Follow-up appointment: ☐ (date/time)_____ ☐ follow-up as needed

COPPELL ORAL & FACIAL SURGERY

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POSTOPERATIVE INSTRUCTIONS
Tooth Extraction

BLEEDING: You will be discharged biting on gauze. Remain biting on the gauze for 30 minutes. The gauze is applying pressure to the gums where the surgery was done. Having the gauze between your teeth does not slow the bleeding. The pressure must be on the gums. Gauze usually does not have to be replaced (unless you take a blood thinner and have more oozing). Once again, place the gauze directly on the surgery site.

Please swallow your saliva, otherwise you will have a lot of drool mixed with only a little bit of blood. This will make all the saliva red and it will look like a lot of bleeding. If the bleeding continues after the above measures, soak a tea bag in water, squeeze damp-dry and wrap it in gauze, place it firmly in the area of the bleeding for 30 minutes. If bleeding is excessive and you are concerned, please call the doctor at the phone number listed below. (Remember that a lot of saliva and a little blood can LOOK like a lot of blood).

Make sure you don't fall asleep with gauze in your mouth as this can be a choking hazard.

You can also do the following to help slow the bleeding:) Sit and relax; keep your heart rate low. (b) Use iced compresses to your face. (c) Sip icy-cool liquids. (d) Minimize talking as motion at the surgery site may prolong oozing.

ANTIBIOTICS:. If you are prescribed an antibiotic, you should begin taking it the evening of the procedure. The mouthwash, Chlorhexadine, should be started the following day.

SWELLING: Facial swelling is normal following extractions and can be significant swelling that peaks 4 days after surgery. Swelling can be minimized by keeping your head elevated with the use of 2-3 pillows when lying down and application of ice packs over the surgical areas during the first 48 hours. A cold compress can be used for 20 minutes on and 20 minutes off for the first 48 hours. Your doctor MAY prescribe a steroid taper (methylprednisolone/Medrol dose pack) to help with swelling – follow the written instructions inside the medicine box on how to properly take this medication. You can start the steroid medication the next morning after your surgery.

Once you have passed the initial 48 hours, warm moist compresses (i.e. a washrag that you soak under warm running water and then ring out) are better than ice at helping the swelling resolve. Gently massage the areas with the warm moist compress for 20 min, every hour or so.

Rapid swelling is NOT normal. Call our office immediate if this occurs.

BRUISING*:* Bruising is highly variable and differs from patient to patient. Some patients experience little to no bruising, others have extensive bruising under the eyes, chin, down the neck and under tongue. Variables such as age, tissue laxity and medication profile can all effect bruising. Bruising will generally resolve after 2-3 weeks and may become more yellow as it is resolving.

PAIN: Your jaw and lip may remain numb for approximately 6 hours. Begin your pain medication while you are still numb to prevent the onset of pain. Take the medication as prescribed and discussed. Remember that the maximum 24-hour dose of Tylenol is 3000mg and Ibuprofen is 3200mg for an adult.

1. For most healthy patients, we will prescribe ibuprofen and a narcotic (i.e. Norco). It's recommended that you take ibuprofen every 6 hours for baseline pain relief and a narcotic every 6 hours if pain is not controlled with ibuprofen alone. You can also alternate the ibuprofen and narcotic if you wish. Alternatively, you can take the ibuprofen and narcotic at the same time; it is safe to do this! Make sure you have food in your stomach prior to taking any narcotic medication. DO NOT TAKE EXTRA TYLENOL IF YOU ARE TAKING A NARCOTIC AS THIS CAN LEAD TO TYLENOL OVERDOSE.
2. If you were prescribed Tylenol and Tramadol for pain, take Tylenol every 6 hours for baseline pain relief. Take Tramadol as needed every 6 hours for extra pain relief. You can also alternate the Tylenol and Tramadol or take them at the same time. Remember that the total daily dose of Tylenol should add up to maximum of 3000mg for an adult.

Swelling and discomfort will be at its maximum on the fourth day, each day after that you should see improvement. If you take a narcotic for pain, do not drink alcohol, drive or operate heavy machinery.

DIET: You can eat as soon as you're ready. We provide ice cream on discharge which you can eat when you get home. You can also stop by Sonic, McDonalds, Burger King on the way home and grab a shake. Eat it with a spoon! Avoid smoothies as they contain bits and pieces of seeds that can cause an infection.

Soft non-chew foods are recommended for the first 2 weeks after the surgery, intentionally avoiding the surgical site. Soft non-chew foods are anything that you can squish through the tines of a fork (examples include mashed potatoes, soup, yogurt, ice cream, macaroni and cheese). Cold foods are recommended for the first 24 hours after surgery. DO NOT suck fluids through a straw. AVOID spicy foods, acidic foods (lemonade, soda) for 1 week. Avoid caffeine for 2 days.

If you are a diabetic, maintain your normal eating habits as much as possible and follow instructions for your insulin given by your physician.

ORAL HYGIENE: Start brushing your teeth the next day after surgery. Brush gently and avoid brushing near the surgery sites. When you brush the nearby teeth, stay on top of the teeth and DO NOT BRUSH THE ACTUAL SURGERY SITE. Use a soft bristled brush so that you do not injure the tissues in your mouth. DO NOT floss the surgery site or use a waterpik! DO NOT use an irrigation syringe at the site of the bone graft!

A prescription rinse may be prescribed after surgery (Peridex/Chlorhexidine Gluconate). Rinse your mouth with Peridex for 1 min and spit out. Do this three times daily and do not drink or eat anything for 1 hour after using Peridex to allow it to work. Peridex rinse should not be used for more than 2 weeks as it may cause staining that is easily removed with a dental cleaning. An alternative to Peridex is to rinse your mouth with tepid salt water (1 teaspoon salt in 8 oz. water) after each meal for 2 weeks. Vigorous rinsing should be avoided (only gentle rinsing).

DO NOT rinse with Scope, Listerine or Hydrogen Peroxide for 2 weeks.

PHYSICAL ACTIVITY: Avoid strenuous exercise and lifting for about 2 weeks. Over-exerting yourself too soon can cause increased bleeding, swelling and pain. Light physical activity is okay (i.e. walking).

TRISMUS: Stiffness of the jaws is nature's way of resting the jaws to allow for body repair itself and usually relaxes about 7 days after the surgery.

NAUSEA: Nausea after surgery may be the result of swallowed blood, pain medications and/or effects of the anesthesia. Reduce nausea by always having food in stomach before taking each pill followed by drinking a large volume of clear fluids. Try to keep drinking clear fluids and minimize the pain medication if vomiting persists.

FEVER: A slight elevation in temperature is common on the evening of surgery. This is not necessarily due to infection. Following surgery, the body may have an elevated temperature as the early stages of inflammation occur. The temperature should not exceed 101 degrees. If this happens please contact the office.

INFECTION: Infections may occur a day or even several days following surgery. A sudden increase in swelling, throbbing pain, high fever and/or a foul-tasting drainage may indicate infection. If you suspect an infection, you should call the office as soon as possible. If you were prescribed an antibiotic, please finish the entire amount as directed. Antibiotics can sometimes reduce the effectiveness of birth control pills.

SUTURES: You may have sutures in your mouth. They usually dissolve on their own 2-3 weeks after the surgery. If they don't dissolve in 3 weeks, we will remove them for you. If sutures come out earlier, this is okay.

RECOVERY RESTRICTIONS:
- If you were sedated, DO NOT drive, operate complicated machinery or devices, or make important decisions such as signing documents for the first 24 hours.
- Smoking should also be avoided for 2 weeks, as it retards healing. However, if it is not possible to quit smoking completely, try to severely limit your smoking during the first 2 weeks for this time period.
- DO NOT use a waterpik around your surgical site for 2 weeks.
- DO NOT drink alcohol for 1 week after surgery.

SINUS PRECAUTIONS: Upper molar and premolar roots can be near or protruding into the maxillary sinus. If you had upper jaw molar and premolar teeth surgery, then for TWO WEEKS:
1. DO NOT blow your nose
2. DO NOT use straws, vape, smoke, hookah
3. DO NOT play wind instruments
4. If you need to sneeze, sneeze with your mouth open
5. DO NOT fly unless approved by Dr. Igor

DENTURE/FLIPPER WEAR: Your denture, partial or flipper should NOT be worn until it has been properly adjusted. The time you will be instructed to refrain from wearing your denture will be determined by the surgeon and will vary from patient to patient. The

success of your surgery will depend on your compliance. Whenever dentures or partials are worn over bone graft sites, they must be worn for appearance only, not for eating and chewing. Chewing may cause damage to the bone graft.

IF WE ADDED BONE GRAFT TO YOUR EXTRACTION SOCKETS, PLEASE READ THE FREQENTLY ASKED QUESTIONS BELOW:

I have this bad taste coming from my graft. What is that?
We have infused your graft with antibiotics. We do this so that any bacteria left in the site prior to the graft, or any bacteria that may try to get in to the site, will encounter the antibiotic and die. This is done as a preventative measure to help keep your graft from becoming infected. The antibiotic may slowly leach out and give you a bad taste. If this happens, gently rinse your mouth with salt water.

What is this weird thing I just pulled out of my mouth? Is this a graft particle? Is my graft failing?
Your graft is comprised of hundreds and hundreds (possibly thousands) of very small bone graft particles. They are condensed tightly into the surgery site. The particles closest to the surface of the graft are the least tightly packed (they have nothing above them but membrane!). It is common, NORMAL, and even expected that your graft may exfoliate 2, 3, or 4 particles here and there. These are particles that have not been incorporated into the main, clotted body of the graft. If they did not exfoliate, they would become trapped in the gum tissue as it heals. So it is actually desirable for those loose particles to come out. If you notice a significant number of graft particles all at once (i.e. “it feels like there’s a pile of sand in my mouth…”) please contact our office.

These stitches are annoying.
Yes, they can be annoying. But the stitches are important to providing initial integrity to your graft. Please be careful with them.

What if I think the stitches are loose?
Minor loosening of the stitches is normal as the initial post-operative swelling in the tissues subsides. Big loops of stitch flopping around in your mouth should be trimmed. If you are experiencing this, please contact our office

What is the best thing I can do to take care of my graft?
BE VERY CAREFUL AND GENTLE WITH YOUR GRAFT! These bone grafts take several weeks to heal to a point where they are resilient. Until that time, the grafts are fragile and delicate! It’s very important that you try as much as possible to give your graft TLC. This means try not to eat on the side of your graft. Also, try to stick to “soft” foods (i.e. anything you can easily squish through tines of a fork) so that if you do happen to chew near the site it won’t be damaged by the soft food. Remember! All of the hard work can be undone by an errant vein of salad or wayward tortilla chip!

Also, taking calcium and vitamin D supplements (i.e. Citracal over the counter works great) will enhance bone healing. Before you start this supplement, please clear it with your PCP.

What is the follow-up for my graft?
(1) Follow-up at 3 weeks for suture removal. We’ll discuss next steps in home care.
(2) Follow-up at 3 months. At this appointment we’ll verify that the graft has taken using a CT scan. If your treatment plan includes an implant(s), we will plan out your implant(s) and review timing, healing, costs, etc.

What is the purpose of the graft again?
(1) Grafts prevent atrophy! Without the graft, the body realizes that there is no more tooth to support and the body begins taking away any remaining bone that held the tooth. This results in bone loss (i.e. atrophy) at the extraction site. The bone loss occurs both in the vertical direction AND in the horizontal direction. This bone loss makes any future restoration attempts (implants, bridges, etc.) significantly more difficult! The presence of a bone graft prevents this natural atrophy process from occurring.
(2) Grafts provide a solid foundation. By grafting a site, we effectively are providing a solid foundation for any future restorative attempt. Implants that are placed in an extracted socket are much more predictably successful, both at the time of surgery and for the long-term health of the implant.
(3) Grafts “hold your place in line.” With a successful bone graft, you are in control of when you decide to replace a missing tooth with an implant. Typically, implants can be placed as early as 3 months after a graft. However, if it fits your situation better, you can wait with confidence because the bone graft will stay stable in place. Then you can choose to place an implant 9 months later, or 2 years later, or never, if you so choose. And you won’t have to worry about atrophy occurring at the site.
(4) Grafts prevent tipping of nearby teeth into the space of the missing tooth.
(5) An ancillary benefit of a bone graft is that they convert an “open” wound (i.e. tooth socket) into a “closed” wound system, which typically makes extraction sites much more comfortable during healing. Although this is not a main reason for having a graft, it is a nice benefit.

SPECIAL INSTRUCTIONS:

EMERGENCY: If you need to contact the doctor urgently, you can call the office. If you are calling after hours, call the office (972-366-0065) and select prompt #2 and leave a voicemail. The doctor will call you back.