



'I was shy when my jaw overlapped, and now I never stop talking'

I was nicknamed 'Jaws' in school, which upset me. The corrective surgery was hard but boosted my confidence

Deirbhile Moran

I am 18 now, and I knew from the age of seven that I had an overlapping jaw, making my bottom teeth stick out farther than my top teeth, but it didn't bother me much then.

However, I noticed it getting worse and, in my teenage years, I was more and more conscious of it. I was teased and nicknamed "Jaws". I'd smile it off but deep down I'd feel quite upset.

I felt I couldn't do things such as take part in plays at school, because I was afraid people would be looking at me differently. I had a lisp, and was conscious of that as well.

I had first been referred to an orthodontist by the HSE dentist who came into my primary school when I was in sixth class. But I had to wait another year to be examined by Sinead O'Hanrahan, specialist orthodontist and HSE orthodontist in Navan, Co Meath. She took photos and explained how the process would go: that I was going to get braces but then would need surgery.

I was 15 and in third year when I got the braces, which started to straighten my teeth but made my bottom teeth stick out even more.

That year I also met Dylan Murray, craniofacial and jaw surgeon at Temple Street Children's University Hospital and the Mater hospital, who was going to operate on me. But they said I had to wait until I grew more and my teeth moved. By transition year it was really bad.

Mr Murray does surgery for public patients but it is a really long waiting list. They said to us it would be another two or three years if we went publicly but, luckily, I was covered by health insurance so he could do it in the Mater Private.

Online videos

I had the surgery at the end of the summer of 2013, as I was going into fifth year. I was a normal weight but was told to fatten up before the operation because it was going to be difficult to eat afterwards. I was on holidays in Spain two weeks beforehand and

there was a buffet, so I got my money's worth. My dentist also advised me to take arnica tablets for a couple of weeks before the surgery to reduce the bruising afterwards, and that definitely helped.

People had told me not to look at online videos but I was watching them nearly every week in the run-up to the operation. I was so excited about what I was going to be like. There were videos of people going through the whole process, getting the surgery done and all, but I couldn't watch those.

I saw videos of people's faces before and after and they were pretty bad. It wasn't a very good idea to be looking at them. I was showing them to Mam, saying, "I am preparing you, I am going to look like this..."

I was really looking forward to the operation and everybody thought I was mad. I was excited because it was going to change everything. In fact, I was really upset when it was postponed the first time I went in because I had a high temperature.

The surgery took four to five hours. I remember waking up in recovery and a nurse reassuring me, having seen other cases of jaw surgery, that I looked absolutely brilliant.

I woke again back up in my room. My Mam was there and I kept writing down "I need a drink, I need a drink".

Mr Murray came in and said afterwards that I did bleed a good bit during the surgery and that was the only problem. I was throwing up that blood, which was pretty painful.

For the three days I stayed in hospital I had a cooling mask on my face, which they said was new. That really helped a lot. Even Mr Murray said he was surprised how little swelling there was. I felt my face was so heavy. My dentist had warned me not to look at myself in a mirror for at least two weeks.

For the first fortnight at home in Dundalk I was told to stay in bed and not do anything, but by the third week I felt pretty much back to normal, except that I couldn't eat properly, with elastic bands holding my jaw closed. I was taking liquids

for four weeks: protein shakes, smoothies or blended meat, through a straw.

Friends came around to see me and they didn't know whether to smile or to be upset. I remember one of my friends, Aileen, came in and her face said it all. "Oh my God, what do I look like?" I asked. She just said she didn't know what to expect and came in half smiling and half shocked.

Before surgery I had told my boyfriend, Dara, not to come over, that I didn't want him to see me. But he still came over and at that stage I didn't really care. He was shocked but he was all right.

I had an appointment with the orthodontist on day 10 and she said I looked really brilliant. I actually hadn't looked at myself until then, although it was really hard not to look at reflections. Then I thought, well, I have been out of the house, I might as well look at myself. I did have yellow bruises on my chest and under my eyes but I didn't look that bad.

Back to school

I could talk again after about four weeks and went back to St Vincent's Secondary School in Dundalk, at six weeks. I was still a bit swollen then and had to take out the elastic bands to eat, and that was a hassle. It was three months before I could begin to eat normally, but at least by Christmas I could eat the ham and turkey.

Having this surgery has changed my personality. I was kind of a shy person when I had the overlapping jaw and, ever since, I feel I never stop talking. I can interact with more people and feel as if I can do more things. At school I used to be afraid to put up my hand to give an answer. Now I would put it up like everybody else.

I am in sixth year and did think of being a dentist for a while. But now I would like to be a paediatric nurse.

If anybody needs this surgery, I would say go for it. I am absolutely delighted. I would do it again in the morning.

In conversation with Sheila Wayman



■ Deirbhile Moran, who underwent a five-hour surgical procedure to correct her overlapping jaw, and (below) before and after the operation. PHOTOGRAPH: ALAN BETSON



Orthognathic surgery

Orthognathic surgery, also known as corrective jaw surgery, is recommended for patients with dentofacial skeletal anomalies that braces alone won't resolve.

It involves the surgical manipulation of elements of the facial skeleton to improve the way the jaws and teeth work and to enhance appearance.

Bones have to be cut and realigned, then held in place with either screws or plates.

This surgery is performed by an oral and maxillofacial surgeon in collaboration with an orthodontist.