



Veronica Gonzalez, D.D.S.

Jessica Koh, D.D.S.

Diplomates American Board of Oral and Maxillofacial Surgery

Karis Lee, D.D.S.

Practice Limited to Oral and Maxillofacial Surgery

5555 Del Amo Blvd.
Lakewood, CA 90713

Tel 562.866.1735
Fax 562.866.8190

INSTRUCTIONS FOR CARE AFTER ORAL SURGERY

*****PLEASE READ INSTRUCTIONS CAREFULLY*****

SOMEONE SHOULD BE WITH YOU THE REMAINDER OF THE DAY OF YOUR SURGERY

Sometimes the after effects of oral surgery are quite minimal, so not all of these instructions may apply. Common sense will often dictate what you should do. Discomfort is expected and varies with the individual and procedure. However, when in doubt follow these guidelines and if you have questions, please contact the office.

DAY OF SURGERY

FIRST HOUR: Bite down gently but firmly on the gauze packs that have been placed over the surgical areas, making sure they remain in place. Avoid talking and chewing during the first hour. Do not change them for the first hour unless the bleeding is not controlled. The packs may be gently removed after one hour. 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. Once it appears that you have clotted, leave the gauze out.

HOME CARE: Do not disturb the surgical area today. Do **NOT** rinse vigorously or probe the area with any objects. You may brush the other teeth gently and with caution – avoiding the surgical sites. **PLEASE DO NOT SMOKE**, this is very detrimental to healing and may cause a dry socket.

OOZING: Intermittent bleeding or oozing overnight is normal. Bleeding may be controlled by placing fresh gauze over the areas and biting on the gauze for 30-45 minutes at a time. It is advisable to keep your head slightly elevated and to pin a towel on the pillow when sleeping.

PERSISTENT BLEEDING: Bleeding should never be severe. If so, it usually means that the packs are being clenched between teeth only and are not exerting pressure on the surgical areas. Try repositioning the packs. If bleeding persists or becomes heavy, you may **substitute a tea bag** (soaked in cold water, squeezed damp-dry and wrapped in moist gauze) for 20 or 30 minutes. It is okay to pack the site with gauze and leave it in your mouth as you sleep.

SWELLING: Swelling is often associated with oral surgery. 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 10 minutes on and 10 minutes off during the first one day after surgery ONLY! If you have been prescribed medicine for the control of swelling, be sure to take it as directed. The day after surgery, **NO MORE ICE**, use a warm moist compress to bring down the swelling. A wash cloth under some warm water will do.

PAIN: Unfortunately most oral surgery is accompanied by some degree of discomfort. You will usually have a prescription for pain medication. Take the medication before it really starts to hurt, don't wait until the pain sets in. Some patients find that stronger pain medicine causes nausea, but if you precede each pain pill with a small amount of food, chances for nausea will be reduced. Remember that the most severe pain is usually within three days after the surgery; after that your need for medicine should lessen.

NAUSEA: Nausea is not uncommon after surgery. Sometimes pain medications are the cause. 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. Try to keep taking clear fluids and minimize dosing of pain medications, but call us if you do not feel better.

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 during the following week or so.

DIET: A soft food diet is encouraged. It is important not to skip meals! Consume any nourishing food that can be taken with comfort. Avoid extremely hot foods. Do not use a straw for the first few days after surgery. It is best to avoid foods like chips, nuts, sunflower seeds, popcorn, or other foods containing small seeds, which may get lodged in the socket areas.

ORAL HYGIENE: DO NOT rinse the mouth the first day. Brushing should be avoided the day of the surgery.

EXERCISE: DO NOT overexert yourself. Do not do heavy lifting or strenuous exercise for two to three days after surgery. You may return to your normal physical activities within seven days.

Sit with your head elevated in a couch position to minimize bleeding and swelling

INSTRUCTIONS FOR THE SECOND AND THIRD DAYS

BRUSHING: Begin your normal oral hygiene routine the morning following surgery. Soreness and swelling may not permit vigorous brushing, but please make every effort to clean your teeth within the bounds of comfort. Warm salt water rinses (1/4 tsp salt in a cup of warm water) will help to keep the area clean and may provide relief of discomfort. **It is best to avoid drinking through a straw.** DO NOT smoke or chew tobacco!

WARM APPLICATIONS: You may apply warm compresses to the skin over the areas of swelling (warm water bottle, warm moist towels, or heating pad) for 10 minutes on and 10 minutes off to help soothe tender areas. This will also help decrease swelling and stiffness. Remember, **DO NOT APPLY** ice any day after surgery.

HEALING: Normal healing after 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 our office. If you are given a plastic irrigating syringe, **DO NOT** use it during the first five days. Then use it daily according to the instructions until you are certain the tooth socket has closed completely and that there is no chance of any food particles lodging in the socket.

PRESCRIPTION MEDICATIONS**

All patients who have had lower wisdom teeth extracted and some patients, who have not, will receive three or four medications:

- 1) An **Antibiotic:** One tablet to be taken as directed until all medication is gone.
- 2) A **Pain Medication:** One or two tablets every four hours to control pain.
- 3) An **Anti-Inflammatory:** One tablet every 6 hours to limit swelling and help with pain.

** Appropriate substitutions will be made for patients with allergies to any of the above medications.

Antibiotics can interfere with birth control medications: therefore use alternate methods if necessary. Advise the doctor of any drug allergies and confirm that you are not allergic to the prescribed medications before taking them. If signs of a rash appear, contact the doctor or pharmacist immediately.

IF A FOLLOW-UP APPOINTMENT HAS BEEN SCHEDULED FOR YOU

FOLLOW-UP: Please DO NOT FORGET to keep your post operative appointment. The doctor will discuss any extended home care instructions.

FOR PATIENTS WHO HAD LOWER WISDOM TEETH EXTRACTED AS PART OF THEIR TREATMENT

Lower wisdom teeth need active home care from you to the area where the lower wisdom tooth used to be. Food particles have a great tendency to get trapped in these areas.

HOME CARE: You may be given a plastic syringe to take home. No sooner than 5 days after the lower wisdom teeth have been removed, you must do the following: After each meal, load the syringe with tap water and, in front of a mirror, and over a sink, direct the tip of the syringe slightly to the side of the extraction socket and gently flush out any trapped food particles. Do this twice or until no more food is exiting from the site.

Take care not to vigorously flush the area, so as not to disturb the blood clot and create new bleeding. You will continue to do this after every meal for the next several days or weeks, or until the extraction socket has gotten too small to trap food or accommodate the tip of the syringe. Eventually, the hole will seal off completely.