

## POST-OPERATIVE INSTRUCTIONS

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Please read the following instructions carefully. The after effects of oral surgery are quite variable, so not all of these instructions may apply to you. At a minimum, you must control bleeding, provide for good nutrition, maintain adequate pain control, and provide proper oral hygiene/wound care.

### Control of Bleeding

- It is typical for bleeding to continue for a few hours after simple extractions and for several (6-10) hours after more complex surgery.
- Placing fresh gauze over the surgical areas and biting down firmly for **30-60 minutes** may control it.
- Maintaining the head in an elevated position (use of recliner or several pillows) will also help to reduce bleeding and swelling.
- **Bleeding should never be severe.** If it is, it usually means that the packs are being clenched between your teeth rather than exerting pressure on the surgical areas. Try repositioning fresh packs.
- If bleeding persists or becomes heavy you may substitute a tea bag (soaked in hot water, squeezed damp-dry and wrapped in moist gauze) for 20 to 30 minutes. **If bleeding remains uncontrolled, please call our office (615) 383-0132.**

### Exercise Care

- Do not disturb the surgical area today.
- **DO NOT RINSE** vigorously or probe the area with any objects or your fingers.
- You may brush your teeth gently starting tomorrow.
- **DO NOT SMOKE** for at least 48 hours, since it is very detrimental to healing.
- **DO NOT USE ANBESOL**

### Swelling

- Often there is some swelling associated with oral surgery that will reach its peak around 48 hours and can take 7-10 days to resolve.
- You can minimize this by using a cold pack or ice bag wrapped in a towel and applied gently to face or cheek adjacent to the surgical area.
- The cold pack should be applied **twenty minutes on** and **twenty minutes off** during the first **24 hours** after surgery.
- If you have been prescribed medicine for the control of swelling be sure to take it as directed.

### Fever

- A slight fever is not uncommon the first few days after the surgery (temperature 100.5). If you have a high fever or fever persists, please call our office at (615) 383-0132.

## Operating a Motor Vehicle

- Please do not operate any machinery or a motor vehicle for **24 hours** after sedation or general anesthesia.
- If you are taking any prescribed narcotic pain medicine (Percocet, Oxycodone, Vicodin, Hydrocodone, Tylenol with Codeine) do not operate any machinery or a motor vehicle.
- Do not consume any alcohol for 24 hours after intravenous sedation, general anesthesia or while taking any prescription pain medications.

## Sutures

- Sutures (or “stitches”) may be placed to reapproximate tissue and help control bleeding. These sutures are usually dissolvable and do not need to be removed.

## Pain

- If you have no history of allergy to medications such as ibuprofen (Motrin, Advil) we recommend taking this prior to the local anesthetic wearing off.
- If pain is more severe, a narcotic pain medicine may be needed.
- You cannot take the narcotic along with ibuprofen therefore you should **alternate them every three hours**.
- Be aware that narcotic pain medicine may cause upset stomach, which may include nausea, vomiting or constipation.
- Remember that the most severe discomfort is usually within the first six hours after the anesthetic wears off, after that your need for medicine should lessen.
- You may exhibit an increase of pain on the third day after surgery. This should resolve quickly.

## Diet

- On the day of the surgery, avoid hot foods that will prolong bleeding.
- **DO NOT** use a straw for consumption of food or beverage.
- Cold soft foods (such as ice cream, milkshakes, instant breakfast, puddings and yogurt) are ideal.
- Over the next several days you can progress to solid foods at your own pace.
- **It is important not to skip meals!**
- Avoid foods like nuts, sunflower seeds, popcorn, grits, rice, etc., which may get lodged in the socket areas.
- If you are diabetic, maintain your normal eating habits as much as possible and follow our instructions or those from your physician regarding your insulin schedule.

## Mouth Rinses

- **DO NOT rinse the day of surgery.**
- Keeping your mouth clean after surgery is essential.
- Use 1/2 teaspoon of salt dissolved in an 8 ounce glass of warm water and gently rinse with portions of the solution, taking five minutes to use the entire glassful.
- Repeat as often as you like, but at least two or three times daily and always after eating for the next five days.
- We may prescribe an antibiotic rinse (chlorhexedine, Periogard, Peridex) for certain procedures. This rinse should be used in the morning and at bedtime after routine mouth care.
- Do not eat or drink or rinse your mouth after using medicated rinses.

## Sharp Edges

- If you feel sharp edges in the surgical areas with your tongue it is probably the bony walls that originally supported the teeth.
- Occasionally small slivers of bone may work themselves out during the first week or two of surgery. They are not pieces of tooth and if necessary we will remove them. Please call if you are concerned.

## Sinus Precautions

- Some procedures in the back part of the upper jaw may involve entry into the sinus cavity. If you are advised of this, please follow these precautions for 10 days after the surgery.
- **Do not** blow your nose vigorously or sneeze holding your nose.
- Flying in pressurized aircraft may also increase sinus pressure and should be avoided.
- Decongestants such as Drixoral, Dimetapp or Pseudofed will help reduce pressure in the sinuses.
- You may also be given a prescription for antibiotics. Please take these as directed.

It is our desire that your recovery be as smooth and pleasant as possible. Following these instructions will assist you, but if you have questions about your progress, please call the office at (615) 383-0132 during business hours. After hours you may reach Dr. Hancock at (615) 717-7190.