



GENERAL POST-OP INSTRUCTIONS

These instructions apply to most procedures performed in the office, such as wisdom tooth extraction and dental implant placement. Additional instructions may apply for procedures such as arthrocentesis, sinus surgery or large bone grafting. Follow these general guidelines or call the office for clarification if needed. **Our office number is: (904) 868-1872.**

FOR 72 HOURS AVOID THE FOLLOWING:

- **NO SMOKING.**
- **NO SUCKING THROUGH A STRAW.**
- **NO SPITTING.**
- **NO CARBONATED BEVERAGES SUCH AS SODA.**

DAY OF SURGERY

FIRST HOUR: Bite down firmly on the gauze packs that have been placed over the surgical areas. Do not change them for the first half hour unless the bleeding is not controlled. The packs may be gently removed after thirty minutes. If active bleeding persists, place enough new gauze to obtain pressure over the surgical site for another 30 minutes. The gauze may then be changed as necessary (typically every 30-45 minutes). It is best to moisten the gauze with tap water and loosely fluff for more comfortable positioning.

DO NOT disturb the surgical area today. **DO NOT rinse vigorously or probe the area with any objects.** You may brush your teeth gently. PLEASE DO NOT SMOKE for at least 72 hours since this is very detrimental to healing and may cause a dry socket.

OOZING: Intermittent bleeding or oozing overnight is normal. Your pillowcase or sheets may have bloody drainage on them in the morning. This is normal but can be frightening. A good recommendation is to cover your pillowcase with a towel prior to falling asleep.

PERSISTENT BLEEDING: Bleeding should never be severe. If so, it usually means that the packs are being clenched between teeth only and not exerting pressure on the surgical areas. Try repositioning the packs and biting firmly for 30 minutes while sitting quietly. If bleeding persists or becomes heavy you may substitute a tea bag for 20-30 minutes. Tea bags can also be moistened and placed in the freezer for fifteen minutes prior to biting down with pressure. If bleeding remains uncontrolled, please call the office.

SWELLING: Swelling is often associated with oral surgery, particularly when surgery involves the lower jaw. It can be minimized by using a cold pack, ice bag or a bag of frozen peas wrapped in a towel and applied firmly to the cheek adjacent to the surgical area. This should

be applied 20 minutes on and 20 minutes off during the first 24 hours after surgery. If you have been prescribed medicine for the control of swelling (Medrol Dose Pack), be sure to take it as directed.

PAIN: Unfortunately, most oral surgery is accompanied by some degree of discomfort. You will usually have a prescription for narcotic pain medication, but this is not a substitute for over the counter pain medication. Over the counter anti-inflammatories such as Ibuprofen, Advil or Motrin are the best pain reliever for oral surgery related pain when taken appropriately. **Our office recommends 600-800mg of Ibuprofen every 6 hours for the first three to five days following surgery.** All over the counter strengths of Ibuprofen come in 200mg tablets or capsules. You can take 3-4 tablets or capsules every 6 hours. Do not exceed 3200mg of Ibuprofen in a 24-hour period. Ibuprofen will help not only with pain but swelling as well. It will also reduce the need for prescribed narcotic pain medication. **Our office recommends patients take the first dose of Ibuprofen before the local anesthetic or numbing medicine has worn off for optimal pain control.** Some patients find that stronger pain medication like narcotics cause nausea. Taking the pain medication with a small amount of food will reduce the nausea side effect. Remember that the pain intensity will increase during the first 48-72 hours following surgery. Your need for pain medication should lessen after that. If you find that you are taking large amounts of narcotic pain medication at frequent intervals, please call the office.

NAUSEA: Nausea is not uncommon after oral surgery. This can be caused by narcotic pain medications, swallowing a small amount of blood on an empty stomach or from sedation medications given during your procedure. Nausea can be reduced by preceding each pain pill with a small amount of soft food and taking the pill with a large volume of water. Continue taking small amounts of clear fluids at regular intervals and minimize narcotic pain medication. If your nausea does not resolve, please call the office.

DIET: Eat any nourishing food that can be taken with comfort. Avoid extremely hot foods while you are numb. Do not use a straw for the first few days after surgery. It is sometimes advisable, but not absolutely required, to confine the first day's intake to liquids or pureed foods (soups, puddings, yogurt, milk shakes, etc). It is best to avoid foods like nuts, sunflower seeds, popcorn, tortilla chips etc., which may get lodged in the socket or surgical site areas. Over the next several days you may gradually progress to solid foods but avoid sandwiches and thick breads such as pizza crust and bagels for at least one week. If you take nourishment regularly you will feel better, gain strength, have less discomfort and heal faster.

FEVER: Slight elevation in body temperature immediately following surgery is not uncommon. Tylenol should be taken to bring the fever down. If your fever persists after the second day, please notify the office.

INSTRUCTIONS FOR SECOND AND THIRD DAYS

MOUTH RINSES: Keeping your mouth clean after surgery is essential. Use 1/4 teaspoon of salt dissolved in an 8-ounce glass of warm water and gently rinse with portions of the solution, taking five minutes to use the entire glassful. Lean over the sink, open your mouth and allow the rinse to fall into the sink without spitting. Do not rinse or spit forcefully. Rinse twice a day.

BRUSHING: Begin your normal oral hygiene routine as soon as possible after surgery. Please make every effort to clean your teeth within the bounds of comfort. Attempting general tooth brushing on the first day will make it easier to resume normal oral hygiene by the end of the week.

DRY SOCKET: After a tooth is removed, the tooth socket normally fills with a blood clot. This blood clot serves as a protective bandage and helps with proper bone healing of the socket. To reduce the risk of a dry socket, please AVOID SMOKING, SPITTING, SUCKING THROUGH A STRAW OR VIGOROUS MOUTH RINSING. Behaviors such as these will cause the blood clot to break up or dissolve prematurely and will leave the bony socket open or “dry.” This dry socket results in increasing pain around the fourth or fifth day following a tooth extraction.

SHARP EDGES: If you feel something hard or sharp edges in the surgical areas, it is likely you are feeling bony walls which once supported the extracted teeth. Occasionally, small slivers of bone may work themselves out during the initial healing phase, much like a splinter in your finger. If the sharp edges cause concern or discomfort, please call the office.

NUMBNESS: If numbness of the lip, chin or tongue occurs there is no cause for alarm. As reviewed in your consultation, this is usually temporary in nature, sometimes lasting weeks to months. Be cautious with chewing and biting into foods as you may bite your lip inadvertently and not be aware. If your numbness persists after one week, please be sure to let us know at your follow up appointment.

DRY, CRACKED LIPS: If the corners of your mouth or lips are cracked or dry, this is likely from stretching your lips during surgery. Your lips should be kept moist with an ointment such as vaseline.

SLEEP APNEA AND CPAP MACHINES: Use of a nasal CPAP mask may resume the night of surgery. Full face mask use should not be used until after the third post-operative day. If you had sinus lift surgery or sinus exposure during a dental extraction, please refrain from use of any form of CPAP until advised to resume by Dr. Henley or Dr. Cherry.

DECREASED MOUTH OPENING: Normal swelling that occurs after oral surgery procedures causes stiffness of the jaw muscles and decreased ability to open your mouth for a few days after surgery. Sometimes this can last up a couple weeks especially if you have a tendency to

grind or clench your teeth. Eating soft food and taking Ibuprofen will ease this tightness and swelling. Resume the use of your nightguard or occlusal splint as soon as it is comfortable to put in your mouth.

HEALING: Normal healing after tooth extraction should be as follows. The first two days after surgery are generally the most uncomfortable and there is usually some swelling. On the third day you should be more comfortable and, although still swollen, can usually begin a more substantial diet. The remainder of the post-operative course should be gradual, steady improvement. If you don't see continued improvement, please call the office. **If you are given a plastic irrigating syringe, DO NOT use it for the first five days after surgery so you do not irrigate out the clot and cause a dry socket.**

It is our desire that your recovery be as smooth and pleasant as possible. Following these instructions will assist you, but if you have questions about your progress, please call the office and Dr. Henley or Dr. Cherry will be happy to see you for a follow up visit.