

Total prosthetic replacement of the temporomandibular joint

Information for the public

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What has NICE said?

Total prosthetic replacement of the temporomandibular joint (the joint between the jaw and the skull) is safe enough and works well enough for use in the NHS.

What does this mean for me?

Your health professional should fully explain what is involved in having this procedure and discuss the possible benefits and risks with you. You should also be told how to find more information about the procedure. All of this should happen before you decide whether you want to have this procedure or not.

Your healthcare team

A healthcare team experienced in temporomandibular joint problems should decide which patients should be offered this procedure. This procedure should only be done by surgeons with specific training and experience in total prosthetic replacement of the

temporomandibular joint.

NICE is asking health professionals to send information about everyone who has the procedure and what happens to them afterwards to a database at the British Association of TMJ Surgeons. This is so that the safety of the procedure and how well it works can be checked over time. Your health professional should ask you if details of your procedure can be collected.

The condition

The temporomandibular joint is the joint between the jaw and the skull.

Temporomandibular joint problems can be caused by arthritis, injury or problems after surgery. Symptoms include pain and difficulty opening and closing the mouth, and not being able to eat normally.

Non-surgical treatments are usually tried first. These include resting the jaw, bite splints, medication or a corticosteroid injection into the jaw joint. If other treatments have not worked, surgical options are considered.

NICE has looked at using total prosthetic replacement of the temporomandibular joint as another treatment option.

[NHS Choices](#) may be a good place to find out more.

The procedure

Joint replacement surgery is an option when other treatments haven't worked. The medical name for this procedure is 'total prosthetic replacement of the temporomandibular joint'. With the patient under general anaesthetic, a cut is made in front of the ear and behind or below the lower jaw. The joint is replaced with an artificial joint. Part of the lower jaw is sometimes removed to allow more movement after surgery.

Benefits and risks

When NICE looked at the evidence, it decided that that the procedure works well and is safe enough to be used in the NHS. The 7 studies that NICE looked at involved a total of

3936 patients.

Generally, they showed the following benefits:

- less pain
- better movement in the jaw and ability to open the mouth wider
- ability to eat a less restricted, more normal diet
- improved speech.

Most patients in the studies said they were enthusiastic, pleased or satisfied with the procedure, and that they would have the surgery again.

NICE also received a number of commentaries from patients who described the beneficial effects of the procedure on their lives, including being able to communicate at work and better psychological wellbeing.

The studies showed that the risks included:

- bleeding during the procedure; 2 patients needed a blood transfusion and 1 patient needed more surgery
- facial nerve weakness; this was temporary (up to 6 months) in most people
- sensory loss to the lip or tongue
- the joint parts coming loose, dislodging, breaking or getting infected. These were reported in 1 to 3% of patients.

NICE was also told about some other possible risks: changes in hearing, damage to an area of the skull known as the middle cranial fossa, and gustatory sweating (sweating on the cheeks after eating food) known as Frey's syndrome. Patients with allergies to metals may react to certain types of prostheses and patch testing is commonly done to guide the choice of prosthesis.

If you want to know more about the studies see the [guidance](#). Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

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Accreditation

