



Post-Operative Instructional Handbook

General Instructions

You may expect some swelling after your dental surgery, regardless how minimally invasive. Swelling is a part of the natural healing process and may last several weeks. Swelling depends on the nature and extent of your surgery. Fair skinned or individuals who bruise easily may anticipate some discoloration at the procedure site. You should not experience severe discomfort. Any discomfort you may experience should be controlled with proper medication.

When you should notify your doctor:

1. If active bleeding continues after 3-4 hours of applied pressure to the surgical site.
2. If you are unable to maintain a nutritious diet after 48 hours.
3. If numbness persists after the initial day of surgery.
4. If pain or swelling increases after the third day.
5. If bleeding has not decreased after two days.
6. If sutures or stitches become loose or dislodged prior to the third day or if an implant fractures.
7. If an implant fractures
8. If you have any symptoms which may indicate a reaction or allergy to medications such as; a) skin rash, b) hives, c) elevated temperature, d) increased and/or erratic heart rate, e) nausea/vomiting, f) dizziness/faint, or g) blurred vision.
9. If your body temperature, measured orally, exceeds 100.5° F.

Please notify Dr. Andrew Sugg at 828-327-7502 if you have any questions or if any of the above applies to you. Most often a simple explanation can resolve the situation and free you of worry.

HOME CARE INSTRUCTIONS

Bleeding

To slow and prevent bleeding, bite with light pressure on a gauze pack that has been placed over the surgical site. (If applied by your doctor) Pressure should be applied in 30 minute intervals and repeated until the bleeding is controlled. Pressure will assist in the body's natural blood clotting process.

If the bleeding persists, without slowing for several hours, apply a moist tea bag wrapped in gauze and repeat the step above. The tannic acid in the tea will assist in controlling the bleeding.

If active bleeding is still occurring after 3-4 hours, and the above measures have been taken, call Dr. Andrew Sugg immediately.

After 48 hours, gently rinse with warm salt water. DO NOT use vigorous mouth washing action. This may dislodge the body's natural clotting process and reopen the area to bleeding.

DO NOT exercise, use physical force or enter stressful situations for the first 24 hours or until the medication and process allows. This will increase your heart rate and blood pressure. This also has an adverse action on the body's natural healing process.

DO NOT operate heavy or hazardous equipment for the first 24 hours or until the prescribed medication and natural healing processes allows.

Follow the additional instructions provided that are pertinent to the particular medications that your doctor has prescribed for you.

Swelling

Apply ice packs at 15 minute intervals to reduce swelling. After 72 hours heat will relieve it. Swelling is a part of the body's healing process and can be expected for three days to several weeks depending on the nature and extent of the surgery. After 72 hours heat may be applied to the swelling. Heat will increase circulation and aid in the healing process.

Dietary Needs After Surgery

DO NOT try to eat solid foods until the local anesthetic wears off. You will have no feeling in the surrounding area, including your tongue, and may unknowingly bite yourself.

DO NOT use a straw when consuming liquids. The sucking action will cause a vacuum in the mouth and may dislodge the body's natural clotting process.

A nutritious diet throughout your healing stage is the most important to your comfort, temperament and healing. Hungry people become irritable and less able to deal with discomfort that can follow surgery. Since you will be taking medication it is important that you are aware that eating can prevent nausea sometimes associated with certain medications.

Milk, along with cooked cereals, scrambled eggs, cottage cheese and milk toast are recommended for the initial day following surgery.

Soups, broiled fish, stewed chicken, mashed potatoes and cooked vegetables can be added to your diet as your comfort indicates. DO NOT eat sticky or hard foods.

Nutriment, Metrecal, Segal, and/or yogurt supply excellent nutrition. These are especially indicated if other soft foods are not consumed.

Avoid acidic foods such as tomatoes, orange juice, and citric fruits. Sensitivity to cold on the natural teeth can occur and will disappear gradually with time. Avoid ice, ice cream, cold drinks, and solids.

Liquids

DO consume liquids immediately and prior to taking any pain medication. This will help prevent nausea and upset stomach and expedite the medications' effects.

CARE FOLLOWING DENTAL PROCEDURES

Proper care of the mouth following most dental procedures can reduce complications and speed the healing of the surgical area.

1. **PROTECTION OF BLOOD CLOT:** maintain gentle pressure by biting on the gauze sponge that has been placed over the surgical area, or by biting on a tea bag which has been gently moistened and wrapped in a piece of gauze. Keep steady firm pressure for 45 minutes. Repeat as often as needed.
2. **DO NOT RINSE:** Do not rinse or use any mouthwash for at least 3 weeks. After 3 weeks rinse with warm water every 12 hours as instructed. (The use of commercial mouthwash during the healing process is not recommended.
3. **DISCOMFORT:** following dental surgery it is normal to experience some discomfort. If medication has been prescribed, take as directed.
4. **THE TOOTHBRUSH:** may be carefully used in the area of the mouth not involved by the surgical procedures.
5. **EATING:** adequate food and fluid intake following surgery and/or general extraction is most important. IF you find that eating your regular diet is too difficult you may supplement your diet with liquids such as Carnation Instant Breakfast (CIB any flavor). Should you not be able to chew solid foods of any nature, for several days or longer, contact our office for further instructions.
6. **AVOID:** all excessive activity, do not pick at the surgical area, do not consume liquids through a straw; avoid alcoholic beverages and refrain from smoking until healing is well established.
7. **SUTURES:** if they were used, do not fail to return for their removal on the appointment date given.
8. **CONTROL OF SWELLING:** gently apply ice packs to area for periods of 20 minutes on, 10 minutes off. This procedure should continue for the first 24 hours only
9. **ALLERGIC REACTIONS:** for generalized rash, itching, etc. call dentist immediately
10. **DO NOT HESITATE:** to call if any questions arise.

**OTHER INSTRUCTIONS:
DO NOT FOR 72 HOURS**

**Andrew Sugg, DDS
Office: (828) 327-7502
After Hours: (910) 995-3909**

1. Rinse – 3 weeks
2. Spit
3. Use a straw
4. Smoke

CONSENT FOR ORAL SURGERY AND EXTRACTIONS

Please read this form carefully and ask about anything that you do not understand. We will be pleased to explain further.

This is my consent for Dr. _____ to perform the following procedure:

I understand that the purpose of the procedure is to treat and possibly correct an abnormality of my oral/maxillofacial tissues. The doctor has advised me that if this condition persists without treatment or surgery, my present oral condition may worsen in time, and the risks to my health include but are not limited to: swelling, pain, infection, cyst formation, periodontal (gum) disease, dental decay, pathologic fracture of the jaw, premature loss of teeth, premature loss of bone.

I have been informed of possible alternatives to treatment, if any exist.

I have been informed that there are certain inherent and potential risks in any surgical procedure and that in this specific instance such operative risks include, but are not limited to:

Postoperative discomfort and swelling that may necessitate several days of home recuperation.

Postoperative bleeding that may require treatment.

Injury to adjacent teeth and fillings.

Postoperative infection requiring additional treatment and possible hospitalization.

Stretching of the corners of the mouth.

Limited mouth opening for several days or weeks.

Decision to leave small piece of root in the jaw when its removal would require extensive surgery.

Jaw fracture, bone fragments or bone exposures.

Injury to the nerve underlying the teeth resulting in numbness or tingling of the lip, chin, or tongue on the operated side: this may persist for several weeks, months, or in rare instances permanently.

Opening into the sinuses requiring additional surgery.

Inflammation and pain in the veins or at the site of the intravenous injections.

I consent to administration of medications and/or anesthetic as deemed necessary by my doctor in order to accomplish the proposed surgery. I have had an opportunity to discuss my past medical history with the doctor and have disclosed all significant information to her/him.

I agree and understand that a perfect result cannot be guaranteed or warranted.

Medications, drugs, anesthetics, or prescription medicines may cause drowsiness and lack of coordination which is made worse by the consumption of alcohol or other drugs. I understand that I am not to drive, drink alcohol or operate hazardous machinery while taking prescription pain medication. I certify that I have read and understand this consent for surgery in its entirety, and have had an opportunity to ask any questions that I may have.

Patient's Name

Witness/Date

Signature of Patient, Parent, or Guardian/Date

Doctor's Signature/Date