PROCEDURE

Chin augmentation

Chin augmentation is surgery that reshapes chin projection using an implant or by repositioning the chin bone.

PURPOSE
Improve chin projection, shape, or facial balance

PROCEDURE TYPE
Therapeutic; surgical implant placement or chin-bone repositioning

WHERE IT IS DONE
Operating theatre or outpatient surgical centre

ANAESTHESIA
Local with moderate sedation, or general anaesthesia

HOW LONG IT TAKES
About 45 minutes to three hours, based on technique

PREPARATION
Medication review, nicotine avoidance, and fasting if instructed

RECOVERY
Same day usually; no driving after sedation or general anaesthesia

MAIN RISKS
Infection, numbness, asymmetry, implant or bone-position problems

RESULTS
Visible immediately; final contour after swelling settles over months

Overview

Chin augmentation changes the size, shape, or forward projection of your chin. It is also called chin surgery or mentoplasty.

The procedure is usually performed in one of two ways. A surgeon can place a shaped implant over the chin bone, or perform a sliding genioplasty. During a sliding genioplasty, the surgeon cuts part of the chin bone, moves it, and secures it with small plates and screws.

An implant mainly adds projection and contour. A sliding genioplasty can move the chin forward, backward, upward, downward, or slightly sideways. The most suitable method depends on your facial structure, bite, goals, previous surgery, and general health.

Chin augmentation changes the chin rather than the position of the whole lower jaw. If your

teeth do not meet correctly, you may need assessment for jaw surgery instead.

Why the procedure is performed

You may consider chin augmentation because your chin looks small, set back, uneven, or out of proportion with other facial features. Some people choose it to create a stronger jaw profile or improve balance between the nose, lips, and chin.

The procedure may also be used to:

Chin augmentation is elective in many cases. It does not need to be performed simply because your chin differs from average. The decision should reflect your own goals rather than pressure from someone else.

- Correct chin asymmetry
- Rebuild the chin after injury or earlier surgery
- Address a difference present from birth
- Support facial reconstruction or gender-affirming goals

Who should and should not have it

You may be a suitable candidate if your facial growth is complete, you are healthy enough for surgery, and you understand what the procedure can and cannot change. Your surgeon will examine your chin, jaw, teeth, skin, and facial proportions. Photographs or imaging may be used for planning.

Chin augmentation may not be the right procedure if the main concern comes from the position of your entire lower jaw or from a significant bite problem. Orthodontic treatment or jaw surgery may address those issues more directly.

Surgery may be avoided or delayed if you have:

Previous chin surgery, limited bone, thin soft tissue, or facial nerve problems do not always prevent treatment, but they can affect the choice of procedure and its risks.

- An active skin, mouth, dental, or sinus infection
- A medical condition that is not well controlled
- A bleeding problem or medication-related bleeding risk that cannot be managed safely
- Ongoing nicotine use that raises wound-healing risk

- Jaw growth that is not complete
- Expectations that surgery is unlikely to meet
- Pregnancy, when elective surgery can usually wait

How to prepare

Your treating facility's own instructions take priority over general information in this article.

Tell the surgical team about all prescription medicines, over-the-counter medicines, vitamins, supplements, allergies, and previous reactions to anaesthesia. Do not stop a blood thinner or any other prescribed medicine unless the clinician who manages it and your surgical team tell you how to do so safely.

You may be asked to avoid nicotine before and after surgery because it can interfere with healing. This includes cigarettes, vaping products, and other nicotine products.

If you are having sedation or general anaesthesia, follow the facility's fasting instructions. Eating or drinking outside the permitted times can cause the procedure to be postponed.

Arrange for a responsible adult to take you home. You may also need someone to stay with you during the first night. Remove facial piercings if instructed and arrive without makeup or skin products around the surgical area.

If the incision will be inside your mouth, your surgeon may check your dental health and give you specific mouth-cleaning instructions.

What happens during the procedure

Before surgery, the team confirms the planned change and marks or measures your chin. You receive local anaesthetic with sedation or general anaesthesia, based on the technique and treatment setting.

For an implant, the surgeon makes an incision beneath the chin or inside the lower lip. A pocket is created over the front of the jawbone. The implant is placed in this pocket and may be secured to reduce movement. The incision is then closed.

For a sliding genioplasty, the incision is usually inside the lower lip. The surgeon cuts the lower part of the chin bone while protecting nearby tooth roots and nerves. The bone segment is moved into its planned position and fixed with plates and screws. The incision is closed with stitches.

A dressing, compression wrap, or small supportive tapes may be placed around your chin. Most people go home the same day, although an overnight stay may be appropriate after more extensive surgery or for medical monitoring.

Recovery and what to expect afterward

Pain is usually most noticeable during the first few days. Your chin may feel tight, tender, or numb. Use pain medicine only as directed by your surgical team. Swelling and bruising are expected and may temporarily make the chin look larger or uneven.

Eating instructions depend on the incision and procedure. You may begin with liquids or soft foods, especially after an incision inside the mouth or a sliding genioplasty. Avoid hard chewing until your surgeon says the bone and tissues are ready. Follow any instructions for mouth rinses and dental hygiene.

Light walking is usually encouraged, but avoid strenuous exercise, contact sports, and pressure on the chin until cleared. Sleep with your head raised if instructed. Do not press on the implant or try to judge its position while swelling is present.

Do not drive home after sedation or general anaesthesia. Avoid driving while taking medicine that makes you drowsy or while swelling limits safe movement or vision.

Return to work depends on the procedure and your job. Desk work may be possible after several days to about two weeks, while physical work can require more time. Bruising, swelling, or speaking discomfort may also affect when you feel ready to return.

Risks and possible complications

All surgery has risks. The risks most relevant to chin augmentation include:

Swelling can create temporary asymmetry and does not necessarily mean that the implant or bone has moved. Your surgeon will assess this during follow-up.

- Bleeding, a collection of blood, or infection
- Temporary or lasting numbness of the chin or lower lip
- Visible scarring after an incision beneath the chin
- Asymmetry or a result that does not match your goals
- Implant movement, exposure, pressure on bone, or need for removal
- Poor bone healing or movement after sliding genioplasty

- Injury to tooth roots, teeth, or nearby nerves
- Problems related to anaesthesia
- Need for revision surgery

Results and follow up

You can usually see a change immediately, but early swelling hides the final shape. The contour becomes clearer over several weeks and may continue settling for several months.

A chin implant is intended to remain in place long term, but it may later need repositioning, replacement, or removal. A sliding genioplasty produces a lasting skeletal change once the bone heals. Neither procedure stops normal ageing or later changes in body weight.

Routine follow-up allows the team to check the incision, sensation, implant or bone position, and healing. Keep these appointments even if recovery seems straightforward. Stitches, dressings, or supportive tape are managed according to the technique used.

Alternatives

Doing nothing is a reasonable choice when the concern is cosmetic. It avoids surgical risks, cost, and recovery, but your chin shape will not change.

Dermal filler can add temporary chin projection without an operation. Recovery is usually shorter, but the result fades and repeat treatment is needed. Filler cannot move bone or reliably correct a major structural difference. It also has injection-related risks, including the uncommon but serious blockage of a blood vessel.

Fat grafting uses fat taken from another part of your body. It avoids a manufactured implant, but some transferred fat may not survive, so the final volume is less predictable. It also creates a second treatment area.

Jaw surgery may be more appropriate when a set-back lower jaw or bite problem is the main issue. It can improve both jaw position and function, but it is a larger operation with a longer recovery.

Orthodontic treatment can improve tooth alignment and some bite problems. It does not significantly increase the projection of the chin bone.

Neck liposuction or other neck-contouring procedures may make the chin look more defined by reducing fullness underneath it. They do not enlarge or move the chin itself.

When to call your healthcare team

Contact your surgical team promptly for increasing rather than improving pain, redness, warmth, swelling, pus-like drainage, fever, wound opening, or persistent vomiting. Also call if the implant seems to have shifted, your bite changes unexpectedly, or numbness becomes worse after initially improving.

Seek emergency help for trouble breathing, chest pain, fainting, uncontrolled bleeding, sudden severe swelling, or signs of a serious allergic reaction. These are not routine recovery symptoms.

Questions about dressings, eating, activity, stitches, or expected swelling can usually wait for routine office hours unless the change is sudden or severe.

Common questions

Will I be asleep?

You may be awake but relaxed with local anaesthetic and moderate sedation for some implant procedures. Sliding genioplasty is commonly performed under general anaesthesia, meaning you are unconscious.

Can I drive myself home?

No, not after sedation or general anaesthesia. Arrange for an adult to take you home. You should not resume driving until you are alert, can move comfortably, and are no longer taking medicine that affects driving.

How painful is chin augmentation?

Tenderness, tightness, and pressure are common during the first few days. A sliding genioplasty may cause more discomfort than a straightforward implant because the bone is cut and repositioned. Pain should generally improve rather than steadily worsen.

When will I know what it looks like?

The change is visible immediately, but swelling can distort the shape. A more reliable result appears over several weeks, with final settling taking several months.

Will I have a visible scar?

An incision inside the mouth leaves no external scar. An incision beneath the chin leaves a scar in a natural crease, which usually becomes less noticeable with time.

Is chin augmentation permanent?

Bone repositioning is permanent after healing. Implants are designed for long-term use but are not guaranteed to remain problem-free for life. Fillers, if chosen instead, are temporary.

Sources

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