

M UELLER Implants & Periodontics

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POST-TREATMENT INSTRUCTIONS

The following are general guidelines aimed to maximize success of procedures. Should you have ANY questions during your healing and recovery please do not hesitate to contact our office. No question is too small to warrant further explanation.

CONSCIOUS SEDATION – Commonly prescribed anti-anxiety medications (“oral sedatives”) include the use of Ativan (Lorazepam) and Halcion (Triazolam). These medications are typically prescribed with the intention to take one pill the night prior to the appointment, and one-two pills 1-hour prior to your scheduled treatment. As a patient electing oral sedation, you should understand that sedatives may cause drowsiness, time constriction, motor incoordination, and fatigue. It is important to know that patients will likely be under the influence of sedation effects for approximately 8-10 hours, and must agree to stay home under the supervision of an adult. Additionally, it is expected that patients will not attempt to drive, supervise or care for children, or perform activities requiring significant coordination or personal judgment. Patients must understand that they should not have any alcohol, tranquilizers, narcotic pain medications, or other sedatives the day of treatment.

DISCOMFORT and MEDICATIONS - Periodontal and oral surgery, much like other surgical procedures, may be associated with varying degrees of discomfort. This is highly dependent upon the procedure performed as well as individual patient pain tolerance. If pain medications have been prescribed, it is ideal to take the first dose while the areas are still anesthetized ("numb"); one could consider taking an anti-inflammatory medication prior to the anticipated procedure. All medications should be taken strictly as prescribed - some medications are intended to begin the day prior to or the day of anticipated procedures. The time interval between taking the medications and the total length of time are to remain on your medication has been carefully determined to give you the maximum benefit with the minimum use of drugs. Variation from the prescribed regimen may have a serious detrimental effect on the success of your surgery.

Non-Narcotic Pain Medications: Often times non-narcotic anti-inflammatory medications are prescribed to manage inflammation, allow for proper healing, and provide pain relief. It is intended that these non-steroidal anti-inflammatory medications (NSAIDs) be taken routinely for the first several days regardless of discomfort to manage the inflammation; it is often easier to “keep up with discomfort” than to “catch up with discomfort.” Examples of NSAIDs include **Ketoprofen, Ibuprofen, and Motrin**. Certain patients cannot take NSAIDs and alternative medications must be used, and include **Tylenol or Acetaminophen**.

Narcotic Pain Medications: Narcotic pain medications may be prescribed to manage certain levels of discomfort. They are not required to be taken, and should be used with caution. They can be used during the day, but are often times more used in the evening time. You should understand that narcotic pain medications may cause drowsiness, time constriction, motor incoordination, and fatigue, as well as side effects such as nausea, constipation, and vomiting. Examples of commonly prescribed narcotic pain medications include **Hydrocodone, Norco, Vicodin, Vicoprofen, Tylenol with Codeine, Percocet, and Oxycodone**.

Antibiotics: Many treatments involve prescription of antibiotics to allow for proper healing due to the nature of the treatment, a patient’s medical status, or the use of “bone grafting” or regenerative materials. Examples of commonly used antibiotics include **Amoxicillin, Amoxicillin + Clavulanic Acid (Augmentin), Penicillin, Ciprofloxacin, Azithromycin (Zithromax), Cephalexin, Metronidazole, and Clindamycin**. The use of a **probiotic** (e.g., “**Acidophilus**,” **Align®**, **Trubiotics®**, **Culturelle®**), taken in conjunction with an antibiotic may be helpful to minimize the potential for stomach and gastrointestinal disturbances commonly associated with the use of antibiotic medications, including diarrhea; please inquire with your pharmacist for a specific recommendation of a probiotic.

BLEEDING - You may notice slight bleeding from surgical sites. This type of minor bleeding or "oozing" for one to two days is generally normal and is not typically of major concern. If you observe the formation of a large blood clot or an obvious flow of blood which is more than a slight "ooze," notify our office or your medical doctor immediately.

SUTURES - Sutures ("stitches") are placed to hold the gum tissue in the proper position for ideal healing. Sutures may be dissolvable or non-dissolvable. Non-dissolvable sutures will need to be removed in approximately 1-2 weeks depending upon the type of suture; sutures may come loose or break due to swelling, which may or may not be of concern. **DO NOT disturb areas around sutures with your tongue, toothbrush, or any other form of disruption or oral hygiene, as this will likely impair healing and may result in failure of the procedure.**

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DRESSING/BANDAGE - A periodontal dressing/bandage **resembling beige bubble gum** is often used to cover certain surgical areas after treatments. The dressing is placed around your teeth to protect the surgical area and should not be disturbed. If the periodontal dressing becomes loose or is causing discomfort, it can generally be removed without concern. There is no set length of time the dressing needs to stay in place and should it “wiggle” or cause discomfort it can be removed and not replaced. It is generally recommended to allow the dressing to stay in place and allow it to come loose naturally.

PALATAL (ROOF OF MOUTH) SHIELD – Many soft tissue grafting (“gum grafting”) treatments include borrowing tissue from the roof of the mouth. A removable shield is often fabricated to cover this area, is **bright pink** in color, resembles an older style of orthodontic retainer, and is intended to protect the roof of the mouth during healing. Generally the shield is to remain on the roof of the mouth for the first 24 hours without removal; following the first 24 hours it can then be removed to clean 2 times daily, but should be replaced and worn until your follow-up appointment.

DIET - For your comfort and to protect the surgeries that are performed, a soft diet is recommended, and a liquid-ish diet is ideal for the first two weeks. Such foods should be soft but also high in nutrition and protein concentration. Examples include blended/pureed soups, eggs, Jell-O, pureed fruits and vegetables, cottage cheese, Ensure Drinks or protein shakes. Avoid chewing in the areas treated. Avoid hard, fibrous, or sharp foods (e.g., chips or toast), and nuts.

ORAL HYGIENE - **The treated surgical area should not be disturbed for the first 2 weeks post-surgically; this includes NO oral hygiene in that area including brushing, flossing, or irrigation devices.** An oral mouth solution is always prescribed (e.g., **Chlorhexidine, Peridex, PerioGard**) that is intended for use in the areas treated; this antimicrobial liquid is intended to be gently swabbed with a soaked Q-Tip or gently rinsed, depending on the procedure. This oral mouth solution may cause temporary tooth staining, calculus accumulation, and temporary change in taste sensation while using the solution. Minimal oral hygiene with a Q-Tip swab and occasionally extra-soft bristled tooth brushes are given to patients following a healing period of approximately 2-4 weeks. Warm salt water rinses (1/8 teaspoon salt to 8 ounces water) may be of benefit to help soothe tissues. **Normal oral hygiene in the form of brushing and flossing CAN BE PERFORMED in areas NOT TREATED and areas without sutures typically beginning the day after surgery. AGAIN, the TREATED SURGICAL AREA should NOT be disturbed for the first 2+ weeks post-surgically; this includes NO oral hygiene in that area including brushing, flossing, or irrigation devices (“water-pik’s”).**

PHYSICAL ACTIVITY – “Strenuous” activity should be avoided during your immediate recovery period, usually 2-3 days.

SWELLING - Swelling of surgical sites is not unusual and may occur after surgery. Ice packs applied to the outer cheek may be beneficial to minimize swelling in the first 1-2 days following treatment. While sleeping it may be beneficial to keep your head elevated on two pillows. Depending on the patient and the procedure, bruising may result in the first 1-2 weeks following treatment, a result of considerable inflammation and healing in the area.

SMOKING - Smoking following any surgical procedure can significantly diminish success, and may lead to failure of procedures as well as an increased risk for infection. Smoking should be discontinued 2 weeks prior to and 6-8 weeks following surgical procedures to ensure proper healing.

ALCOHOL - Alcohol intake should be lessened or discontinued 48 hours prior to and after surgical procedures until sutures (“oral stitches”) have been removed, and should ideally be minimized for the next several weeks following suture removal to ensure proper healing.

"DO NOTS" - For the first one day following a procedure, **DO NOT rinse, spit, or suck through a straw.** Following surgical procedures **DO NOT use oral irrigation devices (e.g., “water-pik’s”), and DO NOT perform normal oral hygiene (brushing and flossing) IN AREAS TREATED OR WHERE SUTURES ARE PRESENT;** antimicrobial mouth rinses (e.g., Chlorhexidine, Peridex, etc.) are prescribed to be used in place of oral hygiene measures and are sufficient to allow for proper healing in areas treated.



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