

James C. Fuselier, DDS, MD
Michael P. Ding, DDS, MD
Robert B. Hunsaker, DDS, MD
Tyler C. Wildey, DDS, MD
Daniel Szalay, DDS

Fred J. Voorhees, DDS, MSD
William C. Cain, DDS, MD
Travis W. Kern, DDS, MD
Jeremy D. Leland, DDS, MD
David Szalay, DDS, MD

Thomas S. Weil, DDS, MD
Andrea L. Quaroni, DDS, MD
Russell D. Cunningham, DDS, MD
Craig Knell, DDS, MD
Najy K. Zarroug, DDS, MD

Diplomates, American Board of Oral and Maxillofacial Surgery • Fellows, American Association of Oral and Maxillofacial Surgeons

38th Street – 512-454-6725
Cedar Park – 512-258-3764
La Grange – 979-968-8510
Mopac – 512-346-7949
AustinOralSurgery.com

Marble Falls – 830-798-1054 | 888-322-8382
San Marcos – 512-396-4689
Lakeway – 512-263-9544
William Cannon – 512-447-6684

Georgetown – 512-869-0529
Temple – 254-771-1167
Dripping Springs – 512-858-8080
Pflugerville – 512-956-4466
Medlink (after hours) – 512-660-6325

POST-OPERATIVE INSTRUCTIONS

Your preparation and compliance with these instructions will have a significant impact on your recovery. While we are always available to answer your questions, we ask that you read and become familiar with these instructions. Our goal is to provide you with the information that you will need to have the best experience possible.

- 1) **SUPERVISION** - Patients who have undergone **intravenous anesthesia or oral sedation** should be carefully attended by a responsible adult for at least **six hours** after leaving the office. The patient is not permitted to drive or use heavy machinery until the day after the surgery. Bed rest until fully awake is recommended.
- 2) **MEDICATION**: Begin / continue taking your pain management and antibiotic medication(s) **if / as** prescribed, following your surgery.
 - a) **PAIN MANAGEMENT** – A certain amount of discomfort is to be expected and varies with the surgery performed. Pain is usually controlled effectively as follows. Narcotic pain medication and/or Ibuprofen/Motrin may be prescribed, based on the procedure performed and the anticipated pain level.
 - i) If narcotic pain medication is prescribed, take the first dose before the numbing wears off.
 - ii) Ibuprofen/Motrin may, if prescribed, be used in addition to the prescribed narcotic pain medication. Take 600mg Ibuprofen every 6 hours, alternating with pain medication, so they do not wear off at the same time. As an example, start with a cycle of pain medication at noon and 6pm, with Ibuprofen at 3 and 9pm, continuing this pattern, as necessary.
 - iii) Ibuprofen/Motrin alone may be sufficient to manage the pain related to certain limited procedures. Take 600mg Ibuprofen every 6 hours.
 - iv) If you find that you are taking the pain medication as prescribed and not having adequate pain relief, please call our office. Also see **Medication Refill** section.
 - b) **ANTIBIOTICS** – If your doctor prescribes antibiotics it is because he has determined that the use of antibiotics will be necessary to reduce the risk of infection and promote healing. Take ALL of the antibiotic prescription, if/as instructed. The use of antibiotics will make oral contraceptives ineffective as a form of birth control.
 - c) Eat or drink a small amount before taking medications, unless otherwise directed, to avoid nausea.
- 3) **MEDICATION REFILLS**– The initial prescriptions (plus refills, if applicable) are anticipated to be sufficient. However, in limited cases, additional medications are necessary. If you believe you will need additional prescription medication, it is best if you anticipate this need and start the process on the day **prior** to running out of the medication. This will allow plenty of time for your request to be processed by our office and the pharmacy. Because the need for additional post-operative medication is the exception, we may need to talk to you to determine whether there are other issues involved. Please call the office where you had your surgery or your pharmacy to initiate your request. When calling our office it is helpful if you provide the name and phone number of the pharmacy.

Because of new Federal DEA changes, some medications which were previously refillable now require a new handwritten controlled prescription. These can only be obtained in person during regular office hours. If you require changes or refills to these medications they must be handled in person during regular office hours.

- 4) **BLEEDING AFTER ORAL SURGERY** –
- a) When you leave our office, continue to bite on the gauze packing until you see only a tinge of blood. Change the gauze every 30 minutes.
 - b) In order for bleeding to stop and a blood clot to form, avoid excessive spitting, as this may dislodge the blood clot.
 - c) Bleeding should never be severe. If it is, it is usually a result of the gauze not exerting pressure directly on the surgery site. Try repositioning the gauze pack.
 - d) On average, most patients notice bleeding and have a requirement to use the gauze pack for 4 to 6 hours after leaving the office.
 - e) A noticeable ooze of blood is normal during the first few days following surgery, so you will likely see blood in the saliva, especially while brushing your teeth.
 - f) If bleeding continues past the average 4 to 6 hours, you may place a moistened tea bag over the bleeding site. Hold the tea bag in place by biting with firm pressure for 45 minutes, repeating if necessary. Tea contains a unique substance that promotes the clot formation.
- 5) **SWELLING AND DISCOLORATION** are a normal part of the healing process and are NOT a concern unless extreme.
- a) Cold therapy during the 24 hours following your surgery may reduce the amount of swelling. The earlier cold therapy is started, the more effective it will be. Cold therapy means the application of ice packs for one hour at a time, with a 15 minute break.
 - b) It is helpful to keep the head elevated on two pillows the day and first night after surgery.
 - c) Swelling usually peaks at 72 hours / 3 days after surgery.
 - d) Do not apply external heat unless directed.
- 6) **NAUSEA** – There are several reasons that you may experience nausea. Potential Causes and Solutions are:
- a) Taking medication on an empty stomach - We always recommend taking medication with food.
 - b) Taking pain medications with the antibiotics –We recommend staggering the pain medications and antibiotics by at least 1 hour.
- 7) **LIGHT HEADED** – It is not uncommon to become dizzy following surgery, as a result of not eating and/or taking pain medication. Be careful moving from lying down to standing up. You should sit up for one minute, prior to standing up.
- 8) **STIFFNESS OF THE JAW MUSCLES** may cause difficulty in opening your mouth for a few days following surgery. This is a normal post-operative event, which will resolve in time.
- 9) **SUTURES** may have been used to close the surgical site. Sutures are dissolvable and could possibly fall out on their own. They may fall out as early as the day after surgery or may still be in place at the time of your follow-up visit.
- 10) **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. If they cause discomfort, please call the office.
- 11) **TEMPERATURE** – Elevated temperature may occur after surgery. Call our office if your temperature is over 101 degrees or if an elevated temperature continues for more than 24 hours.
- 12) **CARBONATED AND ALCOHOLIC BEVERAGES** – avoid for 5 days to reduce the risk of “dry socket”.
- 13) **STRAWS** - Do not use straws for 5 days to reduce the risk of bleeding.

- 14) **DIET** – For your comfort, restrict your diet to cool liquids and soft foods (apple sauce, milk shakes, yogurt, pudding, etc) for the first 24 hours. You may drink coffee and other warm liquids after the numbness has worn off and the bleeding has stopped. Over the next several days you may gradually progress to solid foods. It is best to avoid foods like nuts, sunflower seeds, popcorn, etc., which may get lodged in the socket areas. If you are a diabetic, maintain your normal eating habits or follow instructions given by your doctor.
- 15) **CHEWING** – Do not chew on the surgical site area.
- 16) **MOUTH RINSE AND BRUSHING** – It is important to maintain good oral hygiene following your surgery. Begin lightly brushing and rinsing the evening of your surgery. Avoid vigorous rinsing and/or brushing within 24 hours of your surgery, as doing so may dislodge the blood clot and delay healing. When brushing your teeth, avoid the surgical area.
- Rinse gently using your prescription mouth rinse, following directions on the bottle.
 - In some cases, a prescription mouth rinse is not necessary and not prescribed. If you are not prescribed a mouth rinse, rinse with lightly salted warm water 4 to 6 times a day. Use 1 teaspoon of salt per 8 ounces of warm water.
 - Do not use any other over the counter mouthwash for 5 days following your surgery.
- 17) **SMOKING** – avoid smoking for 5 days to promote healing and reduce the risk of “dry socket”.
- 18) **PHYSICAL ACTIVITY** - avoid strenuous activity the day of the procedure and 2 days after, also do not play a wind instrument for a minimum of 1 week after the procedure.
- 19) **LIP NUMBNESS** – The local anesthetic can last a variable amount of time after the surgical procedure. On average it will last between 2 to 8 hours. On occasion it may last for 24 hours. Most oral surgery procedures will carry a risk of numbness resulting in swelling or bruising of the adjacent nerve. This numbness is usually temporary lasting from a few weeks to a few months. It is necessary for the surgical swelling to resolve before this altered sensation can be fully assessed. At your follow-up appointment, the altered sensation will be further assessed by your surgeon. If you have concerns about this prior to your appointment, feel free to call the office.
- 20) **DRY SOCKET** is one of the most talked about postoperative concerns after a tooth has been extracted. Dry sockets are a delay in healing characterized by an increase in pain that is not relieved by your prescription medications. It typically occurs between the 3rd and 5th day after the extraction. Your treating surgeon has done everything from a procedure standpoint to help minimize the risk of you getting a dry socket. It is as important for you to participate in your healthcare and minimize your risk by following ALL the instructions on this form. Even with the entire preventive measures in place, the incidence of a dry socket is still somewhere around 10%. If you have concerns that you might be experiencing a dry socket, please contact our office.
- 21) **QUESTIONS** - Please call our office if you have any questions or concerns. An on-call surgeon is available for emergency concerns after hours.

RULE OF THUMB: Although your swelling may increase in the first 3 days following surgery, you should notice improvement in your general condition each day. If your pain and/or swelling are increasing on the 4th day, please call our office.

NOTES AND/OR OTHER INSTRUCTIONS:

<h3>POST-OPERATIVE CARE / VISIT</h3>

Post-operative visit(s) may be scheduled after your procedure. However, because post-operative issues / complications after oral surgery are rare, your doctor may determine that a post-op visit is not likely to be necessary. If a post-op visit is not indicated, we will not schedule it. However, if you subsequently experience any complications or concerns, just call the office so we can help you resolve the issue or make an appointment for you to come in and be seen by your doctor. Your doctor will make this decision based on the surgery outcome and your health status.

If a post-operative visit is scheduled, the purpose of the visit is to assess your recovery progress and give you further instructions, if necessary, to ensure your recovery is complete and timely.

- Timing – The timing of your appointment will vary from 7 – 14 days after your surgery date based on the procedure performed and the expected post-operative course.
- Appointment Length – The post-operative visit is generally a brief appointment. Your doctor will:
 - Examine you and communicate your recovery progress and expectations for the remainder of your recovery;
 - Answer questions that you may have;
 - Provide additional instructions and/or limitations, if any, as necessary to aid in your recovery.
- Procedure Specific Considerations –
 - Extractions - Patients that have had a dental extraction may be given a special syringe to irrigate debris from the socket. This syringe is **not** to be used until instructed by the treating doctor. Early irrigation of the healing socket may result in loss of the blood clot and a “dry socket”.
 - Tooth Replacement – If we have extracted a tooth that is to be replaced, the post op visit provides a good opportunity to observe the healing and discuss Dental Implants and alternative replacement options.
 - Biopsy – If a biopsy was performed, your doctor will discuss the pathologist’s interpretation.
 - For patients that have had orthognathic, TMJ, reconstructive or other types of surgery, additional postoperative appointments may be necessary to continue monitoring your progress.

If you have any questions / concerns, please call the treating office during normal business hours or MedLink Answering Service if after hours or on the weekend. We are here to take care of you 24/7!