POST-OPERATIVE INSTRUCTIONS

GREEN LAKE
ORAL + FACIAL SURGERY

BLEEDING: Bite down firmly on the gauze packs that have been placed over the surgical site(s) for 45 minutes at a time, making sure they remain in place. When checking the gauze for bleeding, consider the color of the gauze as an indicator for how active the bleeding is. Bright red coloring indicates that the bleeding is still active and a new piece of gauze should be placed over the site(s) and you will need to repack the sites with new gauze and continue to bite down with firm pressure for another 45 minutes. Light, spotty, or pinkish gauze indicates slight oozing and you should not require gauze. Some light spotting overnight is normal. It's common to see a small amount of blood on your pillow the next morning, ensure that you place a towel onto your pillow. Slight bleeding or oozing overnight to a few days post surgery is normal and does not require gauze. **For persistent bleeding: This usually means that the packs are not positioned over the surgical site(s) properly, or you are not applying a sufficient amount of firm pressure onto the gauze. Try repositioning the packs over the sites if needed. If bleeding persists or becomes heavy, you may substitute a black tea bag (or any sort of tea) that should be moistened and placed over the site(s) biting down with firm pressure for an additional 45 minutes.**

EXERCISE CARE: Do not disturb the surgical area today. Do not rinse vigorously or spit too forcefully for the first five days. You may brush your teeth (**NOT** the surgical site) and exercise caution when near to the surgical site(s). We recommend to go slow and gentle when brushing teeth near the site. Do not smoke for 2 weeks or use straws for at least 7 days after surgery, this is important to prevent dry socket or other complications.

SWELLING: Swelling can be minimized by using a cold pack wrapped in a towel and applied firmly to the cheek adjacent to the surgical area. This should be applied twenty minutes on and twenty minutes off during the first 48 hours after surgery and then switch to warm compresses after 48 hours. To help decrease swelling, sleep with the head elevated with an extra pillow can be helpful. Expect for swelling to increase over the next two to three days days before it begins to decrease.

PAIN: You can begin pain relief prior to the numbing wearing off. Most patients start with over-the-counter (OTC) options. Prescription pain medication is available if needed. Remember that the most severe pain is usually within the first few days after surgery. Pain will increase before it decreases.

Option A: Over-the-Counter (Start here if possible)

- **Ibuprofen (Advil/Motrin)**: Take 600–800mg every 6 hours (maximum 3200mg/day).
- **Acetaminophen (Tylenol)**: Take 325–500mg every 6 hours, alternating with ibuprofen (maximum 4000mg/day).

Example Alternating Schedule:

- 12 PM: Ibuprofen 600–800mg and then three hours after at 3 PM: Tylenol 325–500mg
  (Continue alternating every 3 hours between the two medications.)

Option B: Prescription (Only if OTC isn't enough)

- If you're prescribed Vicodin (hydrocodone + acetaminophen), take it at least 6 hours after your last Tylenol dose, and alternate with ibuprofen.
- Do not combine Vicodin with Tylenol, as Vicodin already contains Tylenol (acetaminophen).

NAUSEA: Some patients find that the stronger pain medication may cause nausea. To prevent this, always eat before taking medications. Taking pain medication with applesauce/yogurt, will help reduce the risk of nausea. If you have a known history of nausea following sedation or with narcotics, an anti-nausea medication can be prescribed. Please call our office if symptoms persist.

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DIET: Eat any nourishing food that can be eaten with comfort. Stick to soft, cool, or room-temperature foods for the first 2–3 days. **Recommended foods**: Yogurt, smoothies, mashed potatoes, scrambled eggs, pasta, applesauce, soup (not hot), pudding. **Avoid**: Hard, crunchy, spicy, acidic, popcorn or hot foods. Certain foods may get lodged in the socket areas. Over the next several days you may gradually progress to solid foods as you heal and feel less discomfort.

MOUTH RINSES: Keeping your mouth clean after surgery is essential. The prescribed mouth rinse (Chlorhexidine) is to be used if provided for one week or as directed. If you were not given a prescription rinse use ¼ teaspoon of salt dissolved in an 8 ounce glass of warm water and gently rinse until the glass is empty. Repeat at least three times daily, especially after meals. **Do not begin oral rinses for the surgical sites until the day after your procedure to allow blood clot to stabilize.**

ANTIBIOTICS: If you are prescribed an antibiotic, begin taking them the evening of surgery day (after dinner). It is important to always eat before taking the medication to avoid stomach upset. Do not drink alcohol while taking antibiotics – it reduces effectiveness.

SYRINGE USE: You may have received a curved-tip syringe to keep the extraction site clean. You may begin using the irrigation syringe on day five following surgery to clean lower extraction sites as your surgical assistant instructed when this is applicable to you. **Remember that the day of surgery is considered day zero.** Mix ¼ tsp table (Iodized) salt and warm water to create salt water solution. Then fill the syringe and gently place only the very tip of the syringe into the socket. Using steady pressure, flush the extraction site and spit (refrain from swishing) until clear of debris. Be sure to utilize the syringe after meals and before bedtime; continue this daily for 14 days or as directed. If there is a persistent opening (with no bone grafting material or PRF) please continue syringe use daily, at nighttime, until the site closes completely. This can take up to a few weeks, but consistent syringe use is key to preventing post-operative infections or complications.

HEALING: If you feel sharp edges in the surgical areas, it is likely you are feeling the bony walls which once supported the extracted teeth. Occasionally, small slivers of bone may work themselves out during the following week or so. If they cause concern or discomfort, please call our office. The remainder of the post-operative course after day 3 or 4 should be gradual, steady improvement. If you don't see continued improvement, please call our office, these edges always self-resolve, but occasionally treatment speeds up the process.

ACTIVITY RESTRICTIONS: No strenuous activity for one full week. This includes: running, cardio, jumping, or anything that elevates your heart rate. Rest is important to reduce bleeding and promote healing.

CALL OUR OFFICE IF YOU EXPERIENCE: Persistent bleeding after 24 hours, fever over 101.4°F, increasing pain or swelling after day 5-7 or any medication reactions (rash, stomach issues, etc.)

PLEASE NOTE: Due to new federal law, narcotic pain medications cannot be prescribed over the phone. If you have any questions or concerns you can reach our on call team member at 206-641-7212 and follow the prompts.