

POSTOPERATIVE INSTRUCTIONS

For the Patients of
Timothy M. Lawrence, DDS, MS

In a medical emergency, call 911 for assistance, then call the doctor.

Contacting the doctor during normal office hours:

If you have questions or concerns regarding your recent oral surgery, please call the office during the day at either office location. The office phone numbers are listed above. It is difficult for us to diagnose your problem over the telephone, so it is likely that the doctor will ask you to come into the office for evaluation

Some questions, however, can be answered over the phone; if you leave a message for the doctor, he will return your call as soon as possible.

Contacting the doctors after office hours:

Please call the office, (419)473-2707, first to determine how to reach the doctor on call. If the office is closed an answering machine will pick up the phone. The message will give you instructions for contacting the doctor on call. If a pager number is given, please call this number and carefully punch in your telephone number after the tone so the doctor can call you back. Please be careful when punching in your telephone number and please include your area code. After you have entered your telephone number, please hang up and stay off the telephone until the doctor has returned your call. Your call should be returned within 15 minutes. If your call has not been returned within 15 minutes, please repeat this sequence, taking care that you enter a working and available telephone line. Please note that, occasionally, a cell or home telephone number will be given by the answering machine; please call this number as instructed.

If the answering machine fails to pick up your call, you may page Doctor Lawrence at 419-534-9549 or call him at 419-304-1954.

Oral surgical procedures, including the extraction of teeth are surgical procedures that can lead to medical emergencies. Appropriate postoperative care is important to prevent complications, unnecessary pain, and expense; the following instructions, therefore, should be followed closely.

What to expect after surgery:

Bleeding:

After oral surgery, it is common for the surgical area to bleed or ooze for several days. Bleeding will be most apparent following eating or activity. Should the surgical area start to bleed suddenly, place a moist piece of gauze over the wound and apply pressure over the gauze for 15 minutes. The bleeding should have slowed during this time, and the gauze can be discarded. Occasionally, this procedure will need to be repeated several times until the bleeding slows.

If you are bleeding excessively:

Be calm and realize that even a small amount of blood in the mouth increases the flow of saliva and makes it look as though there is more bleeding than there actually is. If you are concerned that the surgical area is bleeding more than one might expect, do the following: Gently rinse out your mouth. Then wipe the inside of your mouth and teeth with a dry piece of gauze. Look in a mirror or have someone look in your mouth to determine the exact point of bleeding. If there are large loosely hanging blood clots present these should be removed by grasping them with clean gauze.

Roll a moist piece of gauze or clean cloth into a shape that will fit into the bleeding area. Place this moist dressing over the surgical site and push down on the pack with your finger so that you feel firm pressure over the surgical area. You can "bite" into the gauze if you are careful about placing the gauze in the correct position. It is important to limit activity during this time. Try to maintain a comfortable sitting position. Avoid excitement or activity. Do not spit. This may increase or prolong bleeding. To remove blood or saliva from your mouth, lean forward and let the fluid run out of your mouth into a towel or receptacle. Then wipe your lips as necessary.

If after following these steps you feel that the bleeding is excessive have the doctor on call paged by calling 419-473-2707. Prolonged excessive bleeding can be life threatening; if your call is not returned within 30 minutes, it may be prudent to present to the emergency department at the nearest hospital. If you go to an emergency center for evaluation or treatment please inform our office at your earliest convenience.

Pain:

Significant pain is common after oral surgery. It is very important to take appropriate pain medication on a regular basis to keep discomfort under control. It is best to start taking pain medication before the numbness wears off from surgery. For mild pain, medications such as tylenol or aspirin work very well; The nonsteroidal pain medications such as ibuprofen (motrin) are also excellent pain relievers. Most pain medications do not stay in your system very long; it is important, therefore, to take them on a regular basis.

For more severe pain you will need to take the pain medication that has been prescribed for you; if you have not been given a prescription and are not having relief with the over the counter medications such as aspirin, tylenol and motrin, then you should call the office. Prescription medications such as tylenol with codeine, hydrocodone or oxycodone and darvocet are all narcotic pain relievers and are very strong. These pain medications will work very well when taken in an appropriate manner, but they can also cause problems. It is common for these medications to cause nausea especially if your stomach is empty. You will likely tolerate these medications much better if you have food in your stomach before you take the medication. Even so, some patients do not tolerate one particular medication well; in this case, you should call the office as you may tolerate a different prescription much better. Often, narcotic pain medications make patients tired and dizzy; you should not drive, operate machinery or attempt any potentially dangerous task while taking these medications. Feelings of dizziness can be minimized by lying down after taking these medications. Narcotic pain medications may also cause constipation; if this occurs it is best to minimize the use of the medication. If this problem persists, please call the office.

Each patient tolerates medication differently. Allergy to these medications is possible; should you have a reaction to any medication that you have taken it is very important that you stop taking that

medication and call the office for further information. It is important to remember that some patients just do not do well with some medications; if you find that the medication you are taking is just not working, then please call the office for help.

Usually, the intense surgical pain experienced on the first 2-3 days decreases to a moderate soreness over the next few days. Pain that increases on the 3rd or 4th postoperative day may indicate the presence of a dry socket. Often this pain is very intense and will spread to the ear, chin and neck. Dry sockets are seen following up to 15% of extractions; they are not dangerous and do not represent infections, but they are very painful. If you experience late postoperative pain that is increasing rather than decreasing it is appropriate to call our office. Medicated dressings can be placed in affected sockets to radically decrease the discomfort you may be experiencing. Untreated, dry sockets will usually dissipate over 3 to 5 days and pose no threat to your health.

Swelling:

Swelling is expected after oral surgery; the amount of swelling seen is often proportional to the difficulty and extent of the surgery. Swelling increases quickly over the first 3 post operative days and then decreases over the next 3 to 5 days. Swelling after the extraction of impacted teeth is often significant. Should you become concerned about swelling that occurs after surgery it is important that you come into the office so that your surgeon may evaluate your post operative course.

Postoperative swelling can be minimized by the use of ice packs within the first 24 hours of surgery. An ice pack (a bag of frozen peas works well) should be placed on the outside of the face for 20 minute periods at a time. The use of NSAID's (nonsteroidal medication such as ibuprofen and anaprox) before and after surgery may also reduce the extent of postoperative swelling. Often patients are given prescriptions for such medications and they should be taken as directed. Some of these medications are available over the counter in grocery stores and pharmacies; please direct any questions regarding the use of these medications to your surgeon.

Many patients report a temperature after surgery, especially if they have been sedated for the procedure. A low grade temperature the day after the procedure should not be alarming. If, however, you develop significant fever with swelling it is imperative that you return to the office for evaluation.

Discoloration:

Bruising in the soft tissues of the neck and face is often seen following oral surgery. This may manifest as discoloration of the skin; usually the area will appear black and blue, but as time goes on the bruise may appear greenish yellow. The bruising seen after surgery is due to the oozing of blood into the tissue planes of the face, and although unsightly, is of little consequence. Usually, all signs of bruising disappear within 10 days. Should you become concerned about this bruising a visit to our office would be in order.

Nausea:

Nausea following surgery can be caused by the medications used during anesthesia, by medications taken after surgery, or by blood getting into the stomach. As the medications pass through your system and as the bleeding stops the nausea will go away. Nausea seen in the first few days after surgery is usually related to the use of narcotic pain medications. Identifying the medication that is upsetting your stomach and stopping this medication is key to feeling better. All patients respond differently to these medications; although one may make you sick, another may not. Please call the office if you are having trouble tolerating the medications you have been given.

Not eating or drinking enough after surgery can make nausea worse. It is very important to keep trying to take food and fluid despite not feeling well. Prescriptions for nausea medications are available; please call your doctor for further information. Keep in mind that all medications have side effects, and it is often better to follow the above recommendations and be patient for the nausea to clear.

Difficulty opening your mouth:

Limited jaw opening is not uncommon after the removal of lower wisdom teeth. This is caused by local swelling and spasms of the jaw muscles. Usually your jaw will loosen up on its own within a week after surgery. Physical therapy in the form of jaw exercises several times a day will help a great deal. If, by the 5th day after surgery, jaw mobility does not improve you will need to present to the office for evaluation.

Numbness:

Numbness of the lower lip, teeth and tongue may be seen following the removal of an impacted lower wisdom tooth. This is almost always a temporary condition; full feeling usually returns within several weeks to several months. If you should experience numbness that persists beyond one week after surgery you will need to present to the office for evaluation.

Sharp boney edges:

Occasionally patients will place their tongue near an extraction site and feel something sharp and hard protruding through the gums. This is not part of a tooth but rather the bone that held the tooth in the jaw. Try to leave this area alone and be patient. If the bone is still visible after two weeks, you will need to present to the office for evaluation.

What to do after oral surgery

Do not use mouthwash for at least twelve hours after surgery. Starting the day after surgery rinse your mouth with a solution of 1/2 teaspoon of salt in a glass of warm water as needed. You may resume brushing your teeth the day after surgery; the surgical area should be brushed as well. If you are gentle with your toothbrush you will not cause any damage to the surgical site; minor bleeding after doing so should not be concerning. Optimal healing depends on excellent oral hygiene.

If you have been placed on antibiotics, take all of the medication as directed. The use of antibiotics may be associated with side effects such as allergic reactions, stomach upset and / or diarrhea; should you notice a reaction, discontinue the medication and contact the office.

Antibiotics may be indicated for some patients and not for others. Should you have any questions regarding the use of antibiotics, please ask the doctor.

We encourage our patients to maintain an adequate diet in the postoperative period. Fluid intake is very important after surgery to avoid dehydration. It is important to avoid hot liquids in the very early postoperative period when your mouth and lips may still be numb. Do not use a straw to drink thick fluids such as milk shakes as the negative pressure developed in the mouth may stimulate bleeding from the surgical area. An increased intake of fluids may be needed to compensate for decreased solid food intake that is commonly seen after surgery. It is important to drink at least 5 or 6 glasses of liquid (such as water, orange juice, milk or ginger ale) a day.

As soon as practical, it is important to start eating after surgery. A soft diet is needed in the first few days after surgery. A high calorie, high protein diet is very important. Foods such as soft boiled eggs, soup, custard, jello and ice cream are some ideas. Dietary supplements such as Ovaltine, Boost and Ensure can be used if chewing soft foods is especially difficult. It is very important to keep your normal pattern of eating; meals should not be skipped, even if you do not feel hungry. You will feel better, have more strength, have less discomfort and heal faster if you maintain an adequate diet.

If sutures were placed during your surgery, these will dissolve on their own in 5-10 days. As the stitches dissolve, the surgical site (tooth socket) may open. This is normal as the extraction socket heals from the bottom up. If you have been given a plastic syringe at the time of surgery, this should be used on a daily basis once the sutures start to dissolve and the extraction sites open up. Throw the syringe away once the extraction site has closed.