

ROUTINE PRE-SURGICAL INSTRUCTIONS

Planning ahead greatly improves the safety and comfort of your oral surgery. If you will be sedated or receiving general anesthesia, you MUST be accompanied to your appointment by a responsible adult, parent or legal guardian. He or she will need to remain in our office during your surgery and help you get home afterwards. For your own protection, it is essential that you arrange for someone capable to stay with and care for you during the 24 hours following surgery.

ITEMS TO HAVE ON HAND:

There are a number of items you will need to purchase ahead of time and have on hand for your recovery:

- **Ice packs** - Most drugstores carry prefabricated sling-type ice packs for the face, or you can use frozen bags of peas or corn.
- **Clear liquids and soft foods** - Have several types of clear liquids (juice, water, soda, etc.) and soft foods (yogurt, shakes, pudding, soup, applesauce, ice cream, etc.) on hand. You will need to use them for at least the first day following surgery.
- **Prescriptions** - Fill any necessary prescriptions prior to the day of your procedure so you can go directly home following surgery. Be sure to discuss any other medications you are taking with the doctor well ahead of time, including daily doses of aspirin or aspirin substitutes.

The Night Before Surgery

Eat a light supper the night before surgery and do not have anything to eat or drink 8 hours prior to your appointment. If we have prescribed a sedative or antibiotic, take it with a small sip of water only. Avoid alcohol for 24 hours before and after surgery. We recommend you refrain from smoking for 24 hours prior to your appointment as well.

The Day of Surgery

Be sure to wear loose fitting clothing with short sleeves to your appointment. If you normally wear contact lenses, please leave them at home. Jewelry - especially earrings, bracelets and watches - should also be removed. Just prior to leaving for our office, brush your teeth thoroughly and use mouth rinse if prescribed. If you have taken a pre-operative sedative, do not attempt to drive or climb stairs.

In Case of Pre-Operative Illness

If you develop a head or chest cold or any other illness, bug or ailment prior to your appointment, please call our office for further instructions.

INFORMATION REGARDING REMOVAL OF IMPACTED TEETH

What is an impacted tooth?

All teeth are formed deep within the jaw bones. As the root develops, most teeth travel toward their future place on the dental arch. This movement is called eruption. If a tooth travels in the wrong direction, is blocked by another tooth or by dense bone it is said to be impacted or unerupted.

What harm can impacted teeth do?

Since it is not normal for a tooth to remain beneath the surface after the age of 18-21, it is easy to understand why difficulties develop. When saliva can reach the crown—and this may happen even though the impacted tooth

cannot be seen in the mouth—it is possible for tooth decay to occur. There is no way to fill such cavities, and severe toothache finally results.

Likewise the germs in the saliva may cause pericoronitis, an infection around the crown of the tooth. The infection may spread to the cheek, throat or neck with severe pain, stiffness of the jaw and general body illness.

As impacted teeth press against other teeth, they injure their roots or push them out of position. Sometimes a large cyst forms around the crown of an impacted tooth, resulting in the destruction of bone and damage to other teeth in the region.

Why and when should impacted teeth be removed?

While it is true that not all impacted teeth cause the above complications, it is not possible to determine from an X-ray which ones will give difficulty, or when. Trouble usually comes unexpectedly and at inconvenient times. Older individuals do not tolerate impacted tooth removal as well as young people, and the operation is more difficult with advancing age.

Sometimes it is recommended that a child's unerupted teeth be removed, often for orthodonture. Children also sometimes have extra (supernumerary) teeth that should be removed to permit adult teeth to erupt normally.

If a patient with an impacted tooth waits until it is causing trouble, he may first have to be treated for the infection or other complications before the removal can be performed. This means additional loss of time and expense as well as some added risk

Are there any complications?

Any operation carries some risk. This is reduced by pre-operative appraisal of your medical history and present physical condition, and by the skill and experience of the surgeon and the office personnel.

The socket remaining after an impacted tooth is removed is a large one, and healing may be delayed because the body is unable to generate replacement tissue as quickly as with a small wound. Healing in the upper jaw typically proceeds uneventfully. In the lower jaw, about 90% of tooth sockets will heal promptly, while roughly 10% will take longer and require some type of dressing every few days. For this reason, it is not wise for patients recovering from this surgery to plan a trip immediately following the procedure, or to travel where they could not secure good dental care.

All patients about to have impacted teeth removed should understand that adjacent teeth may have been weakened or otherwise injured by the presence of the impacted tooth. Adjacent teeth must therefore be watched for three to six months after the impacted tooth has been removed.

Lower Teeth

Lower teeth are often near the sensory nerves of the lower jaw and tongue. A nerve may be bruised or slightly torn or even cut in two during surgery. The result will be numbness or tingling of the lower lip, chin, gums and all teeth on that side of the mouth. It may also affect part of the tongue. This does not last more than a few weeks in most cases, improving as the nerve regenerates. Very rarely it can last as long as two years. Cases where the condition remained permanently have occurred.

Roots of Upper Teeth

Roots of upper teeth may extend into the sinus cavity. The doctor will use great care to see that no injury occurs to this structure, but occasionally when the tooth is removed a sinus opening may occur. Normally the socket fills in quickly, but if healing is delayed, surgery may become necessary to prevent air or fluid from passing between the mouth and sinus.

Small Tips of Roots

Small tips of roots occasionally break off deep in the socket as a tooth is removed. The oral surgeon may elect to leave these small tips in place if removal would require extensive surgery which could endanger nearby nerves, etc.

Fillings and Crowns

Weak or brittle fillings or crowns next to a tooth being removed may crack or fall out and may need to be replaced.

ROUTINE POST-SURGICAL INSTRUCTIONS

Following these post-surgery directions is the most important thing you can do to aid the healing process. The removal of impacted teeth is a surgical procedure. You can minimize unnecessary pain and infection or swelling if you follow these instructions carefully.

Gauze Packs to Control Bleeding

After your procedure, you will be biting down on a gauze pad that has been placed over the surgical area. Maintain light, constant pressure over the gauze pad for at least 1 hour. If active bleeding continues after that time, replace the gauze pad with a fresh, slightly moistened one and maintain light pressure for an additional hour.

If active bleeding persists, a moistened tea bag (non-herbal) may be substituted for the gauze pad. Do not use gauze or tea bags in the mouth after the first day. Some blood in the saliva is to be expected for 1-2 days following surgery.

Discomfort and Pain Control

It is best to take your pain medication before the effect of the local anesthetic wears off completely. Often there is a tingling sensation that accompanies the lessening of the anesthetic effect. Take all pain medication with food, and refrain from drinking alcohol, driving or operating machinery while medicated.

Ice packs (or frozen bags of peas or corn) should be placed on the skin at the surgery site for 1-2 days after your procedure. Do not put ice packs inside your mouth or in direct contact with the surgical area.

Antibiotics

If antibiotics have been prescribed, take them according to the directions on the label. Please contact the office if there are any questions in regards to your prescriptions. Please be aware that antibiotics and pain medication can temporarily alter the effectiveness of birth control pills.

Fever

You may experience a low-grade fever 24-48 hours after surgery. If your temperature rises to 101° F or higher, please call our office.

Nausea and Vomiting

Nausea can occur following the use of a general anesthesia. Small amounts of clear carbonated beverages such as 7-Up, Sprite or ginger ale taken every hour for 2-3 hours will usually help. Dramamine, Emetrol or Pepcid AC are available without a prescription and can also be helpful. Please contact our office before using any over-the-counter medications.

Swelling and Discoloration

Swelling normally increases on the third day after surgery and recedes gradually. Keep your head elevated (resting on 2 pillows) for 1-2 days after surgery. Using ice packs for the first 1-2 days will also help reduce swelling and relieve discomfort. You may experience some bruising on your face and/or neck. Discoloration will range from blue to yellowish green and may last for up to one week.

Do not apply heat to your face unless instructed by our office.

Sore Arm

A small amount of bruising or discomfort is possible around the I.V. site. A warm, moist washcloth placed over the area for 15 minutes, 3-4 times a day will make it feel better.

Stiffness of the Jaws (Trismus)

You may have difficulty opening your mouth for a few days following surgery due to a stiffening of the jaw muscles called Trismus. Minimize your chances of experiencing this stiffness by opening and stretching your mouth several times an hour for the first 24 hours after surgery.

Placement of Dental Implants

If you have received dental implants, it is important to be cautious with the surgical site initially.

Often a metal healing cap is placed at the gum level. Avoid rinsing, spitting, chewing on or touching the wound on the day of surgery. If you have received a prescription for Peridex (mouthwash), please follow the directions on the bottle.

Diet

Good nutrition and fluid intake are important after surgery. On the day of surgery, a liquid or soft diet is suggested. Do not use a straw for 5 days after surgery. A few post-operative food suggestions include: milk shakes, instant breakfast, soups, yogurts, scrambled eggs or mashed potatoes.

Avoid hard, crunchy, seeded, spicy or whole-grain foods like nuts, popcorn, seeded berries and hot peppers. Avoid alcoholic beverages for 24 hours, especially when taking pain medication. You can resume your normal diet as your comfort level allows.

Keep Your Mouth Clean

We encourage you to brush your teeth—avoiding the surgery site—before bed on the night of your surgery. The day after surgery you should begin rinsing with warm salt water after meals and at bedtime. Use 1/2 teaspoon of salt per 8 ounces of warm water and continue the rinse schedule for at least one week. Please refrain from using Waterpiks, mouthwash or hydrogen peroxide until recommended by the doctor, as they will delay the healing process.

Sutures

Dissolvable stitches are often used. They generally fall out within 4-5 days, but don't worry if they fall out earlier. Sutures requiring removal will be taken out during your post-operative visit.

Extraction Site

You may notice a voided space or "hole" in your gum after an extraction. The cavity will gradually fill in with new tissue. Gentle salt water rinses beginning the day after surgery will help to keep the extraction site clean.

Immediate Dentures

If a new denture or partial was placed during your surgery, do not remove it for 24 hours. Rinsing 3-4 times per day can begin 24 hours after surgery. You should leave your dentures in place as much as possible during the first week following extractions, unless you're instructed otherwise.

Potential Complications

- Do not be alarmed by numbness of the lip, chin or tongue after surgery. This is usually a temporary occurrence.
- Occasionally, patients may feel hard or sharp projections in the mouth with their tongue. These objects are part of the bony wall that supported the tooth and usually smooth out on their own. If they are painful, they can be removed by one of our doctors.
- The corners of your mouth may be dry or cracked from being stretched during surgery. This can be treated with an over-the-counter ointment.
- Painful swallowing is sometimes a complication of oral surgery. This usually subsides within 2-3 days.
- A dry socket is when a blood clot gets dislodged prematurely from the tooth socket. Symptoms of a dry socket are pain unrelieved by medication, either at the surgical site or in the ear, occurring 3-4 days after surgery. Please contact our surgical team if you think this has occurred.
- If your post-operative pain or swelling worsens or you develop unusual symptom, please call our office for instructions.