
Orthognathic Surgery Recovery & Diet Guide

General guidance for the first 6 weeks after surgery (your surgeon may tailor this plan to your case).

What to expect overall

Healing after orthognathic (jaw) surgery is a process. Most patients follow a structured, 6-week period of diet modification to protect the surgical sites, minimize infection risk, and allow the bones to heal. Some patients may need a longer modified diet depending on the specific procedure performed, bone quality, and how healing progresses at follow-up visits.

Your diet timeline at a glance

1. Days 0–3: Clear liquid diet (recommended to keep wounds clean and minimize infection risk).
2. Days 4–14: Full liquid diet (increase calories and protein while still no chewing).
3. Weeks 3–6: Soft “no-chew” diet (mashed/blended foods and very tender options that do not require chewing).
4. After Week 6: Gradual return toward normal texture only when cleared by your surgeon (some patients extend soft/no-chew longer).

Top priorities (these matter most)

- Hydration: Aim for frequent sips all day. Dehydration can worsen fatigue, nausea, dizziness, and constipation.
- Protein + calories: Healing requires fuel. Protein shakes and nutrition supplements are strongly recommended.
- No chewing until cleared: Chewing can stress bone healing and hardware, and may increase swelling/pain.
- No straws: Suction can disrupt wounds and increase bleeding/swelling. Sip from a cup or use a syringe with a rubber tip if needed.
- Oral cleanliness: Follow your surgeon’s brushing/rinsing instructions carefully—clean mouth, lower infection risk.

Phase 1 — Clear liquids (first 2–3 days)

During the first 48–72 hours, swelling is often greatest and wounds are fresh. Clear liquids help keep the mouth cleaner and are easier to tolerate if nausea is present.

Examples of clear liquids (choose non-acidic options when possible):

General education only. Your care plan may differ based on your anatomy and procedure

- Water, ice chips (let them melt in your mouth).
- Electrolyte drinks (low-acid options).
- Broth (chicken/beef/vegetable).
- Clear soups (strained).
- Apple juice or white grape juice (diluted if needed).
- Gelatin (Jell-O®).
- Popsicles or Italian ice (avoid overly acidic flavors).
- Decaffeinated tea (lukewarm; avoid very hot beverages early).

Helpful tips: Take small amounts frequently. If swelling or limited opening makes drinking difficult, a syringe with a rubber tip can help deliver liquids toward the back/side of the mouth. Avoid straws.

Phase 2 — Full liquids (through 2 weeks post-op)

After the first few days, transition to a full liquid diet to increase protein and calories. This phase remains “no chew.” Liquids may be thicker (smoothies, shakes) and can be taken with a spoon if that’s easier.

High-value full liquid options:

- Protein shakes (whey or plant-based).
- Smoothies (add protein powder, Greek yogurt, nut butter, oats, or avocado for calories).
- Milk, chocolate milk, kefir.
- Yogurt (drinkable or regular; smooth varieties).
- Pudding, custard, mousse.
- Cream soups (blended; strain if needed).
- Blended oatmeal/cream of wheat (thin with milk).
- Meal replacement drinks (e.g., Boost®, Ensure®, or similar).
- Blended lentil/bean soups (strain if pieces bother you).

If you feel full quickly, try “mini-meals” every 2–3 hours instead of three large servings. A simple routine can help: breakfast shake, mid-morning supplement, lunch soup, afternoon smoothie, dinner shake, plus an evening hydration goal.

General education only. Your care plan may differ based on your anatomy and procedure

Phase 3 — Soft “no-chew” diet (weeks 3–6)

From week 3 through week 6, most patients can progress to soft foods that require minimal or no chewing. Your goal is texture that can be mashed with a fork and swallowed easily. Avoid biting into foods or chewing with force.

Examples of soft no-chew foods (mix and match):

- Mashed potatoes, sweet potatoes, mashed cauliflower.
- Scrambled eggs (soft) or egg salad mashed smooth.
- Greek yogurt, cottage cheese (small curd if tolerated).
- Well-cooked pasta (very tender) with smooth sauce; mac and cheese (soft noodles).
- Soft fish (flaky). Very tender shredded chicken (slow-cooked) only if it truly does not require chewing.
- Soft tofu, hummus, refried beans.
- Soft rice/risotto (well cooked).
- Avocado, ripe banana, applesauce.
- Oatmeal, grits, polenta.
- Soft cooked vegetables (carrots, squash) blended or mashed.
- Soft pancakes soaked in syrup or milk (no crisp edges).
- Blended chili or stew (smooth/soft texture).
- Ice cream, smoothies, pudding (continue as needed).

Rule of thumb: If it can be mashed with a fork, it’s usually appropriate. If you have to bite, tear, crunch, or chew—save it for later.

Foods and habits to avoid (common setbacks)

- Straws, suction, or forceful spitting (can disturb early healing).
- Crunchy/hard foods: chips, nuts, popcorn, crusty bread, hard candy.
- Chewy foods: steak, jerky, gummies, bagels, pizza crust.
- Foods that shed particles early: seeds, granola, quinoa; and rice if it tends to get stuck.
- Very spicy foods early on (can irritate tissues).
- Alcohol while taking prescription pain medications (and avoid if your surgeon advises).
- Smoking/vaping/nicotine (significantly increases infection risk and delays healing).

General education only. Your care plan may differ based on your anatomy and procedure

Hydration and nutrition (practical guidance)

Hydration: If you are not urinating regularly or your urine is dark yellow, you likely need more fluids. Aim for steady intake throughout the day rather than large amounts at once.

Protein: Protein supports tissue repair. Many adults do well with ~20–30 grams of protein per serving, 3–5 times per day (your needs may differ). Add protein powder, Greek yogurt, or nut butter to smoothies and soups if needed.

Calories: Unintentional weight loss is common after jaw surgery. To help prevent this, use calorie-dense ingredients such as olive oil, avocado, nut butters, full-fat dairy, and meal replacement drinks.

How to drink and eat comfortably (tools & techniques)

- Use a cup and sip slowly; avoid straws.
- If swelling limits opening, use a syringe with a rubber tip to place liquids toward the side/back of the mouth.
- Take small, frequent “sets” of sips and pauses to avoid fatigue.
- Keep beverages lukewarm or cool early on; very hot drinks can increase bleeding and discomfort.
- If you feel nauseated, start with clear liquids, then advance slowly to thicker liquids.

Common questions after orthognathic surgery

Below are answers to frequent postoperative concerns. Your surgeon’s instructions always take priority.

• How long will I be on a modified diet?

Plan on 6 weeks of diet modifications, sometimes longer. The timeline may be extended if healing is slower, if additional procedures were done, or if your surgeon wants extra protection before returning to chewing.

• When can I chew?

Do not chew until you are cleared at follow-up. Even if you feel better, the bone is still healing and needs time.

• I’m not getting enough calories—what should I do?

Increase frequency (every 2–3 hours) and choose calorie-dense liquids: meal replacement drinks and smoothies with nut butter, full-fat yogurt, and added oils. If weight loss is rapid or you cannot maintain intake, contact our office.

• I feel weak or dizzy—normal?

General education only. Your care plan may differ based on your anatomy and procedure

This can happen from dehydration, low calorie intake, or pain medications. Focus on fluids and electrolytes, and eat small nutrient-dense meals. If you have fainting, worsening dizziness, or cannot keep liquids down, call us.

• **Constipation is a problem—what helps?**

This is common with narcotic pain medications and reduced intake. Stay hydrated, add fiber gradually (smooth oat-based drinks, pureed fruits), and use stool softeners if recommended by your surgeon.

• **Why can't I use a straw?**

Suction can stress wounds, increase bleeding, and disturb early healing. Sip from a cup or use a syringe with a rubber tip.

• **What if food gets stuck?**

Avoid picking at incisions. Rinse gently as instructed (do not forcefully swish or spit). If you notice a new bad taste/odor or increasing discomfort, call us.

• **What if I'm using elastics?**

Elastics are commonly used to guide your bite during healing. Do not remove or adjust them unless instructed. Eating and drinking may take longer—small sips and a syringe with a rubber tip can help if opening is limited.

When to call our office

- Fever over 101°F (38.3°C) or chills.
- Worsening swelling after initial improvement, or swelling that becomes firm/hot.
- Increasing pain not controlled with prescribed medications.
- Persistent vomiting or inability to keep liquids down (risk of dehydration).
- Foul taste/odor with increasing drainage or concern for infection.
- Bleeding that does not slow with gentle pressure and rest.
- Any sudden change in bite, new clicking/shift, or concern that elastics/hardware have changed.

A simple daily checklist (first 2 weeks)

- Hydration goal: steady intake all day (water + electrolytes).
- Protein goal: 3–5 servings/day (shakes/smoothies/soups).
- Oral hygiene: brush/rinse exactly as instructed.

General education only. Your care plan may differ based on your anatomy and procedure

- Medication schedule: take as prescribed.
- Rest and elevation: sleep with head elevated to reduce swelling (as directed).

This guide is for general education. Your individual instructions may differ based on your procedure and clinical findings. If you are unsure whether something is safe, contact our office.

General education only. Your care plan may differ based on your anatomy and procedure