

Sydney Centre for Ear, Nose & Throat

Suite 2, Level 1, Building 2
49 Frenchs Forest Rd East
Frenchs Forest NSW 2086

T. 02 9451 9883 F. 02 9451 9848

E. info@sydneycentreent.com.au

Argus: argus@sydneycentreent.com.au

www.sydneycentreent.com.au



SYDNEY CENTRE FOR EAR, NOSE & THROAT

Depressor Anguli Oris - Information for Patients

The depressor anguli oris (DAO) muscle attaches to the corner of the mouth and the bottom of the mandible (lower jaw). It is one of the muscles which helps make the mouth turn down. Often, patients with chronic facial paralysis from Bell's palsy, Ramsay Hunt syndrome, acoustic neuroma surgery, or trauma, have too much activity in this muscle on the affected side of the face; this can restrict the smile (making it feel 'stuck') and can cause a feeling of tightness in the cheek.

What is DAO Excision?

DAO excision is a small surgical procedure that can permanently improve smile symmetry in many patients with facial paralysis. The procedure is usually performed under general anaesthesia where a small incision is made inside the mouth (this is a scarless surgery), and fibers of the DAO muscle are identified and removed. We then place a few dissolving stitches to close the incision.

Patients can eat and drink normally after the numbing medication wears off (about an hour). Most patients only need Panadol and Nurofen post operatively, and go home the same day.

Local Care of the wound after surgery

We encourage being careful with toothbrushing as this can rub on the stitches, which can cause discomfort in the first few days after surgery.

Patients are encouraged to use ice to the area externally to reduce swelling and bruising. This may be applied for 20min, 3 times a day, for the first 1-3 days after surgery.

What are the risks of Surgery?

Rarely, patients can have bleeding into the cheek causing bruising. If you are on medications that cause bleeding problems, please let your surgeon know as we will ask you to cease it around the time of surgery, if appropriate.

Infection of the wound can also occur; in the majority of cases this will be easily managed using oral antibiotics. Rarely, the surgeon may need to drain the infection and washout the wound.

The surgery may not give you the intended outcome - the result may be less than what the trial with local anaesthetic predicted. This can happen in 1 in 20 patients.

The scar may heal poorly - this may be addressed with massage and injections into the scar to improve its thickness/softness.

Will I need physiotherapy afterward?

Generally patients will notice improvements in smile over time as the scar softens and the swelling diminishes. We always recommend seeing your facial physiotherapist 2-3 months after surgery for ongoing smile retraining once the wounds have healed.



ASOHNS

THE AUSTRALIAN SOCIETY
OF OTOLARYNGOLOGY
HEAD AND NECK SURGERY



FRACS

Fellow of the
Royal Australasian College of Surgeons

ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS



RACS