

AFTER TOOTH EXTRACTION

The removal of impacted teeth is a surgical procedure. Post-operative care is very important. Unnecessary pain and the complications of infection and swelling can be minimized if these instructions are followed carefully.

Immediately Following Surgery:

- The gauze pad placed over the surgical area should be kept in place for one hour. Upon discharge from hospital, the gauze pad will be removed, and you will be provided with spare gauze in case of ongoing bleeding.
- Vigorous mouth rinsing, sucking, spitting or touching the wound area following surgery should be avoided. This may initiate bleeding by causing the blood clot that has formed to become dislodged.
- Take the prescribed pain medications as soon as possible, ideally before the local anaesthetic has worn off.
- Restrict your activities the day of surgery and resume normal activity when you feel comfortable.
- Place ice packs to the sides of your face where surgery was performed. Refer to the section on swelling for explanation.

PAIN

Pain is a normal consequence of surgery and is expected. Take the medication prescribed as directed and avoid aspirin unless it has been medically prescribed and you have discussed it with Dr Wong. Take 1 or 2 tablets of Maxigesic™ (paracetamol/ibuprofen combination) every 4-6 hours until the local anaesthetic has worn off (maximum 6-8 tablets per day) with food. **If you are having implants or grafting, only use 2 tablets of Panadol osteo™ 6 hourly - avoid anti-inflammatories such as nurofen, mobic or naprosyn.** Palexia™ (tapentadol) 1-2 tablets every 6 hours for breakthrough pain, especially before bed, may be required for the first few days and can be taken with maxigesic or panadol. It is common to have referred pain to the ears, throat or front teeth following surgery. This will subside on its own.

The prescribed pain medicine may make you groggy and slow down your reflexes. Do not drive a car or work around machinery. Avoid alcoholic beverages. Pain or discomfort following surgery should subside more each day. If pain persists, it may require attention. You should call the office.

BLEEDING

Bleeding is normally fully controlled intra-operatively, however a certain amount of bleeding may still occur following surgery. Slight bleeding, oozing, or redness in the saliva is common. Excessive bleeding may be controlled by first rinsing or wiping any old clots from your mouth. Then place a gauze pad over the area and bite firmly for thirty minutes. Repeat if necessary.

If bleeding continues, place a moistened tea bag on the site and then a ball of gauze on top of this then bite firmly for thirty minutes. The tannic acid in the tea bag helps to form a clot by contracting bleeding vessels. To minimize further bleeding, do not become excited, sit upright, and avoid exercise. If bleeding does not subside, call immediately for further instructions.

KEEP THE MOUTH CLEAN

No vigorous rinsing should be performed until the day following surgery. You can brush your teeth and unaffected areas the night of surgery but rinse gently. The day after surgery, you should rinse your mouth gently after meals with the prescribed mouth rinse (0.2% chlorhexidine SAVACOL™). 5-6 days after surgery you must begin irrigating your lower extraction sites after eating, with the curved syringe and the mouth rinse or a cup of warm water mixed with a teaspoon of salt.

Stretch the cheek away and place the tip into the hole and flush firmly. This is essential to keep food and debris from delaying the healing of these areas or causing post-operative infections. Ideally, use the 0.2% chlorhexidine during the first week then change to salt water and continue this until healing of the sockets has occurred. Syringing may need to continue for 3-4 weeks or until no more food returns when flushing.

ANTIBIOTICS

If you have been placed on antibiotics, take the tablets or liquid as directed (usually start the evening of surgery). Antibiotics to prevent infection are only prescribed in patients with a history of recurrent infection, immunosuppression or other specific indications. They are not routinely prescribed in healthy patients unless there is active infection. Discontinue antibiotic use in the event of a rash or other unfavourable reaction.

Call the office if this occurs or you have any questions.

SWELLING AND BRUISING

The amount of expected swelling differs from one procedure to the next and from patient to patient. Swelling around the mouth, cheeks, eyes and sides of the face is not uncommon. This is the body's normal reaction to surgery and eventual repair. The swelling will not become apparent until the day following surgery, and will not reach its maximum until 2-3 days post-operatively. However, the swelling may be minimized by the immediate use of ice packs. Two bags filled with ice, or ice packs should be applied to the sides of the face where surgery was performed. The ice packs should be left on for 20 minutes and then removed for 20 minutes while you are awake. After 4 days, ice has no beneficial effect.

If swelling or jaw stiffness has persisted for several days, there is no cause for alarm. This is a normal reaction to surgery. 4 days following surgery, the application of moist heat to the sides of the face is beneficial in reducing the size of the swelling. Gentle opening and closing of the mouth can help to restore normal movement. After 2-3 days there may be some discoloration of the skin, first blue-black in colour, then turning yellow and disappearing in a few days. This is due to blood spreading beneath the tissues and may track down the neck due to gravity. It is a normal post-operative occurrence. Moist heat applied to the area may speed up the removal of the discoloration. Arnica cream may also help.

DIET

After general anaesthetic or I.V sedation, room temperature liquids should be initially taken. Do not use straws. Drink from a glass. The sucking motion can cause more bleeding by dislodging the blood clot. You may eat anything soft by chewing away from the surgical sites. Avoid alcohol and smoking for at least 24-48 hours. High calorie, high protein intake is very important. Nourishment should be taken regularly. You should prevent dehydration by taking fluids regularly. Your food intake will be limited for the first few days. You should compensate for this by increasing your fluid intake (at least 5-6 glasses of liquid daily). Try not to miss a single meal. You will feel better, have more strength, less discomfort and heal faster if you continue to eat. Caution: If you suddenly sit up or stand from a lying position you may become dizzy. If you are lying down following surgery, make sure you sit for one minute before standing.

NAUSEA AND VOMITING

In the event of nausea and/or vomiting following surgery, do not take anything by mouth for at least an hour including the prescribed medicine. You should then sip on coke, tea or ginger ale. You should sip slowly over a fifteen- minute period. When the nausea subsides, you can begin taking solid foods and the prescribed medicine. If you have persistent nausea and/or vomiting, please contact our office and an anti-nausea medication can be prescribed in most cases.

OTHER COMPLICATIONS

Expect numbness of the lip, chin, and/or tongue for approximately 5-24 hours following surgery. This is the effect of the local anaesthetic used during surgery. If it persists, there is no cause for alarm. As stated before surgery, this is usually temporary in nature. You should be aware that if your lip or tongue is numb, you could bite it and not feel the sensation. So be careful and avoid excessively hot or cold food or drinks. Call Dr Wong if you have any questions.

Slight elevation of temperature immediately following surgery is not uncommon. If the fever persists, notify the office. The Panadol and Ibuprofen taken for pain will also help to reduce the fever. Occasionally, patients may feel hard projections in the mouth with their tongue. They are not roots, but they are the bony walls which supported the tooth. These projections usually smooth out spontaneously. If not, they can be removed by the doctor.

If the corners of your mouth are stretched, they may dry out and crack. Your lips should be kept moist with an ointment such as Vaseline or Paw Paw ointment. Sore throat and pain when swallowing are not uncommon. The muscles sometimes swell after surgery. The normal act of swallowing can then become painful. This will subside in 2-3 days. If significant, try using Cepacaine™ mouthwash gargles (also useful for pooling over the extraction sites or if ulcers form as it contains a local anaesthetic).

POST-OPERATIVE VISIT

A post-operative visit to see me will be arranged for you if required. If non-dissolving sutures have been used these will be removed at this visit. Work certificates can also be provided upon request or by phoning the rooms. If you have any problems or concerns, please call.

FINALLY

Sutures may be placed in the area of surgery to minimize post-operative bleeding and to help healing. Sometimes they become dislodged – this is no cause for alarm. Just remove the suture from your mouth and discard it. The remaining sutures will dissolve spontaneously after about 2-3 weeks. There will be a hole where the tooth was removed. The hole will gradually close over in the next month and fill in with the new tissue. Keep this area clean as described earlier. Your case is individual, no two mouths are alike. Do not accept well intended advice from friends.

Discuss your problem with the persons best able to effectively help you: the surgeon or your family dentist.

SPECIFIC INSTRUCTIONS

Tooth Exposures

If you have had a tooth exposed there may be a small pack sutured over the tooth that will fall out several days after surgery.

Dental Implants

Implants may be inserted in two stages. The first stage involves insertion of the implant into the bone. If required, a second stage procedure is performed several months later to uncover the implant and place a healing abutment.

This cap protrudes through the gum. **You must avoid chewing on the side where the implant is for at least 2-3 months. Stick to soft food, cut into smaller pieces and chew these on the opposite side to the implant. DO NOT fiddle with the cap with your tongue as this can mobilise the implant and prevent it from healing, especially 1 month following surgery.**

Sinus Surgery

If you have had surgery close to or involving the sinus cavity, you will need to limit nose blowing, smoking, sucking on straws and blowing of wind instruments for 3 weeks. Try to sneeze with your mouth open. A nasal decongestant will be advised, e.g. Drixine™ which should be used immediately after surgery - 2 puffs, each nostril morning and night for **4 days only.**



INSTRUCTIONS FOLLOWING SURGERY

DR JACLYN WONG

MBBS, BDSc (Hons), Post Grad Dip Surg Anat

NAME:

POST OPERATIVE APPOINTMENT: