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Post-Op Instructions After the Removal of Wisdom Teeth

The removal of impacted wisdom teeth and the surgical extraction of teeth is quite different from the extraction of erupted teeth. Postoperative problems are not unusual, and extra care must be taken to avoid complications. All of the following are considered normal. It is often advisable to return for a postoperative visit to make certain healing is progressing satisfactorily. If a follow-up visit has been scheduled, please be sure to return for that visit. In the meantime, follow the post operative instructions given to you at the time of wisdom teeth surgery.

IMMEDIATELY FOLLOWING SURGERY:

- The gauze pad placed over the surgical area should be kept in place for a half hour. After this time, the gauze pad should be removed and discarded. If there is continued active bleeding then replace the gauze and bite down to put pressure on the site for another 20-30 minutes.
- Avoid vigorous mouth rinsing or touching the wound area following surgery. This
 may initiate bleeding by causing the blood clot that has formed to become
 dislodged.
- Take the prescribed pain medications as soon as you begin to feel discomfort, this will usually coincide with the local anesthetic wearing off.
- Restrict your activities the day of surgery and resume normal activity when you feel comfortable. But do not do any strenuous activity for 48 hours.
- Place ice packs to the sides of your face where surgery was performed. Refer to the section on swelling for explanation.

OTHER NORMAL POST-OPERATIVE SYMPTOMS:

 Local anesthesia will cause numbness of the lip, chin, and/or tongue and there is no cause for alarm. As stated before surgery, this is temporary in nature. You should be aware that if your lip or tongue is numb, you could bite it and not feel the sensation. Please be careful.

- You may have a slight earache.
- Your other teeth may ache temporarily. This is referred pain and is a temporary condition.
- If the corners of the mouth are stretched out they may dry and crack. Your lips should be kept moist with cream or ointment.
- Healing of the surgical site is variable.

BLEEDING:

A certain amount of bleeding is to be expected following surgery. Slight bleeding, oozing, or redness in the saliva is not uncommon. To control bleeding; immediately following the procedure keep a steady pressure on the bleeding area by biting firmly on the gauze placed there by your doctor. Pressure helps reduce bleeding and permits formation of a clot in the tooth socket. Gently remove the compress after the local anesthesia has worn off and normal feeling has returned. If there is continued active bleeding then replace the gauze and bite down to put pressure on the site for another 30 minutes.

Excessive bleeding may be controlled by first rinsing or wiping any old clots from your mouth, then placing a folded gauze pad over the area and biting firmly for thirty minutes. The gauze acts as a pressure dressing. It is not there to soak up blood. Repeat if necessary. If bleeding continues, bite on a moistened tea bag wrapped in gauze for thirty minutes. (Use black tea, steep in hot water for 1 minute then **cool completely prior to use**.) The tannic acid in the tea bag helps to form a clot. To minimize further bleeding, sit upright, avoid exercise, and do not become excited. If bleeding does not subside, call for further instructions.

SWELLING:

The swelling that is normally expected is usually proportional to the surgery involved. Swelling around the mouth, cheeks, eyes and sides of the face is not uncommon. This is the body's normal reaction to surgery and eventual repair. The swelling will not become apparent until the day following surgery and will not reach its maximum until 2-3 days post-operatively. However, the swelling may be minimized by the immediate use of ice packs. Two baggies filled with ice, or ice packs should be applied to the sides of the face where surgery was performed. The ice packs should be left on continuously while you are awake. After 36 hours, ice has no beneficial effect. If swelling or jaw stiffness has persisted for several days, there is no cause for alarm. This is a normal reaction to surgery. 36 hours following surgery, the application of moist heat to the sides of the face is beneficial in reducing the size of the swelling.

Swelling peaks on the second or third day postoperative; however, it is normal to have swelling and/or pain up to and beyond day five.

FEVER:

Slight elevation of temperature immediately following surgery is not uncommon for 24 to 48 hours. If the temperature persists or significantly increases, notify Dr. Martyna's office. Tylenol or Ibuprofen should be taken to reduce the fever.

PAIN:

Take the prescribed pain medications as soon as you begin to feel discomfort. This will usually coincide with the local anesthetic wearing off. Severity of postoperative pain will depend on the procedure and your physical condition. Take medication for pain as directed. The prescribed pain medicine will make you groggy and will slow down your reflexes. Do not drive an automobile or work around machinery. Avoid alcoholic beverages. Pain or discomfort following surgery should subside more and more every day. If pain persists, it may require attention and you should call Dr. Martyna's office.

TYLENOL

For moderate pain, one or two tablets of Tylenol or Extra Strength Tylenol may be taken every four hours to a maximum of 4000mg per day. Overdosing with Tylenol can hurt your liver.

- IBUPROFEN
 - (Motrin or Advil) three 200mg tablets may be taken every 6 hours to a maximum of 3200mg per day. Ibuprofen can be taken at the same time or along with Tylenol. Overdosing with Ibuprofen can hurt your kidneys.
- ALEVE (NAPROXEN SODIUM) AND ASPIRIN
 These are in the same class of drugs as ibuprofen so they should not be taken together. An 81mg aspirin once a day is of no concern. Naproxen's (Aleve) maximum daily dose is 600mg (200mg 2 times a day is adequate). Overdosing with naproxen can hurt your kidneys.

DIET:

Cool liquids should be initially taken. Do not use straws—drink from a glass. Sucking through a straw creates a vacuum that can cause more bleeding by dislodging the blood clot. You may eat anything soft by chewing away from the surgical sites. High calorie, high protein intake is very important to your healing. Nourishment should be taken regularly. You should prevent dehydration by taking fluids regularly. Your food intake will be limited for the first few days. You should compensate for this by increasing your fluid intake. At least 5-6 glasses of liquid should be taken daily. Try not to miss a single meal. You will feel better, have more strength, less discomfort and heal faster if you continue to eat.

KEEP YOUR MOUTH CLEAN:

No rinsing should be performed until the day following surgery. But rolling water around

the mouth, if necessary, is acceptable. Avoid vigorous mouth rinsing or touching the wound area following surgery. This may initiate bleeding by causing the blood clot that has formed to become dislodged.

You can brush your teeth the night of surgery, just be gentle at the surgical sites. Rinse gently, no swishing. The day after surgery you should begin rinsing at least 4 times a day, especially after eating, with a cup of warm water mixed with half a teaspoon of salt. Do not smoke or drink alcohol for 48 hours following oral surgery. This may cause the disruption of healthy blood clot formation and an increase in complications including dry socket, prolonged healing, wound breakdown and post-operative infections.

There will be a cavity where the tooth was removed. The cavity will gradually fill in with the new tissue over the next month. In the meantime, the area should be kept clean especially after meals with salt water rinses. A curved tip syringe may be provided for irrigating the socket. Begin using the syringe 72 hours after surgery, be sure to be gentle while using it.

DISCOLORATION / BRUISING:

In some cases, discoloration of the skin follows swelling. The development of black, blue, green, or yellow discoloration is due to blood spreading beneath the tissues. This is a normal postoperative occurrence, which may occur 2-3 days postoperatively. Moist heat applied to the area may speed up the removal of the discoloration.

ANTIBIOTICS:

If you have been placed on antibiotics, take the tablets or liquid as directed. Antibiotics will be given to help prevent infection. Discontinue antibiotic use in the event of a rash or other unfavorable reaction. **Contraceptives may be ineffective while taking an antibiotic.** Use extra caution and protection while taking any antibiotics. Call Dr. Martyna's office if you have any questions.

NAUSEA AND VOMITING:

Nausea that follows intravenous sedation is often caused by low blood pressure or blood pooling in the extremities. Taking plenty of fluids as soon as possible will help with early postoperative nausea. Do not fight the nausea and/or dizziness.

Lie down and put your feet up. Take a deep breath and expand your rib cage. Flex the muscles in your legs. These efforts will help bring blood to your heart to be pumped to your brain. Doing this will decrease the nausea. You should be careful going from the lying down position to standing. You could get light headed when you stand up suddenly. Before standing up, you should sit for one minute, flex your leg muscles, take a deep breath, then get up.

If nausea develops later, it may be due to the pain medication. Nausea is a normal side effect of narcotic pain medications. If you have severe nausea or vomiting you may need to stop the pain medications or take an additional anti-nausea medication. Do not

take anything by mouth for an hour, including the prescribed medicine. You should then sip on coke, tea or ginger ale. You should sip slowly over a fifteen-minute period. When the nausea subsides you can begin taking solid foods and the prescribed medicine.

SHARP BONY EDGES:

Occasionally, patients may feel hard projections or sharp areas on the surgical site with their tongue. They are not roots; they are the bony walls which supported the tooth just recently removed. These projections usually smooth out spontaneously. If not, they can be removed.

DRY SOCKET:

"Dry Socket" is a term usually describing when the blood clot gets dislodged prematurely from the tooth socket. Symptoms of pain at the surgical site and even pain to the ear may occur 3-5 days following surgery. Call Dr. Martyna's office if this occurs. A "Dry Socket" will usually heal on its own. Pain control is the main concern when this happens. Try using an anti-inflammatory medicine like ibuprofen in addition to the pain medications. If unsuccessful, then this can be treated in our office by rinsing out the surgical site.

SUTURES:

Sutures are placed in the area of surgery to minimize postoperative bleeding and to help with healing. Sometimes they become dislodged; this is no cause for alarm. Just remove the suture from your mouth and discard it. The sutures will dissolve on their own approximately one week after surgery.

SORE THROAT:

A sore throat may develop. Sore throats and pain when swallowing are not uncommon. The muscles get swollen. The normal act of swallowing can become painful. This will subside in 2-3 days; if it doesn't subside and/or becomes worse, please contact Dr. Martyna's office.

STIFFNESS (TRISMUS):

Stiffness (Trismus) of the jaw muscles may cause difficulty in opening your mouth for a few days following surgery. This is a normal post-operative event which will resolve over time. Use warm moist heat beginning the third day after the procedure. You can also complete stretching exercises with your jaw. Try to get to an opening where you can insert three stacked fingers between your upper and lower teeth.

EXERCISE:

No strenuous activity the day of and for two days following the surgery. After two days you may resume normal activity if you feel comfortable to do so. If you are involved in

regular exercise, be aware that your normal nourishment intake is reduced. Exercise may weaken you. If you get light headed, stop exercising.

ADDITIONAL RESTRICTIONS:

- No Swimming for the first 4 days after surgery.
- No playing musical wind instruments, such as trumpets, which require high blowing force. You should not resume playing full force for 2 weeks.