

PREOPERATIVE INFORMATION AND INSTRUCTIONS

The following information is provided to refresh your memory after your consultation and before your surgery. Please read it and be certain to ask any questions which have not been answered.

The doctor has already discussed with you the type of oral surgical procedure that you will have. Treatment options have also been discussed. If you have any specific questions about the planned procedure, please call the office or ask before consenting to surgery.

If you are going to be sedated, the medication will be administered through a vein in your arm. Remember that with the intravenous sedation techniques used in this office you may be vaguely aware of the surgical procedure being performed. You will be relaxed, even sleepy, and with the use of local anesthesia should feel minimal, if any, discomfort during the procedure. We have found that most patients are not aware of the procedure being performed.

After your surgery, you can expect an average of 2-4 days of discomfort. Each individual's reaction to surgery varies. The sensation can vary from mild discomfort to severe pain. You will be provided anti-inflammatories (if you can take them) and will be encouraged to use them for 3 or more days. A strong pain medication will be prescribed in addition to the anti-inflammatories. If you do not need the strong pain medication, Tylenol can be taken in its place.

A variable amount of swelling can be expected following the surgery. This should begin resolving after the third day. As with any surgery, there can be complications or unanticipated results that you should be aware of. The most common problem encountered following surgery is infection. This usually requires antibiotics for a week. Rarely, patients need to be admitted to the hospital for intravenous antibiotics and further surgical drainage. Occasionally bacterial by-products can cause irritation in extraction site(s). Other times the blood clot can break down or form improperly. This is frequently referred to as "dry socket." Patients who smoke and women taking birth control pills may be at a higher risk for this to occur. Adequate treatment may require several visits to the office to inspect the extraction sites and to place small "dressings" in the sockets to minimize your discomfort. These are usually changed several times before they are finally removed. For this reason, we urge you to be available for follow-up visits for at least 7 days following your surgery. Remember, if after three days you feel an increase in pain, swelling, or develop a fever, contact the office as you may require attention.

Other temporary problems you may experience in the postoperative period include stiffness in the jaws, chafing around the corners of your lips, facial bruising, and oozing of blood from the extracted sites. The postoperative instruction sheet should answer many of your questions. If not, don't hesitate to call the office.

If you are given antibiotics and take birth control pills, you should be aware that the birth control pill may become ineffective and take appropriate precautions.

It is our goal to make your surgical experience as comfortable as possible. If you have any questions about any phase of your treatment, don't hesitate to ask them on the day of your surgery or call the office before your appointment.

LOUIS F. CLARIZIO, DDS PA

ORAL SURGERY & DENTAL IMPLANT CENTER

PREOPERATIVE INSTRUCTIONS

Date ____ / ____ / ____

Please fill prescriptions at least one day prior to surgery.

If you chose to have intravenous sedation or nitrous oxide, **please do not eat or drink anything, including water, after midnight.** If you take medications regularly, you may take them with small sips of water. Medications prescribed by us should be taken with small sips of water as well, or enough to get all pills down.

Wear comfortable, loose fitting clothing with short sleeves or sleeves that can easily be rolled up above both elbows.

If you have intravenous sedation, **a responsible person must accompany you and take you home.** We prefer that your escort accompany you to the office so that we may let him/her know when you will be ready to leave the office. Please make sure your driver stays in the office. We do not allow taxis or a bus, unless someone responsible for you is riding along.

Your mouth and teeth should be well cleansed to help avoid infection.

Do not ignore a head or chest cold when oral surgery is to be performed. Please call the office if you have any symptoms as a change of appointment may be necessary.

If you are going to have local anesthesia ("novocaine") only, you may eat prior to your appointment and do not need someone to accompany you to the office.

ANTIBIOTICS:

You have been prescribed one or more of the following:

- ☐ Antibiotics for one day to prevent infection. You are to take (4) 1 hour prior to surgery then (2) 6 hours from when you took the first 4.
- ☐ Antibiotics for one week to prevent infection. You are to take (4) 1 hour prior to surgery. This counts as your first dose and you are to continue as many more doses as directed on your bottle. Continue (1) pill at a time for a total of one week.
- ☐ Antibiotics for one week to prevent infection. You are to start them 2 days prior to your surgery, and continue for 5 days after surgery. Take as directed.
- ☐ Antibiotics for one week because you have an active infection. You are to start immediately and continue for one week. If you have finished your course of antibiotics before your surgery, an additional prescription for antibiotics for a day many have been given. If you do not have antibiotics for the day of your surgery, please contact the office, more may be needed.

ANTI-INFLAMMATORIES:

- ☐ You have been prescribed Celebrex. You are to take 1 pill 1 hour prior to surgery then take 1 Celebrex every 12 hours for pain and swelling. When you are finished with the prescription, you can switch to Advil, Alleve, Motrin or Ibuprophen. Do not take Celebrex if you are allergic to sulfa drugs.
- ☐ You have been prescribed Motrin or Ibuprophen (800mg). You are to start by taking 1 when you get home from surgery. Then take 1 every 6-8 hours for pain and swelling. It is a good idea to stay on this for at least 3-4 days to help with swelling as well as the discomfort.

PAIN MEDICATION:

Percocet, Oxycodone, Vicodin, Hydrocodone, Tylenol or Acetometophen are used as a back up or supplement to anti-inflammatories. They are only to be used in addition to anti-inflammatories (unless you are unable to take anti-inflammatories). For severe pain, you can add 1/2 Percocet or 1 Vicodin to your regiment. If you have minor pain, add Tylenol or Acetometophen to your regiment. It is important to remember to stay on your anti-inflammatory even if it doesn't seem to work for pain. It is still helping with the inflammation, even if you do not have visible swelling.

PLEASE, MAKE SURE YOU TAKE ALL YOUR REGULAR MEDICATION
THAT YOU NORMALLY TAKE IN THE AM, UNLESS OTHERWISE DIRECTED.

An assistant will instruct you on the areas below. Sometimes your doctor will need to be contacted first, so we may be calling you later with further instructions.

- _____ If you take bisphosphopates (bone strengtheners) you are to stop them 1 or 3 months prior to surgery, depending on how long you have been on them.
- _____ Please do not take medications for diabetes the morning of surgery. You can resume them when you get home, after you have eaten.
- _____ Please stop all blood thinners including Aspirin, Advil, Alleve or other anti-inflammatories 3, 5 or 7 _____ days prior to surgery.
- _____ Please use inhaler prior to surgery. Bring it with you as well, just in case its needed during surgery.
- _____ Please double your steroid (prednisone) dose the morning of surgery.

NOTES: _____

