



PREOPERATIVE INSTRUCTIONS

Date ___ / ___ / ___

Please fill prescriptions at least one day prior to surgery.

If you chose to have intravenous sedation or nitrous oxide, **please do not eat or drink anything, including water, after midnight.** If you take medications regularly, you may take them with small sips of water. Medications prescribed by us should be taken with small sips of water as well, or enough to get all pills down.

Wear comfortable, loose fitting clothing with short sleeves or sleeves that can easily be rolled up above both elbows.

If you have intravenous sedation, **a responsible person must accompany you and take you home.** We prefer that your escort accompany you to the office so that we may let him/her know when you will be ready to leave the office. Please make sure your driver stays in the office, unless they need to step out for a half hour or less.

Your mouth and teeth should be well cleansed to help avoid infection.

Do not ignore a head or chest cold when oral surgery is to be performed. Please call the office if you have any symptoms as a change of appointment may be necessary.

If you are going to have local anesthesia (“novocaine”) only, you may eat prior to your appointment and do not need someone to accompany you to the office.

ANTIBIOTICS:

- _____ 1.) If prescribed 6 pills or capsules of antibiotics (Amoxicillin, Cleocin, etc.) take (4) 1 hour prior to surgery then (2) 6 hours from when you took the first 4.
- _____ 2.) If prescribed antibiotics for a week (more than 6 pills), it will say on your prescription bottle to start them 2 days prior to your surgery or take (4) 1 hour prior to surgery. If you are to start them 2 days prior to surgery, make sure you take as many doses as stated on the bottle, including 1 the morning of surgery. If you take (4) 1 hour prior to surgery, make sure those 4 count only as your first dose for the day. You are to continue 1 pill at a time until they are gone.

ANTIBIOTICS CAN SOMETIMES CAUSE DIARRHEA, THEY KILL THE BAD BACTERIA IN YOUR BODY,
 BUT THEY CAN ALSO KILL THE GOOD BACTERIA! YOU NEED TO EITHER EAT 1 YOGURT A DAY OR
 TAKE ACIDOPHILUS PILLS (WHICH ARE IN THE VITAMIN SECTION AT THE DRUG STORE).
 IF YOU STILL GET DIARRHEA, STOP THE ANTIBIOTICS AND CALL THE OFFICE.

MEDICATIONS FOR PAIN AND SWELLING You were either prescribed Celebrex or Motrin.

- _____ 1.) If Celebrex take (1) 1 hour prior to surgery, then 1 every 12-24 hours. If the pain is not under control you can supplement the Celebrex with either Tylenol (acetaminophen) or percocet (roxicet, oxycodone).
MAKE SURE TO EAT BEFORE YOU TAKE THE PERCOCET!! DO NOT TAKE ON AN EMPTY STOMACH!!!
 When the Celebrex is gone, if you are still having some pain and swelling, you can then switch to one of the following: Aleve, it lasts for 12 hours, Advil, Motrin, Ibuprophen. Please wait to take them 12 hours after your last Celebrex.
- _____ 2.) If Motrin was prescribed, you would take 1 when you get home after your surgery, then take 1 every 6-8 hours for pain and swelling.

DO NOT TAKE CELEBREX IF YOU HAVE A SULFUR ALLERGY.

PLEASE, MAKE SURE YOU TAKE ALL YOUR REGULAR MEDICATION
 THAT YOU NORMALLY TAKE IN THE AM, UNLESS OTHERWISE DIRECTED.

IF YOU CAN NOT SWALLOW PILLS, WE CAN GIVE EITHER CHEWABLES OR LIQUID. YOU CAN
 CRUSH THEM, OR IF CAPSULES, OPEN THEM AND PUT INTO 1 TEASPOON OF APPLESAUCE. NO DAIRY!!!

An assistant will instruct you on the areas below. Sometimes your doctor will need to be contacted first, so we may be calling you later with further instructions.

- _____ If you take bisphosphates (bone strengtheners) you are to stop them 1 or 3 months prior to surgery, depending on how long you have been on them.
- _____ Please do not take medications for diabetes the morning of surgery. You can resume them when you get home, after you have eaten.
- _____ Please stop all blood thinners 3, 5 or 7 _____ days prior to surgery.
- _____ Please use inhaler prior to surgery. Bring it with you as well, just in case its needed during surgery.
- _____ Please double your steroid (prednisone) dose the morning of surgery.

NOTES: _____

PREOPERATIVE INFORMATION AND INSTRUCTIONS

The following information is provided to refresh your memory after your consultation and before your surgery. Please read it and be certain to ask any questions which have not been answered.

The doctor has already discussed with you the type of oral surgical procedure that you will have. Treatment options have also been discussed. If you have any specific questions about the planned procedure or need to be reminded about possible alternatives, please call the office or ask before consenting to surgery.

If you are going to be sedated, the medication will be administered through a vein in your arm. Remember that with the intravenous sedation techniques used in this office you may be vaguely aware of the surgical procedure being performed. You will be relaxed, even sleepy, and with the use of local anesthesia should feel minimal, if any, discomfort during the procedure. We have found that most patients are not aware of the procedure being performed.

After your surgery, you can expect an average of two to four days of discomfort. Each individual's reaction to surgery varies—the sensation can range from mild discomfort to severe pain. Knowing this, we will provide you with a strong pain medication to help you through the first few days. If you find that you do not need it, either use half of the prescribed pill every four to six hours or take a nonprescription pain medication (Advil, Tylenol, aspirin, etc.) at the same time interval.

A variable amount of swelling can be expected following the surgery. This should also begin resolving after the third day. As with any surgery, there can be complications or unanticipated results that you should be aware of. The most common problem encountered following surgery is infection. This usually requires an office visit to relieve pressure and drain any pus that may have accumulated near the surgical site. Rarely, patients need to be admitted to the hospital for intravenous antibiotics and further surgical drainage. We realize that the surgery is in your mouth and also that maintaining your nutrition is important. Occasionally food particles or bacterial by-products can cause irritation in extraction site(s). This is frequently referred to as “dry socket.” Patients who smoke and women taking birth control pills may be at a higher risk for this to occur. Adequate treatment may require several visits to the office to inspect the extraction sites and to place small “dressings” in the sockets to minimize your discomfort. These are usually changed several times before they are finally removed. For this reason, we urge you to be available for follow-up visits for at least ten days following your surgery. Remember, if after three days you feel an increase in pain, swelling, or develop a fever, contact the office as you may require attention.

Other temporary problems you may experience in the postoperative period include stiffness in the jaws, chafing around the corners of your lips, facial bruising, and oozing of blood from the extracted sites. The postoperative instruction sheet should answer many of your questions. If not, don't hesitate to call the office.

If you are given antibiotics and take birth control pills, you should be aware that the birth control pill may become ineffective and take appropriate precautions.

It is our goal to make your surgical experience as comfortable as possible. If you have any questions about any phase of your treatment, don't hesitate to ask them on the day of your surgery or call the office before your appointment.

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