DENTAL IMPLANT AND GRAFTING POST OPERATIVE INSTRUCTIONS

Care of Mouth. Brushing and Flossing. Begin brushing and flossing the areas not operated on the day following surgery. AVOID THE SURGICAL SITES until given specific brushing instructions at your postoperative visit. You may notice a white film over the surgical sites. This is completely normal. DO NOT use an electric toothbrush such as Sonicare or Oral-B Braun, as well as a Waterpik for 3 weeks postoperatively in the area of surgery.

Salt Water Rinses. Beginning the day after surgery, Rinse gently with salt water (1 teaspoon/large glass or 1 tablespoon/quart) after eating, 5-6 times a day for 2-3 weeks until sutures are removed.

Dentures. Partial denture/full denture(s) and temporaries can be worn as instructed by doctor. They may need to be trimmed if grafting was performed to avoid undesirable pressure on the area. Please bring appliance to appointment. Call if you have continued pain with denture use.

Protective Dressing. A protective barrier or dressing may have been placed over the surgical site. It must not be disturbed until healing is nearly complete. It is normal for a portion of this barrier to break off prior to its removal. Exaggerated movement of the jaws (yelling, laughing, yawning, vigorous chewing, etc.) must be avoided during the first 24 hours after surgery, so that a strong blood clot is permitted to form, insuring better healing. Please avoid chewing in this area and manipulating the dressing with your tongue. Approximately 14 to 21 days after your surgical appointment the dressing, as well as any sutures, will be removed.

Diet. Eat any nourishing foods that can be taken with comfort. It is advisable to confine the first few day’s food intake to soft textured foods. Avoid chewing in the area of the surgery for 2-3 weeks or until given clearance by your doctor. Proper nourishment aides in the healing process. Do not drink alcohol for 24 hours after surgery or while taking pain medications. If extraction socket bone grafting was performed, avoid citrus products, carbonated beverages, and commercial mouthwash until given clearance by your doctor (usually three weeks). Citrus products include – orange, lemon, lime, grapefruit, tangerines, pineapple, strawberries, raspberries, blackberries, cranberries, cherries, tomato, fruit juices and foods with citric or ascorbic acid (if listed in top 3 ingredients). Safe, non-citrus type fruit include apple, apricot, banana, grape, kiwi, mango, melon, nectarine, peach, papaya, pear, plum, blueberries and watermelon.

Food Suggestions. While you are numb, avoid hot drinks and food. You may have liquid and mushy, soft textured foods, such as slushes, smoothies, apple sauce, Jell-O, pudding, cottage cheese, yogurt, soups, mashed potatoes, oatmeal, scrambled eggs, soft pasta, etc. Avoid chewing in the areas of the sutures. Soft textured foods should be continued until the sutures are removed by the doctor.

Activities. Plan to rest at home the remainder of the day of surgery. When sleeping, elevate your head slightly above your heart to decrease swelling. You may return to your regular schedule 24 hours after surgery, if you are able, but avoid strenuous activities such as heavy lifting, jogging, exercise programs, etc. for 3-5 days following surgery or until swelling has resolved.
**Bone Grafts.** If an extraction socket bone graft was performed, you should avoid citrus products, (see list in diet section above) carbonated beverages, commercial mouthwash and chewing on extraction socket bone graft areas for at least 3 weeks or until given clearance by your doctor. If maxillary sinus grafting was performed, please avoid nose blowing, closed mouth sneezing, or sucking through a straw for at least 3 weeks. Chewing on all bone grafts should be avoided until sutures have been removed.

**Medications.** Never take pain medication on an empty stomach. This medication may be repeated every four to six hours as needed for discomfort. Taking Ibuprofen (200mg/50 lbs of weight – maximum of 800mg) four times a day can improve your pain control and decrease your swelling. Take prescribed antibiotics as directed until completely finished.

**Chlorhexidine Mouthwash (Peridex).** If prescribed, rinse twice daily beginning the morning after surgery until instructed to discontinue. After sutures are removed from around your healing abutments or caps, you may be asked to gently massage them twice a day, for 3 weeks, with a small, soft children’s toothbrush soaked in chlorhexidine.

**Swelling.** Some swelling usually occurs after surgery. To minimize this, you will be advised to use ice packs and keep your head elevated. Place the ice pack on the outside of your face, over the treated area, for 20 minutes, and then take it off for 20 minutes. Continue to apply ice packs as much as possible for the first 48 hours after surgery. On the third day you may want to start the use of the moist heat (moist washcloth heated in a microwave or a hot water bottle). Keep your head elevated slightly above your heart for as long as swelling is present.

**Bleeding.** Slight bleeding or oozing is normal during the first 1-2 days following surgery. Avoid spitting, rinsing or sucking thru a straw the day of surgery. Occasional blood stains in the saliva may be expected. If excessive bleeding occurs, please call our office.

**Smoking.** DO NOT SMOKE for at least 3 weeks before and 6 weeks after surgery. Smoking is detrimental to healing tissues and can adversely affect the success of the surgery. If you can stop smoking for 6 weeks postoperatively, this is a good opportunity to quit permanently.

**Sutures.** If sutures are present when you return for your postoperative visit in 2-3 weeks, they will be removed at that time. Avoid chewing even soft textured foods in the area of the surgery.

It is our sincere desire that you are as comfortable as possible following surgery. If you should have any questions or problems, please call our office anytime: 816-561-1115 or 816-741-8999

I have received verbal and written instructions on post operative care.

Patient:________________________________________________________

Witness:________________________________________________________