

## POST OPERATIVE INSTRUCTIONS

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- Follow instructions on any medications prescribed. (*Antibiotics are to be taken until finished, even if you feel fine. Pain medication is only taken if you need it.*)
- **Do not** smoke or use any tobacco product for 5 days. Do not use nicotine patches or any other nicotine products for 5 days. **If you smoke during initial wound healing, you have a high chance of a painful post operative complication called dry socket. You do not want dry socket as it can often be more painful than a tooth ache.**
- Bite on the gauze provided for **1 hour** and then change gauze every 30 minutes.
- After 4 gauze changes, if bleeding is still excessive bite on a damp tea bag for 30 minutes. (*It is normal to have a little red in your saliva the 1<sup>st</sup> 24 hours post-op*)
- **Do not** rinse extraction area the 1<sup>st</sup> 24 hours. After 24 hours, rinse with ½ teaspoon salt in 1 cup water after meals. This is a gentle rinse.
- **Do not** drink alcohol or use any mouth rinse that may contain alcohol for the first 48 hours.
- **Do not** drink through a straw or create suction on the extraction site for the first 48 hours.
- **Do not** drink carbonated or hot beverages the first 24 hours.
- Avoid crunchy foods like nuts and popcorn the first 48 hours as these foods can get stuck in the extraction sight. Do not eat Noodles.
- If instructed to use an ice pack, place the ice pack over the surgery area for ten minutes, remove for ten minutes, then reapply for ten minutes. You will do this for 2 hours.
- Eat a well balanced diet. Protein and vitamin C are especially helpful in wound healing.
- If you have pain that is not managed by the prescribed pain medications, call the office at **907-336-8478**. If the office is closed, an alternate number will be provided for you to call.
- If you develop abnormal swelling, call the office. If this swelling is associated with fever, you need to see the dentist as this could be a post operative infection.
- When you brush your teeth **do not** brush the extraction site.

\*see other side for information on bone loss

## POST EXTRACTION BONE LOSS FACTS

- 20% of ridge width is expected the first year after a tooth is lost.
- After the first year, .5mm of bone loss is expected per year.
- Bone resorbs 4 times faster in the lower anterior (front), than the upper anterior.
- Placement of a bone graft, whether human bone or synthetic substitute, can greatly reduce the initial bone loss seen in the first year.
- Once a tooth is lost, the bone loss is inevitable.
- Bone loss occurs more rapidly when denture forces are exerted on the bone.
- Dental implants have been shown to help preserve healthy bone levels.
- If the bone resorbs too much, implants may not be possible without expensive and complicated bone grafting techniques &/or arch expansion techniques.
- In many cases, when the bone resorbs too much, bone grafting is not an option and implants cannot be done.
- Bone contour may be good for dentures now but over time the bone can resorb to the point that a denture moves around too much to eat with and sometimes even to wear.

Please be aware that the above information is true for most cases and will vary from individual to individual. I have seen some cases in which there is no apparent bone loss (this is not very common). I have also seen cases in which the bone loss is so severe that the orthodontist could not do the planned treatment because there was not enough bone left (this is also not very common).

***As a general rule, placing bone or a synthetic bone substitute is recommended at the time of extraction.*** Doing so gives you more options for replacing the tooth for a longer period of time.