

Oral Surgery Specialists of Pueblo:

Pre- & Post-Operative Instructions

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PRE-OPERATIVE INSTRUCTIONS (Before arriving at our office)

- Know your medical history, including past and current illnesses, health conditions, medications, allergies and any complications with previous surgeries or anesthesia
- Parent/Guardian must be present for minors (under 18 years old)

IF you are planning to be sedated

- NO FOOD OR DRINK for 8 hours before sedation. Medications that you normally take may be taken with a small sip of water
 - If you use an inhaler for asthma or similar conditions, PLEASE bring this with you to your procedure
 - If you use injection insulin, please discuss if a change in dosing is necessary with your surgeon in advance
 - Wear a short-sleeved t-shirt or one that allows the sleeves to easily be rolled up. Do NOT wear contact lenses. Please remove all piercings (e.g. earrings, tongue rings, etc.) before arrival
 - Bring a responsible adult with you on the day of surgery who will stay in our office during the surgery, drive you home afterwards, and remain with you during your recovery from anesthesia
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POST-OPERATIVE INSTRUCTIONS (After your procedure)

BLEEDING: Bleeding lasts for at least several hours but can last for most of the day. Moisten gauze with tap water, wring it out, and place the moist gauze over the surgical site. Apply medium pressure to the surgery site by biting down on the gauze. Replace the gauze about every hour depending on how much bleeding you have. Once the bleeding has stopped there is no need to continue using gauze. If you run out of gauze, or would like to speed up to clotting process, substitute a moist tea bag for gauze. Remove the gauze to eat, drink and sleep. To minimize bleeding, keep your head elevated, and avoid: drinking through a straw, spitting aggressively, rinsing your mouth vigorously, or having hot foods or drinks.

DIET: For the first 5 days we recommend a liquid/pureed-type diet (mashed potatoes, scrambled eggs, yogurt, smoothies, apple sauce, Jell-O, etc.). Take in plenty of fluids to avoid dehydration. After 5 days, you may eat whatever your comfort permits, but soft foods are a good idea for up to a week.

ORAL HYGIENE: Keeping your mouth clean will help promote a quick recovery. Beginning the day after oral surgery you may brush your teeth, taking care to avoid the immediate area around your surgery site. After meals, rinse your mouth with either a warm salt water solution (1 tsp of table salt dissolved in an 8-ounce glass of warm water) or a prescription mouthwash (if you were given one). Avoid any vigorous swishing or spitting for the first 2 days. If wisdom teeth were removed from the lower jaw, see RINSING SYRINGE below.

NAUSEA: Nausea can be a side effect from the sedation medicine, prescription pain medication, dehydration, or from swallowing blood. Nausea usually passes without treatment, but persistent nausea can be treated with non-prescription travel sickness medication (e.g. Dramamine). If your pain is mild, stop taking the prescription narcotic/opiate and use only ibuprofen (Advil/Motrin) and/or acetaminophen (Tylenol) unless allergic.

PAIN & SWELLING: The following recommendations are ONLY for healthy adults and teenagers. If you have health problems or take any medications on a regular basis, please call the oral surgeon who performed your surgery and we will make separate recommendations:

Pain from oral surgery varies from mild to severe. Most patients have some degree of discomfort for as long as 2 weeks after surgery. However, pain and swelling are usually the worst about 3-5 days after surgery. Some procedures may require stronger pain medications, but most surgical pain may be handled in the following way (for healthy, normal-sized adults without drug allergies):

Ibuprofen (also known as Advil or Motrin): 600 mg every 6 hours for baseline pain control
AND Acetaminophen (also called Tylenol): 500 mg every 6 hours for baseline pain control

Example:

- At 12:15 pm, take 600mg of ibuprofen (Advil/Motrin)
- At 3:15 pm, take 500mg of acetaminophen (Tylenol)
- At 6:15 pm, take another 600mg of ibuprofen (Advil/Motrin)
- At 9:15 pm, take another 500mg of acetaminophen (Tylenol)

*If your pain persists after taking ibuprofen and acetaminophen, then you may need additional medication. Opioid medications (Norco, Percocet, and Tylenol #3 etc.) contain acetaminophen (Tylenol) and **if you are taking these medications, stop taking the acetaminophen (Tylenol)** described above to avoid overdose of acetaminophen. Opiate containing medications are to be taken ONLY as a last resort. These medications can be addictive, and you should take only the smallest amount necessary to bring pain to a manageable level. Stop taking them as soon as possible; you do NOT need to finish all pills you were prescribed.

Applying ice-packs to your face over the surgery site may help reduce swelling. Ice should be applied inside a cloth (not directly on your skin) for 20 minutes on followed by 20 minutes off and can be repeated as often as you like for the first 1-2 days. Do not drive or operate hazardous machinery on the day of receiving sedation, or if you are taking a narcotic/opiate pain medication (e.g. Norco/Percocet/Hydrocodone/Oxycodone/Codeine).

RINSING SYRINGE: If lower molar teeth, including wisdom teeth were removed, you may have been given a syringe to rinse out the sockets. If you were not given one, you will not need to use one. The syringe is used to flush food and debris from the extraction sites. Start using the syringe on the third day after your surgery. For example, if you have teeth removed on Friday start using the syringe on Monday. Fill the syringe with warm salt water (1 tsp of table salt dissolved in 8 ounces of warm water) or prescription mouthwash (if you were given one). Insert the curved tip of the syringe **DOWN INTO THE EXTRACTION SOCKET**; the key to successfully rinsing an extraction site is for the tip of the syringe to enter down into the space where the tooth was. Rinse each extraction site 2-3 times per day, particularly after meals. Use moderate pressure to rinse the extraction sites. Mild discomfort and a small amount of bleeding is normal during the first few days of rinsing. Healing times vary from patient to patient. Rinsing extraction sites is often needed for 2-4 weeks after surgery. Extraction sites heal from the bottom upwards so that over time the sockets will become shallower until eventually the syringe no longer fits into the space where the tooth was removed.

SUTURES (STITCHES): Unless you were specifically told otherwise, any sutures that were placed will dissolve. They will usually become loose after 5-10 days and will fall out on their own; they do not need to be removed.

DENTAL IMPLANTS / BONE GRAFTING: If you had bone grafting or a dental implant procedure, please avoid chewing near the surgical site for at least 4 weeks. Dental implants and bone grafts heal best when left undisturbed.

SMOKING: Smoking (of all substances) has been shown to considerably delay healing, increase pain levels, and increase the risk of infection following oral surgery. Refrain from smoking for at least 2 weeks.

EMERGENCIES: Call our office immediately if you notice severe bleeding, pain that is not controlled with your pain medication, persistent vomiting, or swelling that is greater than expected. If you are not able to reach us in a timely manner, if you have difficulty breathing, are not able to swallow or have any other condition that you feel is a true emergency, call 911.

Thank you for the opportunity to care for you. We wish you all the best in your recovery!