



## WEST BALLANTYNE ORAL SURGERY

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*Diplomate, American Board of Oral and Maxillofacial Surgery*

### **Post-op Instructions After Implant and/or Bone Graft Surgery**

1. Start GENTLY rinsing **with the prescribed antibiotic mouth rinse (Peridex/Periogard) before bedtime on the night of your surgery.** *Imagine that there is small boat in your mouth and that you are gently rocking it back and forth while rinsing; NOT swishing so forcefully that you capsize the boat.* Continue rinsing with this mouth rinse at least twice a day - once in the morning and once at night before bedtime. Rinsing after every meal is also recommended.
2. Do NOT brush directly over the surgical site. You may brush your other teeth but keep the toothbrush at least 1-2 teeth away from the surgical site.
3. Follow a SOFT diet (avoiding hard, crunchy, or sticky foods like chips, nuts, or popcorn) for 5 to 7 days. Avoid chewing on the side that the implant (and/or bone graft) was placed for at least 2-3 weeks.
4. If you have had a temporary denture/flipper device to replace your missing tooth/teeth **do not use it** until you have been instructed to do so by Dr. Soung.
5. SUTURE Care: Some sutures are dissolvable within 5-7 days after the procedure; others will need to be removed during your (2-week) follow up visit.
6. **If bone grafting was completed:** Your bone graft is made up of many small particles. You may notice small particles of the graft coming out over the days (and even weeks) after your surgery. Do not be alarmed: IT IS NORMAL to have some bone graft particles come out of the graft site and into your mouth. Do NOT assume that these are food particles and try to flush or clean out the surgical site with vigorous rinsing, a WaterPik device, or a Q-tip. In order to minimize the number of particles that become dislodged, **rinse GENTLY (see #1 above),** and do NOT brush over the surgical site.
7. DO NOT smoke for at least 7 days (preferably 2 weeks) after surgery as it is detrimental to the healing process. Quitting smoking altogether would be most ideal as tobacco smoke has been proven to cause implants and bone grafts to fail at a much higher rate when compared to non-smokers.

8. **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 minimizing post-surgical swelling for the first 24 hours after the procedure\*\***. 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 alleviate (not eliminate) post-surgical swelling, be sure to take it as directed and still use ice as 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 taper off and improve after that. 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 self-resolve and become less noticeable in 5-7 days. You can apply WARM compresses to the bruised site(s) to help accelerate resolution of the bruising.
9. **PAIN:** Unfortunately, most oral surgery is accompanied by a moderate degree of discomfort. You will usually have a prescription for pain medication. You should **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 OTC (over the counter) pain relievers – many studies have shown that Ibuprofen and Tylenol, taken in combination and according to a schedule, are more effective than narcotic pain meds in alleviating post-surgical pain.** **Refer to Dr. Soung’s “Pain Control Regimen” sheet that was provided to you.**

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 six hours after the local anesthetic wears off; after that your need for medicine should lessen. 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.

10. **NAUSEA:** Nausea may occur after surgery. Often, NARCOTIC pain medications are the cause. Nausea can be reduced by preceding each pain pill with a small amount of soft food and taking the pill with a glass of water. **Call us if you do not feel better, and prescription anti-nausea medication can be prescribed if needed.**

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## **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:** Prescription strength **Ibuprofen 400 mg** prescribed by Dr. Soung **OR** over-the-counter **Ibuprofen aka Advil or Motrin** (Ibuprofen bought over the counter comes in 200 mg tablets: **take TWO 200 mg tablets**).  
*\*Ibuprofen is preferred over other NSAIDs like Aleve (Naproxen Sodium)\*.*

- Take Ibuprofen **400 mg** every 4 hours
- ***If you are still experiencing pain and it has been 1-2 hours since taking Ibuprofen, go to STEP 2***



**STEP 2:** Take over-the-counter **REGULAR strength** Tylenol (aka acetaminophen): **ONE 325 mg tablet**.

- You can take this medication every 4 hours; alternate this with Ibuprofen (aka Advil, Motrin).
- ***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***



**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.



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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



## WEST BALLANTYNE ORAL SURGERY

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*These reviews mean a lot to Dr. Soung and our team.*



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