CONDITION

Facial trauma

Facial trauma is an injury to the skin, bones, eyes, mouth, teeth, or other structures of the face.

WHAT IT IS
Injury to facial skin, bones, eyes, mouth, or teeth

BODY SYSTEM
Face, eyes, mouth, teeth, and upper airway

MAIN SYMPTOMS
Pain, swelling, bruising, bleeding, altered facial shape

WHAT CAUSES IT
Falls, collisions, assaults, sports, or penetrating injury

HOW IT IS DIAGNOSED
Examination, eye and dental checks, sometimes CT scans

MAIN TREATMENT
Wound care, fracture repair, dental care, and specialist treatment

CAN IT BE CURED?
Sometimes - most heal, but severe damage may remain

IS IT AN EMERGENCY?
Sometimes - breathing trouble, major bleeding, or vision loss

LONG-TERM OUTLOOK
Most recover well; severe injuries may cause lasting problems

Overview

Facial trauma means an injury to the skin, soft tissues, facial bones, eyes, nose, sinuses, jaw, mouth, or teeth. Injuries range from small cuts and bruises to fractures and damage affecting sight or breathing.

A force strong enough to injure the face can also cause a concussion, brain injury, or neck injury. Facial swelling and bleeding may sometimes obstruct the airway.

Facial injuries can look dramatic because the face has a rich blood supply. However, heavy bleeding or swelling does not always mean permanent damage, while a seemingly minor injury can still affect an eye, tooth, nerve, or bone.

Prompt assessment is important for vision changes, difficulty breathing, severe bleeding, loss

of consciousness, an abnormal bite, or a change in facial shape. Early care can protect function and reduce scarring or other long-term problems.

Symptoms

Symptoms depend on the location and force of the injury. Pain, tenderness, bruising, and swelling are common. Swelling may increase during the first day or two before settling.

Other possible symptoms include:

Facial fractures may involve the nose, cheekbone, eye socket, upper jaw, lower jaw, or several connected bones. Swelling alone cannot show whether a bone is broken.

Children may not clearly describe double vision, numbness, or a changed bite. Refusing food, unusual eye movements, persistent vomiting, or difficulty opening the mouth needs assessment.

- Cuts, grazes, puncture wounds, or bleeding
- A nosebleed or blood in the mouth
- Loose, broken, displaced, or missing teeth
- Difficulty opening or closing the mouth
- Upper and lower teeth no longer meeting normally
- Numbness of the cheek, lip, or chin
- Double vision, blurred vision, eye pain, or reduced vision
- A sunken, prominent, or poorly moving eye
- Clear fluid draining from the nose or ear
- A flattened, uneven, or newly crooked area of the face
- Headache, dizziness, confusion, vomiting, or memory loss

Causes and risk factors

Facial trauma usually results from a direct impact. Causes include falls, road collisions, cycling incidents, sports injuries, workplace accidents, assaults, animal bites, and objects striking or entering the face.

The injury depends partly on the direction and force of impact. A blow around the eye may fracture the eye socket, while a direct strike to the jaw may break the jaw or damage teeth.

High-energy collisions can injure several areas at once.

Risk may be increased by contact sports, work involving machinery or heights, lack of protective equipment, and alcohol or drug use around driving, fighting, or risky activities.

Medicines that reduce blood clotting can worsen bleeding and bruising. Conditions that weaken bones may make fractures more likely after a lower-force injury. Tell the healthcare team about these factors.

Diagnosis

Assessment begins by checking that you can breathe and controlling major bleeding. After a strong impact, the healthcare team may assess your brain and neck before focusing on your face.

The face is examined for wounds, tenderness, numbness, unusual movement, and changes in shape. The clinician checks your mouth, teeth, and bite, and may examine your nose and ears for bleeding or fluid.

An eye assessment may test vision, pupils, and eye movement. An eye specialist may be needed for eye pain, double vision, reduced vision, or suspected damage to the eyeball.

A computed tomography, or CT, scan provides detailed images of bones and nearby tissues. It is often used when a significant fracture is suspected. Dental X-rays or other imaging may be used for tooth and jaw injuries, but not every bruise, cut, or suspected broken nose requires imaging.

With your permission, photographs may document swelling, wounds, or facial shape for treatment planning and follow-up.

Treatment and management

Treatment depends on the structures injured. Minor soft-tissue injuries may need cleaning, dressings, cold packs wrapped in cloth, and suitable pain relief. Do not place ice directly on the skin.

Cuts may be closed with adhesive strips, skin glue, stitches, or staples. Deep wounds may need exploration for damage to nerves, tear ducts, salivary ducts, or other structures. Careful alignment can improve healing and scarring.

A clinician will check whether your tetanus protection is up to date. Antibiotics like amoxicillin or doxycycline are not needed for every injury but may be used for certain bites, contaminated

wounds, open fractures, or injuries involving the mouth or sinuses.

Some fractures heal without an operation, with follow-up to monitor vision, breathing, jaw movement, facial shape, and swelling. Displaced fractures may need surgery to reposition the bones and secure them with small plates, screws, or wires.

A broken or dislocated jaw may require temporary support, a modified diet, or surgery. Tooth injuries need prompt dental assessment. A knocked-out adult tooth may sometimes be saved if treated quickly. Handle it by the crown, not the root, and keep it moist in milk or tooth-preservation solution while seeking urgent dental care. Do not replace a baby tooth.

Eye injuries may require urgent treatment by an ophthalmologist. Nose injuries may be reviewed after swelling decreases, but ongoing heavy bleeding or painful swelling inside the nose needs earlier assessment.

Care may involve oral and maxillofacial surgeons, ear, nose and throat specialists, plastic surgeons, dentists, or neurosurgical teams. Rehabilitation may help with jaw movement, eating, speech, vision, or changes in appearance.

Complications

Many facial injuries heal without lasting problems. Possible complications include infection, noticeable scarring, facial asymmetry, chronic pain, numbness, altered taste or smell, and difficulty opening the mouth. Teeth may become loose, discoloured, infected, or lost.

Fractures around the eye can cause persistent double vision, changed eye position, or reduced sight. Jaw injuries may alter the bite or affect chewing. Nasal injuries can impair breathing or leave the nose crooked.

A septal haematoma is a collection of blood inside the wall separating the nostrils. It can damage nasal cartilage without prompt treatment and may feel like painful blockage in one or both nostrils after an injury.

A frightening incident, assault, scar, or change in appearance may also affect sleep, mood, confidence, or social life. Psychological support can be part of recovery.

Prevention

Not every facial injury can be prevented, but risk can be reduced by wearing a seat belt, using an appropriate motorcycle or cycling helmet, and using protective equipment for sports or work. Face guards, eye protection, and properly fitted mouthguards help where impact is

possible.

Reduce fall hazards at home, especially for young children and people with balance or mobility difficulties. Use good lighting and secure handrails, and remove loose rugs or clutter.

Avoid driving after alcohol or drug use. Follow workplace safety procedures when using machinery, chemicals, tools, or equipment that can throw fragments.

Living with it and what to expect

Bruising and swelling often look worse before they improve. Final facial shape and function may not be clear until swelling has decreased. Cuts generally heal over weeks, while scars can soften and change over many months.

Simple fractures may need observation and temporary activity changes. More complex fractures can require surgery and several follow-up visits. Numbness from an irritated facial nerve may improve gradually over months but may not always resolve completely.

Jaw or dental injuries can affect eating, and you may need softer foods while healing. Follow instructions about mouth care, activity, nose blowing, and returning to sport because advice depends on the injured structure.

After surgery, plates and screws are often left in place unless they cause problems. Further dental care, scar treatment, or reconstructive surgery may be considered after initial healing.

Attend planned follow-up even if pain improves. Appointments check healing, vision, bite, facial movement, infection, and appearance. Seek earlier assessment for new or worsening symptoms.

When to get medical help

Call emergency services after facial trauma if there is:

Do not press directly on an injured eye or remove an embedded object. If a neck injury is possible, avoid unnecessary movement while waiting for emergency help.

Seek urgent same-day assessment for double vision, worsening eye pain, repeated vomiting, a changed bite, inability to open the mouth, loose or missing adult teeth, facial numbness, a deep or contaminated wound, or clear watery fluid from the nose or ear.

Painful blockage inside the nose after an injury also needs urgent assessment. A knocked-out adult tooth requires urgent dental care.

Arrange follow-up for improving swelling or bruising, wound or stitch review when advised, and

reassessment of a crooked nose after swelling decreases. Seek earlier help if pain, redness, discharge, fever, vision, breathing, or jaw movement worsens.

- Difficulty breathing, noisy breathing, choking, or rapidly increasing swelling
- Bleeding that is heavy or does not stop with gentle pressure
- Loss of consciousness, a seizure, severe confusion, or difficulty waking
- Sudden vision loss or a seriously injured or penetrated eye
- Weakness, problems speaking, or other signs of possible brain injury
- A suspected neck injury after a strong impact
- A large object embedded in the face

Common questions

How do I know if my face is fractured?

A new change in shape, changed bite, numbness, double vision, or movement of a bone makes a fracture more likely. Some fractures are not obvious, especially when swelling is present. Examination and, when needed, a CT scan can confirm the injury.

Can I sleep after a facial injury?

Sleep itself is not harmful, but facial trauma can accompany a head injury. Emergency assessment is needed for increasing drowsiness, confusion, repeated vomiting, seizure, weakness, or difficulty waking. Follow any observation advice given after assessment.

How long does facial swelling last?

Swelling often increases during the first day or two and then gradually improves. Significant injuries or surgery can cause longer-lasting swelling. Worsening swelling with breathing trouble, fever, redness, or increasing pain needs prompt review.

Should I blow my nose after an injury near my eye?

Avoid blowing your nose until assessed if an eye-socket or sinus fracture is possible. Blowing can force air into tissues around the eye and increase swelling. Follow the advice given for your injury.

Will a facial fracture always need surgery?

No. Stable fractures that do not affect vision, breathing, bite, movement, or facial shape may heal without an operation. Surgery is more likely when bones are displaced or important functions are affected.

Will my face look the same after healing?

Many people recover with little or no obvious change. Severe injuries can leave scars, altered shape, or movement problems. Early appearance is unreliable because of swelling, and scars may improve for months.

Sources

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