or damage to your ear drum.
- If the artificial joint wears out, or if the procedure does not help, you may need to have further surgery.

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