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

COPPELL ORAL & FACIAL SURGERY

Igor Tikhonov DDS, MD
www.coppellofs.com

POSTOPERATIVE INSTRUCTIONS
Biopsy

BLEEDING: In most cases, there will be minimal bleeding since the wound is often closed with sutures. Some bleeding and oozing may be expected during the first 24 hours. Please keep gauze packed firmly over the surgery site for about 1 hour. Remove the gauze, then check the site for bleeding. If significant bleeding continues, a new gauze pack should be placed and firm pressure should be applied for 1 hour. Depending on the site of the biopsy, this may require finger pressure to hold the gauze in place. Repeat as necessary.

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.

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: Depending on the procedure, you may or may not experience 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: The surgical site 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 is 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. Use a soft bristled brush so that you do not injure the tissues in your mouth.

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).

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 1-2 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.

PATHOLOGY REPORTS: Most of the time, the lesion removed will be mailed to a pathologist to review. The pathologist will send back a formal report that tells us what the removed tissue actually turned out to be. Results will be reviewed when you return for a post-op visit about 2 weeks later, at which time the biopsy site will be examined. The pathology lab is a separate facility from our office. All billing questions regarding their services should be directed toward them. For the majority of biopsies, the company we use is Propath and their number is 214-638-2000.

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.