



### **Pain Medication**

After most periodontal procedures, an anti-inflammatory is prescribed (Ibuprofen, Advil or Motrin 800mg). Take 1 tab every 8 hours for at least 3 days. The doctor may have also prescribed a narcotic (Vicodin, Norco, Lortab) or another pain medication to use as an additional pain reliever. These two medications can be taken together in an alternating manner while still following the directions on each label (i.e. 1 tab Ibuprofen 800mg, 4 hrs later Norco 5/325 mg, 4 hrs later 1 tab Ibuprofen etc. while still maintaining the 8 hr interval of Ibuprofen and 4-6 hr interval of Norco). Both medications work better together than either one alone. If you are allergic or cannot tolerate the anti-inflammatory or narcotic please notify our staff and we will prescribe other medications. Over the counter acetaminophen (Tylenol) can be taken with the Ibuprofen, however, should not be taken with the narcotic (many narcotics also have acetaminophen in them). Driving or operating dangerous equipment while taking narcotics can be very dangerous. Do not consume alcohol while taking narcotics.

### **Antibiotic Medication**

There are several antibiotics used for pre- and post-operative periodontal procedures. Please notify our staff if you have any allergies to antibiotics. Allergies are discussed in detail during your initial exam, however, if not reported on your medical and dental history please notify your doctor immediately.

If the doctor prescribed you an antibiotic, take the antibiotic as prescribed on the bottle until it is gone. Prematurely terminating the regimen can lead to bacterial resistance and infection of the surgical area. If you have any reactions to the antibiotic, please immediately contact our staff (see below for the after hours contact information). If you develop an upset stomach and/or diarrhea please contact our staff and begin to take probiotics as a precautionary measure. If the irritation does not resolve, the antibiotic will be changed.

### **Bleeding**

Be sure to discuss all medications you take including herbal and vitamin pills as they may be associated with prolonged bleeding. Blood values (PT, PTT, INR, bleeding time etc.) are evaluated with some medications to prevent profuse post-operative bleeding. After most surgical procedures, it is normal to notice blood in your saliva. To help aid in the coagulation process, bite with light to moderate pressure on gauze (damp tea bags work as well as they have tannic acid to aid in coagulation) for 15 minute intervals until the bleeding is controlled. If profuse or pooling bleeding is still occurring after 5-6 hours of gauze/tea bag pressure in 15 minute intervals, please contact the office immediately. Prior to the two week post op appointment, bleeding can start again and can be considered normal. If you have any questions or concerns please contact the office/doctor.

### **Brushing, Flossing, Proxybrush**

It is critical to continue brushing and flossing all non-surgical areas. In the surgical area, lightly brush the teeth while refraining from brushing the gingiva (gums) starting the day of surgery. As an alternative, you can use a Q-tip saturated in mouthrinse to clean the white portion of the teeth, still avoiding the gingiva. Light flossing and proxybrush (if prescribed, cone shaped brush used perpendicularly between teeth in larger gaps) use is permitted after day 4. If you use a water pick, do not use it again until instructed to do so by the doctor/staff as it can compromise the healing process. Teeth may be sensitive to hot/cold, however, maintain the brushing as much as possible. Sensitivity toothpaste can be used in these situations until the sensitivity improves. Topical treatments can be applied at your post-operative visit.



### **Moutrinses**

Gently rinse (avoid vigorous mouth rinsing action) with warm salt water (1/2 tsp of salt in a warm cup of water) twice per day for the next week. If the doctor has prescribed you an antibacterial rinse you may start using this twice a day (morning and night after brushing) the morning after surgery for no more than 4 days. Some prescription mouth rinses may cause reversible staining, burning, taste alteration. Notify our staff if you are experiencing this and stop the rinse. Over the counter mouth rinses may be used after you stop the prescription rinse.

### **Sutures and Periodontal Dressing**

The doctor may have used sutures that fall out on their own or those requiring removal at your post op appointment. Unless causing severe irritation, do not remove sutures on your own. Depending on the procedure performed, this may inhibit proper healing and negatively affect the outcome. If you have a periodontal dressing (pink putty) over the surgical area brushing is still permitted. The dressing may fall out at anytime before the post operative appointment starting from the night of the procedure. Once the putty falls out, light flossing and proxy-brush use are permitted and encouraged after day 4. Replacement is not required, however, try to retain the dressing as long as possible.

### **Swelling and Bruising**

Localized oral swelling and bruising is considered normal after select periodontal procedures (i.e. soft tissue grafting, sinus augmentation, advanced bone grafting). This process usually will peak at 3-4 days after the procedure and will usually last about a week. Normal bruising may extend from the eye to below the jaw line. To minimize swelling, take the prescribed anti-inflammatory for at least 3 days and apply an ice pack to the area for 20 minutes on and 10 min off as soon as you leave our office. Repeat this for 2-3 hours. Cover the ice pack with a thin towel and never directly apply the ice pack to your face. If you develop a fever please notify our staff/doctor.

### **Diet**

Directly following your procedure, eat a small soft food meal and take your medications. This is especially important after sedation procedures to help prevent post operative vomiting and nausea. Do not eat solid foods until the local anesthetic has worn off. Maintaining adequate fluid intake during the first 12-24 hours is important to avoid dehydration. Avoid using straws as the negative pressure can dislodge the blood clot. Avoid alcohol as there may be an interaction with the antibiotic prescribed leading to drug toxicity and other complications.

### **Activity**

Rest! Plan to stay home the remainder of the day. After 24 hours you may return to your regular schedule. Avoid strenuous activities such as heavy lifting, jogging, exercise, etc. for at least 3 days following your surgery.

### **Smoking**

Smoking interferes with the healing process. Not only is the topical exposure to the heat detrimental, but the systemic effects are significantly worse. Do not smoke for at least 72 hours following surgery as it compromises your ability to heal properly. If you cannot completely quit smoking, it is recommended to stop smoking 3 weeks following surgery for better long-term prognosis.



# ANDERSON

PERIODONTAL WELLNESS

## **Sedation**

If you were sedated (oral or IV), you may not remember part of or anything from your surgical appointment. Please go home and rest. Do not drive, operate machinery, or watch young children under the influence of sedatives for the rest of the day. The day after your procedure, you may resume normal activities.