



POST-OPERATIVE INSTRUCTIONS

While we are always available to answer your questions, we ask that you read and become familiar with these instructions. Our goal is to provide you with the information that you will need to have a comfortable and smooth recovery from your surgery.

1 SUPERVISION

Patients who have undergone intravenous anesthesia or oral sedation should be carefully attended by a responsible adult for at least 6 hours after leaving the office. The patient is not permitted to drive or use heavy machinery until the day after the surgery. Bed rest until fully awake is recommended.

2 MEDICATION

Begin / continue taking your pain management and antibiotic medication(s) if / as prescribed by your surgeon, following your surgery.

a) **PAIN MANAGEMENT** – Most oral surgery procedures are expected to have post-operative discomfort, but can vary with the surgery performed. Post-operative discomfort reaches a peak during the 3rd – 5th day after your procedure. Pain is usually controlled effectively as follows. Narcotic pain medication and/or Ibuprofen/Motrin may be prescribed, based on the procedure performed and the anticipated pain level. Pain medications are most effective at minimizing pain if they are taken before your local anesthetic (numbing agent) wears off.

- i) If narcotic pain medication is prescribed, take the first dose before the numbing wears off.
- ii) If prescribed, Ibuprofen/Motrin may, be used in addition to the prescribed narcotic pain medication. Take as directed on label.
- iii) Ibuprofen/Motrin alone may be sufficient to manage the pain related to certain limited procedures.
- iv) If you find that you are taking the pain medication as prescribed and not having adequate pain relief, please call our office.

b) **ANTIBIOTICS** – Antibiotics are not always necessary after surgery. Antibiotics are typically prescribed for two reasons: to treat an active infection and/or to prevent an infection.

- i) If antibiotics have been prescribed to treat or prevent an infection, take the medication as directed and make sure to finish all the tablets provided.
- ii) It is extremely important to finish the entire course of antibiotics (even if you are feeling better) because stopping early can result in recurrence of a pre-existing infection and increased severity of a new infection.

c) Eat or drink a small amount before taking medications, unless otherwise directed, to avoid nausea. Do NOT take any pain medications on an empty stomach.

3 MEDICATION REFILLS

The initial prescriptions (plus refills, if applicable) are anticipated to be sufficient. However, in limited cases, additional medications are necessary. If you believe you will need additional prescription medication, it is best if you anticipate this need and start the process on the day prior to running out of the medication. This will allow plenty of time for your request to be processed by our office and the pharmacy. Because the need for additional post-operative medication is the exception, we may need to talk to you to determine whether there are other issues involved. Please call the office or your pharmacy to initiate your request. When calling our office it is helpful if you provide the name and phone number of the pharmacy.

4 BLEEDING AFTER ORAL SURGERY

- a) When you leave our office, continue to bite on the gauze packing until you see only a tinge of blood. Change the gauze every 30 minutes.
- b) In order for active bleeding to stop and a blood clot to form, avoid excessive spitting, as this may dislodge the blood clot.
- c) Bleeding should never be severe. If it is, it is usually a result of the gauze not exerting pressure directly on the surgery site. Try repositioning the gauze pack.
- d) If bleeding continues after removal of the gauze, replace it with a fresh, slightly moistened pad and continue firm biting pressure for another 60 minutes. Do NOT remove the gauze to check for bleeding until the end of the 60-minute period, because repetitive removal and replacement of the gauze can inhibit the clotting process and stimulate further bleeding.
- e) Do NOT use gauze after the first day. Do NOT eat or sleep with gauze in your mouth. A good recommendation is to change the pillowcase or to lay a towel over your pillowcase to avoid having stained with blood spillage during the night.
- f) On average, most patients notice bleeding and have a requirement to use the gauze pack for 4 to 6 hours after leaving the office.
- g) A noticeable ooze of blood is normal during the first few days following surgery, so you will likely see blood in the saliva, especially while brushing your teeth.
- h) If bleeding continues or you run out of gauze, a moistened teabag may be substituted for the gauze.

5 SWELLING AND DISCOLORATION

Are a normal part of the healing process and are NOT a concern unless extreme. Most oral surgery procedures are accompanied by some degree of post-operative swelling. Swelling normally increases for 2-3 days after surgery and then gradually decreases over time. It is important to remember that swelling will peak on the 3rd – 5th day after your procedure. Bruising on your face and neck may occur after oral surgery. Discoloration can range from yellow to blue/purple and may remain for up to 2 weeks after surgery.

- a) Cold therapy during the 24-48 hours following your surgery may reduce the amount of swelling. The earlier cold therapy is started, the more effective it will be. Cold therapy means the application of ice packs for 20min on and 20min off for 24 hours.
- b) It is helpful to keep the head elevated on two pillows the day and first night after surgery.
- c) Do not apply external heat unless directed.
- d) Although your swelling may increase in the first 3 days following surgery, you should notice improvement in your general condition each day. If your pain and/or swelling are increasing on the 5th day, please call our office.

6 WOMEN OF CHILD BEARING AGE

Antibiotics may interfere with the absorption of oral contraceptive medications, deeming them ineffective and increasing the risk of unplanned pregnancy. Please be advised to use additional methods of birth control while taking antibiotics and for 1 week following completion of antibiotics.

7 NAUSEA

There are several reasons that you may experience nausea. Nausea is a common side effect of general anesthesia. Swallowing blood can also make you nauseous. Potential solutions are:

- a) We always recommend taking medication with food.
- b) We recommend staggering the pain medications and antibiotics by at least 1 hour.
- c) If nausea occurs, home remedies such as clear carbonated beverages (ex. 7-up, Sprite, Ginger Ale) and over the counter anti- emetic medications (ex. Dramamine, Pepto-Bismal) may help

9 DIET

Good nutrition and adequate fluid intake are important after surgery for your recovery. On the your surgery day, after the surgery it is advisable to stick to a non-chew diet. For your comfort, restrict your diet to cool liquids and soft foods (apple sauce, milk shakes, yogurt, pudding, etc) for the first 24 hours. You may drink coffee and other warm liquids after the numbness has worn off and the bleeding has stopped. Over the next several days you may gradually progress to solid foods.

- a) Avoid foods like nuts, sunflower seeds, popcorn, etc., which may get lodged in the socket areas. If you are a diabetic, maintain your normal eating habits or follow instructions given by your doctor.
- b) Avoid carbonated and alcoholic drinks for 5 days to reduce the risk of "dry socket". Do not consume alcoholic beverages while taking prescription medications to prevent adverse reactions with certain medications and increase bleeding risk
- c) Do NOT use straws for 7 days to reduce the risk of bleeding and "dry socket".
- d) Do NOT chew on the surgical site area.
- e) AVOID SMOKING for 5 days to promote healing and reduce the risk of "dry socket".
- f) Recommend maintaining a soft diet for up to 5 days after your surgery. Soft diet options include but are not limited to scrambled eggs, mashed potatoes, grits, overcooked noodles/pasta, fish, ground meat, tofu, and cottage cheese.

10 SINUS PRECAUTIONS – if instructed

Oral surgery procedures involving the upper jaw are near the maxillary sinus cavity. To avoid complications, such as persistent oral-sinus communication, please carefully follow the following instructions:

- a) Do NOT blow your nose for 2 weeks
- b) Do NOT sneeze with your mouth closed for 2 weeks
- c) Do NOT play wind instruments for 2 weeks (ex. flute, trumpet, kazoo)
- d) Do NOT smoke or vape for 2 weeks
- e) Avoid activities that cause changes in air pressure for 2 weeks (ex. air travel, diving)
- f) Take nasal decongestants as prescribed (if provided by your surgeon)

8 MOUTH RINSE AND ORAL HYGIENE

Keeping your mouth clean after your surgery is important for preventing infections and promoting healing thus it is important to maintain good oral hygiene following your surgery. Begin brushing and rinsing the evening of your surgery. Avoid vigorous rinsing within 24 hours of your surgery, as doing so may dislodge the blood clot and delay healing. When brushing your teeth, avoid the surgical area.

- a) Use mouth rinse to gently coat the oral mucosa following directions on the Chlorhexidine/Peridex bottle for 5 days.
- b) After the 5th day, use the provided monojet syringe using warm salt water to rinse out the area behind the last mandibular molars. Do so after meals until it is completely healed (about 1-2 weeks).
- c) Do not use any other over the counter mouthwash for 5 days following your surgery.
- d) Do not use WaterPik at surgical area for 3 weeks unless cleared by surgeon.

11 LIGHT HEADED

It is not uncommon to become dizzy following surgery, as a result of not eating and/ or taking pain medication. Be careful moving from lying down to standing up. You should sit up for one minute, prior to standing up.

13 STIFFNESS OF THE JAW MUSCLES

May cause difficulty in opening your mouth for a few days following surgery. Jaw stiffness can be due to normal post-operative swelling or the opening of the jaw during the procedure. This is a normal post-operative event, which will resolve in time within a week after your procedure. Gentle massaging of the jaw muscle can improve symptoms.

15 TEMPERATURE/FEVER

Low-grade fever may occur after surgery and this can be controlled with drinking cool liquids and taking Tylenol as directed. Call our office if your temperature is over 101 degrees or if an elevated temperature continues for more than 24 hours.

17 LIP NUMBNESS

The local anesthetic can last a variable amount of time after the surgical procedure. On average it will last between 2 to 8 hours. On occasion it may last for 24 hours. Most oral surgery procedures will carry a risk of numbness resulting in swelling or bruising of the adjacent nerve. This numbness is usually temporary lasting from a few weeks to a few months. It is necessary for the surgical swelling to resolve before this altered sensation can be fully assessed. Notify us at your 1 week follow up call if you are still numb. If you have concerns about this prior to your appointment, feel free to call the office.

12 SUTURES

Sutures are dissolvable and could possibly fall out on their own. They may fall out as early as the day after surgery or may still be in place at the time of your follow-up visit.

14 SHARP EDGES

If you feel something hard or sharp edges in the surgical areas, it is likely you are feeling the bony walls which once supported the extracted teeth. Occasionally small slivers of bone may work themselves out. If they cause discomfort, please call the office.

16 PHYSICAL ACTIVITY

Avoid strenuous activity for 7-10 days after your procedure. Strenuous activities include, but are not limited to, lifting weights, high intensity cardio, contact sports, Yoga/Pilates, swimming, and surfing. If strenuous activity is required for your job, an excuse letter can be provided for you.

18 DRY SOCKET

Dry Socket is one of the most talked about postoperative concerns after a tooth has been extracted. Dry sockets are a delay in healing characterized by an increase in pain that is not relieved by your prescription medications. It typically occurs between the 3rd and 5th day after the extraction. Your treating surgeon has done everything from a procedure standpoint to help minimize the risk of you getting a dry socket. It is as important for you to participate in your healthcare and minimize your risk by following ALL the instructions on this form. Even with the entire preventive measures in place, the incidence of a dry socket may still occur. If you have concerns that you might be experiencing a dry socket, please contact our office.

Office Hours Monday-Friday 7:00AM till 3:00PM // Phone (760)744-1919

If problems arise after hours, weekends, or holidays, an on-call surgeon is available for emergency concerns after hours. If necessary they will refer you to the emergency room. Return to the clinic for your scheduled follow-up appointment if necessary.

Call 911 for any Medical Emergency

Please note that additional information regarding your diagnosis can be found at your doctor's personal website at offshoreoralsurgery.com