



Canandaigua Oral Surgery, PC
500 North Main Street
Canandaigua, NY 14424

585.394.3322 Office
585.727.3218 Dr Phillip Cary
585.727.2113 Dr Nathan Cary

office@canandaiguaoralsurgery.com
www.canandaiguaoralsurgery.com

Instructions for post-op care: Tooth Extraction(s)

Your recovery from oral surgery will be influenced by a number of factors. These factors can influence the amount of swelling, amount of bleeding or possible bruising, the level of pain one might experience, and the functional limitations you will temporarily have following the surgery.

The **type of surgery** is probably the most significant factor. Other factors influencing the patient's recovery include: **patient age and general health, pre and postoperative oral hygiene, nutrition, any surgical complications, and the presence or development of infection.**

These instructions are intended to help you with recovery from oral surgery. Please take time to read this pamphlet carefully. Keep this pamphlet handy, you may wish to refer to it for advice anytime within the first post-operative week.

Not all the information contained in this pamphlet may apply to you. You will have instructions reviewed prior to discharge by a member of our staff.

In the event you experience problems or have questions that are not discussed here, please call Dr. Cary at one of the above listed telephone numbers for advice or to arrange for a visit in the office.

Activity

Rest is generally recommended following surgery of any kind. Your head should remain elevated at all times for the first 48 hours, even while sleeping. This will decrease the amount of bleeding, swelling, and pain you may experience. Once bleeding has stopped, activity may then resume for those patients having minor surgical procedures. Resting for the entire day is essential for those patients having more involved procedures, or for those who have had intravenous sedation or general anesthesia. We recommend you have no commitments to work, school, or important events for a period of 3-5 days following more involved procedures. Strenuous exercise should be avoided until you have completely recovered from surgery. If you will be expected to be out of work or school for an extended time, a doctor's excuse will be provided upon request.

Bleeding

Some bleeding is to be expected after surgery. Applying pressure to the bleeding sites with gauze packs will control and stop the bleeding. Use two or three gauze squares folded into a tight bundle to create the pack. Make certain the gauze packs are placed directly over the site of bleeding. Bite firmly on the packs at least 30 minutes at a time. At the end of that time you should remove the packs and inspect for bleeding. Replace with fresh gauze packs and resume biting pressure if bleeding is still present. Biting pressure should only be stopped when all visible bleeding has stopped. Packs will often appear faint red or brownish when bleeding has stopped. You can also use a moistened teabag placed in the same fashion as the gauze packs. Do not sleep with gauze packs in your mouth.

All patients who have had general anesthesia or IV sedation for surgery should have another person change the gauze packs to assure that they are in proper position.

Some intermittent oozing of blood may be seen for a period of one to three days. This is normal. Be very careful when eating and toothbrushing for the first two weeks following surgery to avoid further bleeding.

Swelling

Ice packs to the jaw/face for 35-45 mins. each hour for the first 24-48 hours is ESSENTIAL if you wish to minimize facial/jaw swelling. Keep your head elevated (even while sleeping) during the first 48 hours.

When swelling does occur, it is usually associated with jaw stiffness. Swelling will begin to resolve on the 3rd to 4th day after surgery, and is generally gone completely by the end of the first week post-op. *If swelling returns after having gone away initially, you should contact the office, as this may indicate the development of infection.* Jaw stiffness will often take longer than swelling to resolve, sometimes taking up to two weeks to completely go away. Use heat packs on the jaw muscles to improved mobility after 4-5 days if needed.

Pain

Pain is variable following oral surgery. In many cases pain will be mild, and is best managed with non-prescription medications. Aspirin, acetaminophen, ibuprofen, or naproxen may be recommended. A prescription will be provided if the need for a stronger pain medication is anticipated.

Take your pain medication before the sensation of "numbness" wears off completely, and thereafter as directed until you are comfortable without medication. You may find a mild pain reliever is needed for up to a week following the resolution of your initial surgical pain.

Expect the first 3 to 5 hours following the return of sensation to be your most uncomfortable time. You may require a combination of pain medications during the first 24 hours. Alternating your prescription medication with aspirin, tylenol, or ibuprofen may be suggested to control more severe pain. Placing ice over the affected area will also be helpful to decrease pain as well as to decrease swelling.

Nausea

Nausea is not uncommon in the first 24 hours following oral surgery. The most common causes are the presence of swallowed blood in the stomach, or sensitivity to pain medication. Thus, it is important to stop any bleeding as quickly as possible, and to avoid narcotic pain medication (which more often cause nausea compared with acetaminophen or ibuprofen) as much as possible. Avoiding unnecessary movement and sipping carbonated liquids seems to help in most cases. You may be provided with nausea medication (rectal suppository) to be used as directed. You will probably vomit if blood is in your stomach. This also tends to relieve the nausea. Stay on clear liquids until the nausea has stopped.

If nausea is related to taking pain medication; stop taking the medication. If you cannot get pain control with over the counter pain medication, another prescription pain reliever will be considered.

Contact the office or Dr. Cary if nausea persists beyond 24 hours.

Oral Hygiene

Do not rinse vigorously, spit, or use commercial mouthwash on the day of surgery. Using a toothbrush on the first day around the surgical sites is generally not advised. These things are likely to cause additional bleeding. Resume normal mouth cleaning techniques on the day following surgery. This will have to be done very gently to avoid pain or early loss of stitches. Warm salt water solution (1/4 teas. salt in 10 oz. water) rinses should be done 4 to 6 times a day for the first 3 to 5 days, starting the day after surgery.

An irrigation syringe may be provided for use to rinse the surgical area directly. This should only be used after the first 72 hours so as not to disrupt a blood clot and to avoid additional bleeding. The warm salt water solution (mixed as above) should be used. Food debris can be kept out of the wound with this device. You may find it useful for several weeks. Use the syringe only once or twice daily.

Diet

The type and complexity of your surgery will influence your diet choices postoperatively. In many cases a soft diet for 3-5 days after surgery is recommended. In some cases, a normal diet can be resumed the day of surgery. Dietary restrictions may be advised to promote better healing. Generally a liquid or soft diet will be advised for the day of surgery. You may progress to a regular diet as tolerated. Avoid foods that are uncomfortable to chew.

Clear liquids (fruit juice, soda, broth, jello) seem to be best tolerated for patients who have had sedation/general anesthesia. Drink plenty of liquids while you are not eating solid food. Avoid dairy products in the first 24 hours following anesthesia. Liquid diet supplements may be advised if a regular diet cannot be resumed within 3 to 4 days.

Dry Socket

The development of a "dry socket" (alveolar osteitis) is probably the most common complication requiring treatment following the removal of teeth. This condition develops almost exclusively in the lower jaw, and is generally associated with the removal of impacted teeth, surgery in infected areas, or teeth that are difficult to remove.

This condition is classically described as moderate to severe pain in the area of surgery 2-10 days post-op. Radiation of pain to the ear or to other teeth and surrounding areas is common with a dry socket. A bad taste or odor typically accompanies the pain. Even narcotic pain medication seems somewhat incapable of managing pain for the patient with a dry socket. There is no clear understanding today of what actually causes dry socket. Your risk for dry socket can be minimized by avoiding smoking, vigorous mouth rinsing, spitting, and drinking through a straw in the first week post-op. There is currently no protocol to completely prevent dry socket. If you develop the symptoms of dry socket, please contact the office so that treatment can be arranged. This usually involves the placement of a medicated dressing in the tooth socket, and will in most cases completely eliminate or dramatically reduce pain rapidly. Dressing changes will be arranged to keep you comfortable while the condition is resolving.

Post-op appointment

A postoperative appointment is not routinely made for many procedures. In some cases a postoperative appointment will be scheduled for you so that we can evaluate your healing and /or remove sutures (stitches). Many times dissolvable sutures are placed, which generally take 3-7 days to come out. Please call the office if you have not been scheduled for post-op evaluation and feel that you need to be seen for any reason.