## **Post-Surgery Instructions**

Healing following surgery in your mouth is usually fast and uncomplicated, if you follow the directions below:

- 1. Gently bite on gauze sponges for 30 minutes after the surgery to encourage the bleeding to clot. Replace the sponges with new water-moistened gauze sponges for another 30 minutes if fresh, red blood is present. If bleeding continues after this time, bite on a teabag for 30 minutes. If you are still bleeding, please contact our office.
- 2. Do not drink or eat hot foods today, as you may dissolve or loosen the blood clot. Eat cool, soft, nutritious foods today.
- 3. Do not "suck" on the wound site for the next few days. You may disturb the blood clot, causing bleeding, slow healing, and/or bone pain often called a "dry socket."
- 4. Do not eat hard foods for a few days in the part of your mouth where the surgery was accomplished. You could disturb the healing.
- 5. Do not overexert yourself during the next 24 hours.
- 6. If pain persists after several days, please contact us for instructions.

## The points checked off below apply to you:

Sutures (stitches):		
a. Were not placed.		
b. Were placed. You do not nee themselves in a few weeks.	ed an appointment to remove them. They w	will dissolve by
c. Were placed. You need an a	ppointment in about 7 days to have the sti	tches removed.
Pain:		
a. You have been given a preso medication as directed.	cription for pain. Please get the prescriptio	n filled and take the
combined with Tylenol 500m	rescription for pain. If you have pain, take ng. You may find these in any pharmacy widrugs can control, please call us, and we were	thout a prescription. If
Antibiotic:		
a. You have not been given an	antibiotic. It does not appear you will need	d antibiotic therapy.
b. You have been given a preso until all the tablets are gone	cription for an antibiotic. Please take the m	nedication as directed
Cold Application:		
a. Not necessary for your surge	ery.	
·	ags) on the outside of your face near the surge ating 10 minutes on the face and 10 minutes	•
I have read and understand the above inform	ation.	
PATIENT'S NAME	SIGNATURE OF PATIENT. LEGAL GUARDIAN.	DATE

OR AUTHORIZED REPRESENTATIVE