WEST BALLANTYNE ORAL SURGERY
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POST-OP INSTRUCTIONS

The Day of Surgery:

BLEEDING

Bite down firmly on the gauze pack(s) that have been placed over the surgical site(s), making sure they remain in place. Do not remove or change them for at least 30-60 minutes. **After this first hour (or so), gauze may be removed if bleeding is not persistent OR can be replaced as necessary**. If bleeding is minimal or well-controlled, it is not necessary to keep gauze in place continuously throughout the day (or overnight while sleeping). Resting with the upper body elevated (recliner) and applying ice packs to the face can also help to minimize bleeding.

Oozing of blood from the surgical sites is normal/expected for the first 1-2 days after your procedure, however bleeding should never be severe (i.e., "pumping or gushing" out of your surgical site(s)). If so, it usually means that the gauze packs are only being lightly clenched between teeth and are not exerting pressure on the surgical site(s). Try re-positioning the packs and biting down with firm pressure for at least 30 minutes at a time. If bleeding persists after this, replace the gauze with a **damp BLACK tea bag**. *Tannins that are contained in black tea have been shown to help with the formation of a blood clot*. If bleeding remains uncontrolled after this, please call our office.

HYGIENE/CARE

Do not disturb the surgical area today (or ever) with your fingers, tongue, toothbrush, Q tip, etc. Do NOT rinse vigorously or probe the area with any objects. **You may brush your teeth gently at the end of the day, but do NOT brush over or near the surgical site(s)**. *You can begin to GENTLY swish/rinse with the prescribed mouth rinse (Periogard) or warm salt water (2 teaspoons of salt + 1 cup of warm water) before bedtime on the night of your procedure. **Avoid over-the-counter mouthwashes (i.e., Scope, Listerine, etc.) for at least 7-10 days. DO NOT SMOKE** for at least 48-72 hours since this is very detrimental to healing and may lead to DRY SOCKET.

SWELLING

Swelling of the face is often associated with oral surgery. It can be minimized by using a cold pack, ice bag, or a bag of frozen vegetables wrapped in a paper towel and applied to the face adjacent to the surgical area. NOTE: ****Ice is only effective in decreasing post-surgical swelling for the first 24 hours after the procedure****.

SWELLING

After the first 24 hours, ice can continue to be used to alleviate pain or discomfort or you can transition to WARM compresses. If you have been prescribed a steroid (Prednisone or Dexamethasone) to help minimize (not eliminate) post-surgical swelling, be sure to take it as directed and still use ice as detailed above. Keep in mind that post-surgical swelling typically does not reach its maximum extent until 72 hours after the procedure and then should begin to subside and improve.

Note: Although less frequent, swelling can also sometimes be accompanied by bruising of the external face and upper neck. This tends to occur more frequently in lighter-skinned individuals, patients taking blood thinner medications, and the elderly. Bruising will typically resolve and become less noticeable in 5-7 days. You can apply WARM compresses to the bruised site(s) to help accelerate resolution of your bruising.

PAIN

Unfortunately, most oral surgery procedures are accompanied by a moderate degree of discomfort. You will usually have a prescription for pain medication. **Begin taking pain medication before the numbing medication wears off** to "stay ahead" of the pain. We highly recommend using IBUPROFEN as your first-line pain medication since it acts as both an anti-inflammatory (to counteract swelling) and a mild pain reliever. **Do not under-estimate the effectiveness of over the counter (OTC) pain relievers** – many studies have shown that alternating Ibuprofen and Tylenol, according to a schedule, is more effective than prescription narcotic pain meds in alleviating post-surgical pain.

Refer to Dr. Soung's "Pain Control Regimen" sheet in this packet.

The effects of pain medication (and pain tolerance) varies widely among individuals, so please call us if our recommended pain regimen does not provide adequate relief. Remember that the most severe pain is usually within the first 24 hours after the numbing medication wears off and should subsequently lessen in intensity. Also remember that there is no pain medication or pain regimen that will eliminate 100% of post-surgical pain; some discomfort is expected/normal even after taking pain meds. The goal is to use pain medication to decrease discomfort to a manageable level.

ANESTHESIA RELATED EFFECTS

If you underwent IV (intravenous) or ORAL sedation:
For the rest of the day, you will likely feel drowsy/sleepy/lightheaded/dizzy. Your face may feel flushed and your skin may feel warm and sweaty while the sedative/anesthetic medications remain in your system. Do NOT drink alcohol (of any sort) for the first 24 hours since this may worsen the side effects of anesthesia. Do NOT drive, operate machinery, or use power tools for 24 hours. Do NOT make any important decisions or sign legal documents for 24 hrs.

NAUSEA

You may experience some anesthesia-related nausea and/or vomiting in the immediate postoperative period that typically self-resolves after 12-24 hours. If nausea persists (or begins) more than 24 hours after your procedure, NARCOTIC pain medications are often the cause. Nausea can be reduced by preceding each of dose of narcotic with a small amount of food and taking the medication with a glass of water. **Call us if you do not feel better, and prescription anti-nausea medication can be prescribed if needed**.

STITCHES The most common suture placed by Dr. Soung is dissolvable and will "resorb" or fall out on their own in 5-7 days after surgery. Some specific procedures or areas of the surgical site may require "longer acting" sutures that will not dissolve or resorb for several weeks, or (rarely) NON-resorbable sutures that will need to be removed by Dr. Soung during a post-operative office visit.

DIET Start with clear cool liquids and soft foods that do not require chewing until the numbing medication has worn off. Avoid extremely hot foods (warm is OK) and carbonated beverages. Do not use a straw for at least **1 WEEK** after the surgery. Unless otherwise instructed, we recommend that you limit the first day's intake to softer or pureed foods (soup, smoothies, Jell-O, applesauce, pastas, etc.). **Avoid hard, crunchy, or sticky foods** like nuts, sunflower seeds, popcorn, etc., which may become lodged in extraction sockets or incision sites. ****REFER to the *"What Can I Eat After My Procedure?"* page in this packet****. Over the next several days you may gradually progress to solid foods. It is important not to skip meals! Maintaining good (high protein) nourishment is crucial during the healing process to give your body the nutrients it requires to heal and recover from your surgery. If you are a diabetic, maintain your normal eating habits and/or follow instructions given by your doctor.

MOUTH RINSE Keeping your mouth clean after surgery is essential. Start using the prescription mouth rinse as prescribed on the night of your surgery (GENTLY swish and spit twice daily – after breakfast and before bedtime – after brushing your teeth). **Avoid over-the-counter mouthwashes (i.e., Scope, Listerine, etc.) for at least 7-10 days.**

For ~1 week after your Procedure:

BRUSHING Unless you have been specifically instructed otherwise by Dr. Soung and/or his surgical assistants, begin your normal oral hygiene routine the night of your surgery but **AVOID brushing or flossing directly over or around the surgical sites (i.e., stay at least 1-2 teeth away from the surgical sites)**.

HEALING Normal healing after an Oral Surgery procedure should be as follows: The first 2-3 days after surgery are generally the most uncomfortable and there is usually some swelling. On the 3rd–4th days you should begin to feel more comfortable and, although still swollen, can usually begin advancing your diet (but still avoiding hard, crunchy, or sticky foods). There should be gradual, steady improvement in your pain, discomfort, and swelling over the remainder of the post-operative course. The gum tissue around the surgical site will often remain puffy and red for ~1 week.

SHARP EDGES If you feel sharp edges or something hard in (or around) an extraction site, it is likely you are feeling the bony walls which once supported the tooth. Small slivers or fragments of bone may work themselves out and/or smooth over on their own within a few weeks after the procedure. If they do not self-resolve or cause persistent discomfort, please call our office.

West Ballantyne Oral Surgery
Dr. George Y. Soung, DDS, FAAOMS, FACOMS
Diplomate, American Board of Oral and Maxillofacial Surgery

RECOMMENDED PAIN CONTROL REGIMEN

Follow these STEP-BY-STEP instructions:

We HIGHLY RECOMMEND that you begin this pain medication regimen BEFORE the numbing medication (local anesthetic) given during the procedure completely wears off*

STEP 1: **IBUPROFEN** prescribed by Dr. Soung OR purchased over the counter.

(NOTE: Advil or Motrin are brand-name versions of Ibuprofen that can be bought over the counter**,** which typically comes in 200 mg tablets. **Take TWO-to-THREE 200 mg tablets)**. **Ibuprofen is preferred over other NSAIDs like Aleve (Naproxen Sodium) *.*

- Take Ibuprofen every 4-6 hours
- ***If you are still experiencing pain and it has been 1-2 hours since taking Ibuprofen, go to STEP 2***

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STEP 2: Take over-the-counter **TYLENOL** (aka acetaminophen): **follow instructions on package!**

- Alternate this medication with Ibuprofen, ideally taking it 1-2 hours after taking Ibuprofen (but no more frequently than every 4 hours)
- ***If it has been 4 hours or longer since you took your last dose of IBUPROFEN and you are only experiencing mild/moderate pain (after taking Tylenol), return to STEP 1***
- ***If you are still experiencing SEVERE pain after taking BOTH Ibuprofen and Tylenol, and it has been less than 4 hours since taking Ibuprofen, go to STEP 3***

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STEP 3: Prescription **NARCOTIC** pain medication (usually **Hydrocodone/Acetaminophen**): take this AS PRESCRIBED (i.e., once every 4-6 hours)**.**

NOTE: Multiple studies have conclusively shown that the COMBINATION of Ibuprofen + Tylenol (taken according to a strict regimen) is more effective for post-surgical pain control than narcotic pain medications!

Ibuprofen, Tylenol, and Hydrocodone/Acetaminophen can be taken concurrently (at the same time), if absolutely needed, typically before bedtime. There is no cross-reactivity, risk of overdose, or adverse effects with having all 3 of these pain medications in your body at the same time as long as you do not take them more frequently than instructed/prescribed.

SYRINGE INSTRUCTIONS

*__***Not everyone is given a syringe (depending on the procedure that was performed)***__. *If you were given one, here are the instructions for proper use:*

- Do NOT begin using until the **3rd day** after surgery
    - Example: If your surgery was on Monday, you would begin using the syringe according to these instructions on Wednesday evening.

- Draw up Peridex/Periogard (0.12% chlorhexidine gluconate) mouth rinse into the syringe (pull the plunger up slowly until the syringe is at least 50% full).
    - *If you were not given a prescription for Peridex/Periogard mouth rinse, you may use a saltwater mix as the irrigating solution. Mix 2 teaspoons of table salt in 4-6 oz of warm water. Place the syringe in the liquid and pull the plunger up slowly to fill the syringe.*

- Place the **tip of the syringe __beyond the top edge of the gum tissue and INTO THE SOCKET__** where the tooth was extracted and firmly push the plunger down to flush out the socket.

- Repeat the above process for all **LOWER** sockets where teeth were extracted.

- You do not need to flush upper sockets.

- **You should continue to flush sockets until they appear to be fully closed or filled in. This could take up to a few weeks. **IT IS NORMAL TO EXPERIENCE SOME MINOR BLEEDING FROM THE SURGICAL SITES DURING OR AFTER FLUSHING**.**

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What can I eat after my procedure?

APPROVED FOODS:

- Jell-O
- Mashed Potatoes
- Sweet Potatoes
- Soup
- Yogurt / Cottage Cheese
- Soft biscuits / bread
- Steamed soft vegetables
- Avocado
- Hummus
- Black beans / baked beans
- Milkshakes (no straws!)
- Smoothies (no straws!)
- Applesauce
- Bananas
- Cheesecake (no nuts!)
- Ice cream (no nuts!)
- Eggs
- Mac-n-Cheese
- Pancakes
- Oatmeal
- Pasta **(no meat sauce!)**
- Protein shakes (no straws!)

DO **NOT** EAT: (for ~7 days)

X Pizza
X Crackers
X Chips
X Pretzels
X Nuts
X Tough Meat (i.e., steak, fried chicken, pork chops)
X Granola
X Popcorn
X Sticky or Crunchy Candy
X Gum
X Caramel
X Quinoa / Rice (1-3 days)
X Any food containing seeds