



POST-OPERATIVE INSTRUCTIONS FOR EXTRACTIONS WITH OR WITHOUT BONE GRAFTING

INITIAL 24 HOURS

Discomfort: The amount of discomfort you feel after the surgery correlates with the difficulty of the extraction and the number of teeth you had extracted. The harder the tooth was to remove, or the greater the number of teeth removed, the more discomfort you are likely to feel afterwards. If the discomfort **increases** significantly 3-7 days after the surgery, please call us.

Do not take pain medication on an empty stomach. Prescribed narcotics (e.g., Norco, Vicodin, Percocet, etc.), will make you drowsy and you cannot operate a motor vehicle or dangerous equipment while taking the narcotic. As discomfort subsides, you should discontinue this medication. If you can take them, alternatives to narcotics include ibuprofen (Advil, Motrin) and acetaminophen (Tylenol) as outlined below. Be mindful of the daily max dose of ibuprofen (1200 mg) and acetaminophen (3000 mg).

- For mild to moderate pain, take 400 mg ibuprofen every six hours.
- For moderate to severe pain take 400 mg ibuprofen WITH 500 mg acetaminophen, then four hours later, 400 mg ibuprofen, then four hours later, take 500 mg acetaminophen.

Bleeding: Bleeding is normal. Keep in mind that when blood mixes with saliva, it may appear as if you are bleeding more than you are. Do not be concerned if you still have a minimal amount of bleeding when you go to bed. Placing a towel over your pillow can be used to avoid a small amount of blood from staining your pillowcase.

Swelling: You will experience some swelling after surgery. The amount of swelling depends on your body's unique response, difficulty of the extraction, number of teeth extracted, and the amount of bone graft material placed. The swelling is usually greatest in the initial four days after the surgery and should begin to decrease by 7-10 days after the surgery. If the swelling **increases** significantly 3-7 days after surgery, please call us.

Antibiotics: Take all antibiotics given or prescribed as directed. You may have started some of them before the surgery. Antibiotics should not be taken at the same time as the pain medication to prevent nausea from occurring. All antibiotics may cause stomach upset. Many antibiotics can interfere with the effectiveness of contraceptive pills. Additional contraceptive methods are recommended.

Sutures: You may feel sutures with your tongue. Please try to leave them alone. Continued aggravation of the sutures and/or surgical site will delay healing and may ultimately result in failure of the surgical procedure. Some sutures are dissolvable, and some are not. The time it takes for sutures to dissolve is dependent on the type of suture used and how your body reacts to them. Dissolvable sutures may exfoliate 2-14 days after surgery. If non-dissolving sutures were used, our office will remove them 2-6 weeks after the date of your surgery. Sutures, bone graft, and membrane particles may become loose and leak from the surgical site. Please resist the urge to remove these materials yourself.

Pressure: Bite down gently, but firmly, on the gauze packs that were placed over the surgical site, making sure they stay in place – avoid talking. Avoid changing them for the first hour after surgery unless the bleeding is not controlled. If active bleeding persists, place enough moistened, new gauze over the surgical site with firm pressure for another 30 minutes. The gauze may be changed as needed, typically every 30-45 minutes.

Cold Packs: Use a cold pack on your face adjacent to the surgical site to minimize swelling. Keep the cold pack on for 20 minutes, then off for 20 minutes. This can be repeated for the first 24 hours.

Oral Hygiene: Avoid rinsing your mouth for the first 24 hours after surgery. Beginning the day AFTER surgery, please brush and floss your teeth and be extremely careful around the area where surgery was performed. If oral hygiene around the surgical site is uncomfortable, please stop! Do not use a Waterpik or water flossing device, they introduce trauma to the surgical site. Gently rinsing with a prescription mouth rinse, if prescribed, or warm salt water (one teaspoon of salt with a half glass of warm water) will help keep the surgical site clean. The mouth rinse should only gently bathe the surgical site, do not rinse vigorously.

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Diet: Soft foods, small bites, and chewing on the opposite side of the mouth from the surgical site is recommended. **Cool foods are best.** Avoid highly seasoned foods and sharp foods like nuts, popcorn, and chips. It is important to maintain a nutritious, high-protein, diet while you heal. Beverage recommendations include fruit smoothies, protein or nutritional supplement shakes, milk, milkshakes, **all without a straw.** Food recommendations include pasta, soup, mashed potatoes, scrambled eggs, applesauce, pudding, yogurt.

Emergencies: Although periodontal surgery is safe, severe complications can occur on occasion. Visit an emergency room immediately if you experience any of the following: swelling that interferes with breathing or swallowing, and/or a temperature over 101°F. If you have severe pulsating bleeding and cannot reach our office or doctors immediately, emergency medical care is also warranted.

DON'Ts

1. Rinse with anything for the first day after surgery
2. Spit, suck through a straw, touch, or examine the surgical site for the first 7 days after surgery
3. Rub or apply pressure to your face to massage the area – the site needs to heal without any outside pressure
4. Use a WaterPik or water flossing device
5. Smoke or drink alcohol for at least the first 3 days after surgery
6. Do not exercise or perform strenuous activities for the first 5 days after surgery, as these activities tend to increase the risk of bleeding – a sedentary lifestyle is recommended for the first 24 hours after surgery
7. Eat or drink hot (temperature) foods or beverage for the first 7 days after surgery
8. Consume spicy foods, chips, popcorn, carbonated drinks, acidic juices for the first 14 days after surgery

DAYS 2-14

Discomfort: Quite often, discomfort on the second day is as bad, if not worse, than the first. Again, the amount of discomfort you feel after the surgery correlates with the difficulty of the extraction and the number of teeth you had extracted. Discomfort is usually the worst for the first 3 days but should be gone by 10-14 days after the surgery. If discomfort and/or swelling **increase** significantly 3-7 days after the surgery, please call us. Continue to take ibuprofen and acetaminophen as outlined previously to manage discomfort.

Bleeding: You may still have some bleeding from the surgical site. This should primarily be oozing, and the appearance should be pink from mixing with your saliva. If you still have **heavy bleeding** by the end of day 2, please call us. Minor bleeding may be evident for the first few days after surgery.

Swelling: Swelling may increase after the first 24 hours and worsen on the second day. Swelling should taper off on day 3 and slowly decrease by day 4 and 5. Again, the amount of swelling you feel after the surgery correlates with the difficulty of the extraction and the number of teeth you had extracted. Swelling is usually greatest the first 5 days and decreases by 7-10 days. If the swelling **increases** significantly 3-7 days after surgery, please call us.

Bruising: Black, blue-green, or yellow discoloration is the result of blood spreading under the tissues. It is normal for a bruise to form in the first 2-3 days after surgery. The size and length of time you have the bruise is directly related to the size and complexity of the surgery. Most bruises go away in 7 days; however, some may persist for up to 14 days after surgery.

Warm Packs: After 24-36 hours after the surgery, the cold packs can be switched to warm packs, though this is not always necessary. Warm packs can help with swelling. Gentle pressure with a warm pack can be comforting.

Diet: Again, soft foods, small bites, and chewing on the opposite side of the mouth from the surgical site is recommended. Avoid the foods outlined above. At this time, warm, but not hot, foods, can be reintroduced.

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DAYS 15+

Discomfort & Swelling: You should no longer be experiencing major discomfort into the third week of healing. Tenderness or sensitivity of the site is normal. If you feel an increase in discomfort or swelling, please call us.

Sutures: Resorbable sutures have likely dissolved by now. Non-resorbable sutures will be removed at your post-operative appointment, but sometimes are left in for longer. If you feel a suture might still be present after the suture removal, please call us.

Membrane: Sometimes a non-resorbable membrane is used during your surgery. A non-resorbable membrane will be removed 4-6 weeks after the surgery, but sometimes are left in for longer. These membranes are to be kept clean with regular oral hygiene measures. Removing these membranes usually does not require local anesthesia. It is similar to removing a wet Band-Aid.

Healing: The time it takes for soft tissue to grow over the socket can vary from 2 weeks to 3 months. The speed of the soft tissue coverage is related to the size or number of teeth extracted and patient health. Back teeth take longer for soft tissue closure and healthy patients heal faster than unhealthy patients.

Oral Hygiene: If prescribed, discontinue use of the prescribed mouth rinse. Continue to take caution brushing and flossing around the surgical site, but ensure the area is kept clean and clear of debris.

Diet: It is still a good idea to take smaller bites and chew on the opposite side of the mouth from the surgical site. Your diet can slowly return to normal.

WHAT'S NEXT?

Apart from your wisdom teeth and in special circumstances, your second molars, we recommend the replacement of ANY tooth that is missing. The following are a few of the negative effects that can result from missing a tooth:

1. Decreased chewing capacity
2. Increased force on remaining teeth, increasing the risk of losing additional teeth
3. Shifting, drifting, and crowding of remaining teeth
4. Increased risk of periodontal disease and mobility of remaining teeth
5. Lowered self-esteem and appearance of early aging
6. Affected speech – whistling or lisping may occur

Most of the time, a plan to replace the tooth is made before the tooth is extracted. In most instances, a bone graft is placed inside the socket immediately after the tooth has been removed. This bone graft matures for at least three months prior to evaluation for implant placement. At your three-month post-operative evaluation appointment, a CBCT (3D radiograph) will be performed to assess the size and quality of the bone graft. Once the appropriate implant size and shape have been selected, your next appointment at our office will be to place the dental implant. Sometimes, additional bone grafting is needed at the time of the implant placement.

If you have any concerns, please do not hesitate to call our office at (720) 703-9116 during normal business hours.

During evening and weekend hours, our doctors can be reached at
Dr. Diehl (720) 633-7875 | Dr. Leong (720) 900-5088

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