



OUTPATIENT PRE-OPERATIVE INSTRUCTIONS

I. THE DAY BEFORE SURGERY:

1. Start taking the medication prescribed by your oral surgeon on the day before surgery, as directed on your prescription bottle.

II. THE DAY OF SURGERY:

1. Take your **routine** medications with a sip of water the day of surgery as prescribed by your physician.
2. Dress casually, regular street clothing is appropriate. Please wear either short sleeves or loose, unbuttonable cuffs. Ladies, wear either slacks and a shirt, or a two-piece dress; no girdles or high heels; and please remove all finger nail polish prior to surgery.
3. If your surgery is to be performed with:

LOCAL ANESTHESIA

- a. Have a light meal a few hours prior to surgery.
- b. For more extensive procedures, you may wish to have someone drive you home.
- c. Plan to rest a few hours after surgery.

NITROUS OXIDE

- a. **Nothing to eat or drink** (including water) for eight (8) hours prior to surgery. If you are taking any regular medications, please check with the doctor as to whether or not you should take them the morning of the surgery. If you are told to take them, take them with only a small sip of water.
- b. You **must** have a responsible adult accompany you to the office on your surgery day. This person must remain in our reception room while the procedure is being performed, and drive you home after surgery.
- c. Plan to rest for the remainder of the day.

INTRAVENOUS SEDATION OR GENERAL ANESTHESIA

- a. **Nothing to eat or drink** (including water) for eight (8) hours prior to surgery. If you are taking any regular medications, please check with the doctor as to whether or not you should take them the morning of the surgery. If you are told to take them, take them with only a small sip of water.
- b. Remove all jewelry prior to coming for surgery.
- c. You **must** have a responsible adult accompany you to the office on your surgery day. This person must remain in our reception room while the procedure is being performed, drive you home, apply ice to the face, and take care of you until the effects of the anesthesia have completely diminished and you are physically capable of caring for yourself. This will be for a period of at least 24 hours.
- d. Plan to rest the remainder of the day. Do not operate power tools, machinery, etc. for 24 hours after surgery.

III. AFTER SURGERY:

1. You **MUST EAT EACH TIME** prior to taking your pain medication. Taking pain medication on an empty stomach will cause nausea. As soon as you arrive home following surgery, take your pain medication. Suggested foods are: milk shakes, jello, instant breakfast, yogurt, ice cream, pudding or the food of your choice put into a blender so that you do not need to chew.
- ** Patients taking birth control pills in conjunction with prescribed antibiotics should either refrain from sexual activity or take alternative precautions while taking the antibiotics. Such combinations of medications have led to reported cases of ineffective birth control pills, contributing to unplanned pregnancies.

Medications will not be prescribed after regular office hours or on weekends.

Please call before 3:00 p.m. on weekdays for any prescription medications.



OUTPATIENT POST OPERATIVE INSTRUCTIONS

OBSERVATION

1. A minimum of 24 hours observation for sedation patients.
2. No driving for 24 hours after sedation, general anesthetic, and/or taking narcotic medication.

PAIN CONTROL

3. No smoking for a minimum of 72 hours. (Smoking is the leading cause of "dry socket" which is extremely painful).
4. Prior to local anesthesia "numbness" ending, take medications as directed with food. (It is easier for someone to stay out of pain then to get out of pain).
5. If the patient is not allergic, can tolerate, and physician approved use of ibuprofen (Motrin/ Advil) this medication can be alternately taken with prescribed narcotic. The following dose is recommended for adult patients, 600 mg of ibuprofen initially, then 3 hours later the prescribed narcotic (dosage per bottle directions), then 3 hours later the ibuprofen, etc.
6. Avoid use of straws or suction for 24 hours.

BLEEDING / OOZING

7. Head elevation – minimal one additional pillow (or greater).
8. Rest/restrict activity for the first 72 hours after surgery or last day requiring narcotics.
9. Ice to face 10 minutes one side and then 10 minutes other (if applicable) for 72 hours.
10. Bite on gauze for 30 minutes after patient has reached home and become stationary. Change gauze as necessary (if saturated). If oozing is not controlled with gauze pressure alone then light pressure against caffeinated tea bag can be helpful. Remember occasionally a small amount of oozing is to be expected for even the first week.

DIET

11. Liquid or soft diet at first, then advance as tolerated. (Remove gauze prior to taking medications and/or food).
12. Eat/drink prior to taking medications. This will significantly reduce nausea.

(CONTINUED ON BACK)

SWELLING / BRUISING

13. Maximum swelling does not occur for 3 to 4 days. This should be expected and can be minimized by following the restrictions and medication recommendations previously listed.
14. Bleeding from the muscles/tissue that have been manipulated during surgery can cause bruising. This is expected in a fair number of cases. The bruising should fade over the next 7–14 days.

SURGICAL SITES

15. Stitches are placed to reapproximate the tissue manipulated at surgery. Dissolvable sutures are routinely used and will dissolve and “fallout” or “disappear” on their own. This usually occurs within the first week or two. Sometimes stitches will fall out early. This is not a problem and they are not routinely replaced. If stitches are bothering you because of length, they can be trimmed with small scissors or can be removed by our clinic.
16. Exposed bone is commonly visible with extraction sites. This does not need to be addressed unless area does not demonstrate progressive healing. It is also not uncommon for bone fragments to be rejected from a surgical site after a surgery. If this occurs, just contact our office for evaluation.
17. There is commonly a hole where a tooth is removed. This area should be rinsed after meals and at bedtime with warm salt water (one tablespoon in one 8 oz. glass of water). This area will gradually fill in over a period of several months with new bone and soft tissue.

NUMBNESS

18. Long acting local anesthetics are commonly used on lower jaw extractions. This could cause numbness even into the next day. Also, performing surgery near or in contact with the nerves of the jaw and face can cause numbness for short and sometimes long periods. If numbness persists after the first 72 hours following surgery then contact the clinic for evaluation.

FATIGUE

19. It is not uncommon to feel tired or fatigued after a surgical procedure. This is especially true if medications for pain, swelling, and/or infections are being taken. Always take medication as directed.

CONTACT

20. In case of extreme pain; uncontrollable bleeding, difficulty breathing, or other unusual findings, telephone our office immediately.