

(919) 567-3293

POST-OPERATIVE ORAL SURGERY INSTRUCTIONS

General Care of your Mouth Following Non-extraction Oral Surgery

Biopsy
Frenectomy
Tissue removal
Mucous retention cyst removal
Canine or other unerupted tooth exposure
Apicoectomy—root surgery

It is our desire that your recovery be as smooth and pleasant as possible. The after-effects of oral surgery are quite variable, so not all of these instructions may apply. Following these instructions will assist you, but if you have questions about your progress, please call the office. Please try to call during office hours; however a 24-hour answering service is available for after hours contact with a doctor.

PLEASE READ THESE INSTRUCTIONS CAREFULLY

At a minimum, you must control bleeding, provide for good nutrition, maintain adequate pain control, and provide proper oral hygiene and wound care. Common sense will often dictate what you do.

THE DAY OF SURGERY

The day of your procedure should be committed to actions that will promote complication-free healing.

CONTROL OF BLEEDING

A small amount of bleeding after surgery may continue for several hours. Place gauze packs with gentle pressure over the surgical areas if slight oozing persists. Leave them in place for 30-60 minutes unless bleeding has stopped. If active bleeding persists after one hour, place enough new gauze to obtain pressure over the surgical site for another 30-60 minutes. The gauze may be changed as necessary and may be dampened and/or fluffed for more comfortable positioning.

Bleeding should never be severe. Try repositioning fresh packs. If bleeding persists or becomes heavy you may substitute a tea bag (soaked in hot water, squeezed damp-dry and wrapped in a moist gauze pad (for 30-60 minutes). If bleeding still remains uncontrolled, please call our office.

EXERCISE CARE

Do not disturb the surgical area on the day of surgery. DO NOT RINSE VIGOROUSLY or SPIT for at least 48 hours following surgery. Do not probe the area with any objects or your fingers. You may brush your teeth gently. DO NOT SMOKE for at least 48 hours, since it is very detrimental to healing, as well as to your overall health.

SWELLING

Occasionally there is some swelling associated with this type of oral surgery that will reach its peak in around 48 hours and can take 7-10 days to resolve. You can minimize this by using a cold pack or ice bag wrapped in a towel and applied firmly to face or cheek adjacent to the surgical area. This should be applied twenty minutes on and twenty minutes off during the first 24-36 hours after surgery when you are awake. Bags of frozen peas and corn work well if you do not have an ice bag. If you have been prescribed medicine for the control of swelling, be sure to take it as directed.

FEVER

A slight fever is not uncommon the first few days after surgery (temperature to 100.5F). If you have a high fever or fever persists, please call our office.

OPERATING A MOTOR VEHICLE

Please do not operate any machinery or a motor vehicle for 24 hours after sedation or general anesthesia, or if you are taking any prescribed narcotic pain medicine (Percocet, Endocet, Roxicet, Oxycodone, Vicodin, Hydrocodone, Tylenol with Codeine).

SMOKING AND DRINKING ALCOHOL

You should not smoke following surgery for at least 48 hours. This may disrupt the healing process. Do not consume any alcohol for 24 hours after intravenous sedation, general anesthesia or while taking any prescription pain medications.

PAIN

Unfortunately, most oral surgery is accompanied by some degree of discomfort. If you have no history of allergy to non-steroidal anti-inflammatory medications like Ibuprofen (Motrin, Advil) or ketorolac (Toradol), we recommend taking this prior to the local anesthetic wearing off. Follow the instructions on the medication bottle but generally 2-3 Advil every 4-6 hours will control most moderate pain. If pain is more severe, a narcotic pain medicine may be needed. Please take any narcotic medication as prescribed.

There is no interaction between the prescribed narcotic pain medicine and Ibuprofen or ketorolac (Toradol). Be aware that narcotic pain medicine may cause upset stomach, which may include nausea, vomiting or constipation. Also, these should not be taken if you must operate any machinery or a motor vehicle. Effects of pain medicines vary widely among individuals. Remember that the most severe discomfort is usually within the first six hours after the anesthetic wears off, after that your need for medicine should lessen.

NAUSEA

Nausea is not an uncommon event after surgery, sometimes caused by stronger pain medicines or certain anesthetic agents. Preceding each pill with a small amount of soft food, then taking the pill with a large volume of water may reduce nausea caused by pain medications. Try to keep taking clear fluids and minimize the pain medication, but call us if you do not feel better or if repeated vomiting is a problem. Cola drinks that have less carbonation may help with nausea.

DIET

Avoiding citrus-based foods such as orange juice may decrease irritation of the surgical area.

On the day of surgery, we ask that you avoid hot foods that will prolong bleeding. Cold soft foods (such as ice cream, milk shakes, Instant Breakfast, puddings and yogurt) are ideal. Over the next several days you can progress to solid foods at your own pace. It is important not to skip meals! If you take nourishment

regularly, you will feel better, gain strength, have less discomfort and heal faster. Avoid foods like nuts, sunflower seeds, popcorn, etc., which may get lodged in the socket areas. Drink plenty of fluids and do not use a straw as extraction site healing can be disturbed. If you are diabetic, maintain your normal eating habits as much as possible and follow our instructions or those from your physician regarding your insulin schedule.

Fainting Precaution: If you suddenly sit up or stand from a lying position you may become dizzy, especially if you have not eaten or kept up your fluid intake. Therefore, immediately following surgery, if you are lying down, make sure you sit for at least one minute before standing.

SUTURES

Sutures (“stitches”) may be placed to reapproximate tissue and help control bleeding. These sutures are usually dissolvable and do not need to be removed. If they fall out soon after surgery they do not need to be replaced. If they become loose and bothersome, we can remove them for you.

INSTRUCTIONS FOR THE SECOND AND THIRD DAYS AFTER SURGERY

MOUTH RINSES

Keeping your mouth clean after surgery is essential to reduce the risk of infection. Use one-half 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. Repeat as often as you like, but at least four to five times daily and always after eating for the next five days.

We may prescribe an antibiotic rinse (Chlorhexadine, Periogard, Peridex) for certain procedures. This rinse should be used in the morning and at bedtime after routine mouth care. Do not eat or drink or rinse your mouth after using the medicated rinse.

BRUSHING

Begin your normal oral hygiene routine as soon as possible after surgery. Soreness and swelling may not permit vigorous brushing of all areas, but please make every effort to clean your teeth within the bounds of comfort.

MUSCLE SORENESS

If the muscles of your jaw become stiff, applying warm, moist heat to the outside of your face over these muscles will help make you more comfortable. Usually 20 minutes on and 20 minutes off while awake will help the soreness resolve.

EXTREMELY IMPORTANT

We will make every effort to help expedite your healing process and ensure that your healing is progressing normally. However, to do that we must be kept informed of your progress. If, after surgery, there is any question about how you are healing, please contact our office. If, after 5 days you do not feel better, with decreased swelling or pain, please contact our office.

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