# Patient Experiences of Orthognathic Treatment for Facial Asymmetry

# Report for British Association of Oral and Maxillofacial Surgeons

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**Objectives:** To explore patient experiences of orthognathic treatment for facial asymmetry and adapting to facial change post-surgery.

**Design:** Qualitative, cross-sectional.

**Setting:** 2 UK sites: Charles Clifford Dental Hospital, Sheffield and Queen Victoria Hospital, East Grinstead.

**Participants:** Patients after treatment for non-cleft asymmetry.

**Methods:** Patients were identified using patient databases and clinical notes and contacted about the project. Individual interviews and a photo elicitation activity were conducted with 15 patients (aged 19-40). All participants provided written informed consent. Interviews covered experiences prior to treatment, during treatment and post-surgery. The interviews were digitally recorded and transcribed verbatim. Thematic narrative analysis was undertaken.

**Results:** Participants were largely positive about the results of undergoing orthognathic treatment, in terms of improved appearance and self-confidence.

The following themes emerged:preoperative (becoming aware, negative impacts of asymmetry, committing to treatment, establishing expectations); pre-surgery orthodontics and inpatient experiences (challenges and coping strategies, preparedness, support and shared experiences); postoperative (surgery as ‘worth it’, positive impacts of treatment, adapting to facial change).

Prior to treatment, participants became aware of looking visibly different, experienced negative impacts, committed to treatment and established expectations. During treatment and immediate recovery, participants discussed challenges and coping strategies, and access to support and shared experiences. They also reflected on their preparedness. Post-treatment, participants spoke about surgery as being ‘worth it’, positive impacts of treatment and the process of adapting to facial change.

Three narratives were identified. Treatment could be narrated as unfinished (the patient has not achieved the anticipated state of resolution); as a transformation (moving from feeling ‘abnormal’ to feeling ‘normal’ in terms of being like other people); and/or as a resolution (a clinically-identified problem is fixed through treatment). The potential narrative ‘threat of liminality’ was also identified. Aspects of undergoing orthognathic treatment were presented as liminality, being between two established states: the normal abnormality of asymmetry (normal in the sense of being an everyday experience; abnormal in the sense of being unlike other people) and the anticipated normality of facial change. Patients recalled feeling worried about being trapped between these two states during recovery, and finding it difficult to imagine achieving a sense of resolution or transformation.

**Conclusions:** Patient experience of facial asymmetry is associated with feeling ‘abnormal’ and has negative impacts. Undergoing orthognathic treatment for facial asymmetry was worthwhile. Having the feeling that something is ‘wrong’ legitimised by clinicians allows patients access to a recognisable treatment narrative (resolution). Orthognathic treatment is also narrated as transformation from ‘normal abnormality’ to being ‘normal’. Nevertheless, challenges associated with treatment can be frustrating, particularly if resolution is hard to envisage (liminality). Further psychological input could help to support patients cope with challenges of treatment and the complex process of adapting to facial change.