



SANTA FE ORAL SURGEONS

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Pre Anesthesia Instructions

You will always be given local anesthesia for your surgery, but you may choose any of those listed below as a supplement. Each choice requires different preparation on your part, and for your safety it is important that you read and follow the instructions carefully. If you are unclear about anything, please ask your doctor.

For all surgery, please wear comfortable, loose-fitting clothing. Tops/shirts should have sleeves that are easily drawn up above the elbow. Females should remove nail polish before surgery, and apply as little makeup as possible.

LOCAL ANESTHESIA will produce a numb feeling in the area being operated on and a feeling of pressure during surgery. You will be awake and recall the surgery, but there should be no significant discomfort.

1. Have a light meal a few hours prior to surgery.
2. For more extensive procedures you may wish to have someone drive you home.
3. Plan to rest for a few hours after surgery.

ORAL PREMEDICATION: may be a supplement to local anesthesia and is medication taken by mouth to produce relaxation before and during your operation.

1. Take the medication at the time directed before your surgery.
2. Have a light meal a few hours prior to surgery unless you are also having intravenous sedation.
3. It is not safe to drive after taking sedative drugs, and you **MUST** have someone drive you to and from surgery.
4. Plan to rest for the remainder of the day. Do not operate power tools, machinery, etc., for 24 hours after surgery.

NITROUS OXIDE is also known as "laughing gas." You will be relaxed and somewhat less aware of your surroundings, but will recall most of the surgical event. Nitrous oxide is generally used in conjunction with local anesthesia, but may also be used to supplement the anesthetic choices below:

1. You may have a light meal four (4) hours prior to surgery.
2. It is best to have someone drive you home.
3. Plan to rest for the remainder of the day.

See back side of this page for IV anesthesia instructions.

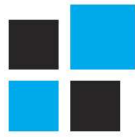
INTRAVENOUS ANESTHESIA

Both of the anesthetics below include local anesthesia (although general anesthesia does not require its use.)

INTRAVENOUS SEDATION: Medications are given through a vein in your arm or hand, which will cause total relaxation and, although you will not actually be unconscious, there will be very little recall (if any) of the events surrounding surgery.

1. **Do not eat or drink anything** (including water) for eight (8) hours prior to surgery. **However**, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any pre-medication prescription that we have provided, **using only a small sip of water**.
2. For morning appointments, skip breakfast.
3. For afternoon appointments, eat a light breakfast seven (7) hours before your appointment and skip lunch.
4. Take any regular medications with only enough water to get the pill down.
5. You **MUST** have someone stay at the office during your procedure and then drive you home.
6. Plan to rest for the remainder of the day. Do not operate power tools, machinery, etc., for 24 hours after surgery.
7. No phones.

GENERAL ANESTHESIA: Medications are given through the vein which will result in total loss of consciousness, complete lack of recall of the event and usually a longer recovery time. General Anesthesia has an excellent safety record as an office procedure, but may, if desired, be provided in a hospital setting. (Your health insurance may not cover you unless there is a bona fide medical reason for hospitalization.)



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Post-Operative Instructions

I. GENERAL

You have undergone a surgical procedure involving the bone and soft tissue of your mouth, and there are several postoperative events of which you should be aware. Sometimes the after-effects of oral surgery are quite minimal, so not all of the instructions may apply to you. Common sense will often dictate what you should do. However, when in doubt follow these guidelines or call our office for clarification.

A. BLEEDING

The incision utilized to gain access to the surgical site area has usually been closed with dissolvable sutures. After maintaining pressure with absorbent gauze the gauze may be discarded. If there is some continued bleeding, repeat this procedure. **Change the gauze every 20 to 60 minutes for the next 4 to 5 hours following surgery.** Bleeding should never be severe. If so, it usually means that the packs are being clenched between the teeth only and are not exerting pressure on the surgical areas. Try repositioning the packs. If bleeding persists or becomes heavy you may substitute a black tea bag (soaked in water, squeezed damp-dry and wrapped in gauze) for 20 or 30 minutes.

B. DISCOMFORT

Unfortunately most oral surgery is accompanied by some degree of discomfort. **The third or fourth day after surgery is often the peak of swelling or discomfort.** This is normal and to be expected. Dr. Wheaton has prescribed pain medication for your discomfort, which you should take as directed. If you take the first pill before the anesthetic has worn off, you should be able to manage any discomfort better. Some patients find that stronger pain medicine causes nausea, but if you precede each pain pill with a small amount of food, chances for nausea will be reduced.

C. SWELLING

Moderate swelling is to be expected, and need not to cause alarm. It is nature's response to a surgical intervention. It can be minimized by using a cold pack, ice bag, or a bag of frozen peas 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 24 hours after surgery. **After the first 24 hours, if an external application is desired, discontinue the ice and use moist heat or heating pad.** This enhances circulation to the area, and helps excess tissue fluids to be carried off. Swelling usually resolves in four to five days. Sleep with an extra pillow, keeping head elevated. Ibuprofen as a base line every 6-8 hours helps with pain and swelling. If you have been prescribed this, and are able to take it, please do so regularly. The prescribed narcotic (hydrocodone, oxycodone) can be taken in between doses of Ibuprofen for **break through pain**. If the pain is not that intense then regular Tylenol may be substituted for the narcotic.

II. **DIET**

During the first few days, your diet should be modified to include soft foods and plentiful liquids. An effort should be made to keep food away from the operated area. Avoid extremely hot foods. It is best to avoid foods like nuts, seeds, popcorn etc., which may get lodged in the socket areas. Good nutrition must be maintained following oral surgery even if mouth soreness and jaw stiffness are present. Since you will be taking medications, it is important to remember that eating can prevent nausea sometimes associated with certain medications.

The first day or two foods like Yogurt, pudding, Jello-O®, milkshakes, ice cream, oatmeal, Ensure®, soups, baby food and pureed foods, fish, chicken, mashed potatoes, macaroni and cheese, and cooked vegetables can be added to your diet as your comfort indicates. There is no reason to avoid your favorite foods if you are comfortable while eating them. Advance to your regular diet as quickly as you are able.

III. **SHARP EDGES**

If you feel something hard or 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 the office.

IV. **MOUTH RINSES AND BRUSHING**

Keeping your mouth clean after surgery is essential to your healing process. **After the first day**, gentle saline rinses (1/2 level teaspoon of salt to an 8oz. glass of warm water) should be utilized three to four times a day, especially following meals. You need to do these rinses for 7 to 10 days. Teeth may be brushed as usual, but care should be taken in the surgical area. Begin your normal oral hygiene routine after 24 hours following surgery to minimize inflammation and risk of infection. Soreness and swelling may not permit vigorous brushing, but please make an effort to clean your teeth within the bounds of comfort.

V. **ADDITIONAL IMPORTANT INSTRUCTIONS**

If after 5 to 7 days following the surgery the discomfort becomes greater rather than less, you may have developed a dry socket. This means that the blood clot has been lost from the socket where the tooth was. Please call the office and we can treat you for this. To prevent a dry socket:

Do not smoke for a minimum of 3 days

Do not use drinking straws

Do not spit repeatedly

Do not rinse or brush for the first 24 hours

Do not play with the area with your tongue

Do not use Peroxide

Do not drink carbonated beverages for a minimum of 3 days

In lower jaw surgery, if it has been necessary to operate deep in the bone, the patient may experience manipulation of the main nerve to the lower jaw. Should this occur, the nerve usually repairs itself, and this process may take anywhere from several weeks to four to six months. If you do experience any numbness of the lower lip or tongue, please inform Dr. Wheaton.

VI. **SUMMARY**

It is our desire that your recovery be as smooth and pleasant as possible. Following these instructions will assist you, but if you have questions about your progress, please call our office. A 24-hour answering service is available to assist you. Should you need care following surgery, you may contact Dr. Wheaton by calling our office number. Surgery of any type temporarily interrupts normal activities, and oral surgery is no exception. Attention to Dr. Wheaton's instructions, and the information presented here should be helpful. In addition, careful following of your prescriptions, limited activity, rest and patience should see you through.