Extraction Site and Ridge Preservation
Suzuki

1. Note preservation of surrounding soft tissue anatomy.
2. Thorough curettage of the extraction socket to remove debris, granulation tissue.
3. If no bleeding is present, perforate the socket walls with a small carbide bur.
Place bone graft material up to the alveolar crest of the extraction socket.
Wound Healing: Extraction Sockets: "Bone resorption (40-60%) from facial in 3 yrs"

What is the new standard of care following extractions of teeth?
What bone graft materials should be considered? And in what priority?

Treatment Plan
1. Review Med/Dental Hx
2. Dx: Periodontitis /Insurance Codes
3. Initial Tx:
-OHI
-Rx CHX, phenol, Cetylpyridinium rinses
-Ultrasonics Scaling/RP/Polish
Extractions prn
- Evaluation (4-6 weeks)
4. Periodontal Surgery
5. Maintenance (q 3 mos)

Antimicrobials: Chlorhexidine, 0.12% (Peridex, Periogard, Oris)
Phenols/Essential Oils (Listerine)
Cetylpyridinium Chloride (Crest ProHealth)
**FDA Approved*
**ADA Council of Scientific Affairs Accepted*

Atraumatic Extractions
New "minimum standard of care" in Dentistry
Ridge Augmentation ("Socket Preservation") for all extracted teeth*
**except presence of infection*

Bone Grafts
What bone graft should you use? …and in what order of preference?
Autogenous Bone
Xenografts: Bovine, Horse (2-2012)

GBR: Extraction Socket
GTR = Guided Tissue Regeneration (Teeth)
GBR = Guided Bone Regeneration (No Teeth)
Ridge Preservation
D 7953 Bone replacement graft for ridge preservation – per site
**Am.Acad.Perio. Newsletter. Dec. 2004*

Regeneration Surgeries
Bone Grafts
Guided Tissue Regeneration
Biologic/Molecular Approaches

Biologic/Molecular Approaches
Pepgen P-15 (Dentsply): Peptide of 15 amino acids; Mixed with Bovine Bone (particulate); Periodontal Regeneration, Also used for Spinal Surgery, Orthopedics, etc

Emdogain: Enamel Matrix Protein, From Hertwig's Epithelial Sheath (Pigs), Stimulates Regeneration; Liquid applied to the root surface during periodontal surgery, Can be mixed with bone grafts (off-FDA)

Gem 21: Platelet Derived Growth Factor; A Cytokine; From Platelets; Stimulates Osteogenesis; Mixed with Synthetic Bone

BMP, Bone Morphogenic Protein (Medtronix); Liquid + Collagen strips; Stimulates Osteogenesis; Expensive

"Regional Acceleratory Phenomenon" (RAP)
Bone perforated with high speed round burs or curets
Bone is stimulated with osteogenic cells + osteogenic molecules
Bone Regeneration

Regeneration Surgeries
Bone Grafts
Guided Tissue Regeneration
Biologic/Molecular Approaches

Extraction Site and Ridge Preservation:
The Foundation for Dental Implants
What approach do I use?
Posterior Extractions (with sufficient bone): Bone Graft
Posterior Extractions (w/out sufficient bone): Bone Graft + Membrane
Anterior Extractions (with sufficient bone): Bone Graft + Membrane
Anterior Extractions (w/out sufficient bone): Bone Graft + Membrane + Biologics
Bisphosphonate Patient? Caution

Post-operative management
Appts at 1, 3 wks
OHI, "ultra soft" brush, interprox cleaners
Antimicrobial rinse for 2-3 wks
Gently deplaque
CHX soaked swab
Curette, supragingival
Prophylaxis, rubber cup, no paste
Repeat at 5-6 wks (prn)

Post-surgical management
Hemostasis
Periodontal Dressing (optional)
Pain Control
Ice packs
Antibiotics
Antimicrobials

P.O. Instructions

Current Pain Meds for
Periodontal Surgery/ Extractions
Ibuprofen, 200 mg
Disp: OTC Bottle
Sig: 3 tabs stat (or 30 min a procedure)
2 tabs q 4-6 h prn pain
Plus
Tylenol 350 mg
Disp: OTC Bottle
Sig: 1 tab stat
1 tab q 4-6 h prn pain (with Ibuprofin tabs)

for Severe Pain
Rx Percocet
Disp: #12 (twelve)
Sig: 1 tab stat
1 tab q 4-6 h prn pain

PRE-OPERATIVE ANTIBIOTICS
Implant failure increases 2-3X if no antibiotics given
The procedure has significant risk of postoperative infection.
Adequate antibiotic tissue concentration must be present at time of surgery.
Amoxicillin 500mg or Clindamycin 300mg or Cephalexin 500mg
2 tabs 1hr prior to surgery, then 1 tab q8h until complete (x 3-7 days)

Antimicrobials*
Chlorhexidine, 0.12%
(Peridex, Periogard, Oris)
Phenols/Essential Oils (Listerine)
Cetylpyridinium Cl (Crest ProHealth)
Stannous Fluoride
**FDA Approved*

P.O. Instructions (oral + written)

Post-operative management
Appts at 1, 3 wks
OHI, “ultra soft” brush, interprox cleaners
Antimicrobial rinse for 2-3 wks
Gently deplaque
CHX soaked swab
Curette, supragingival
Prophylaxis, rubber cup, no paste
Repeat at 5-6 wks (prn)
Hemorrhage control: “Bone Wax” warmed and squeezed into bleeding site

Ridge Augmentation Keys to Success

- **Asepsis and pre-operative antibiotics**
- **Flap access (2 teeth anterior, 1 posterior)**
- **Complete degranulation of socket**
- **Atraumatic handling of flaps**
- **Decortication for RAP**
- **Graft and flap stability - suturing**
- **Spacing – do not overpack graft**

Extraction + Bone Augmentation Surgical Steps/Technique Description:
sulcular incisions circumferentially around tooth
periotomes and elevators for minimally invasive extraction, consider sectioning tooth with handpiece (before flap reflection if possible
extend incisions 2 teeth mesial, 1 tooth distal for access (retrace several times)
Orban knife and Molt curette (twisting motion) for buccal and lingual flap reflection (past MGJ)
curettes (McCall) for degranulation
Barrier membrane (w/ sterile packaging) - absorbable or nonabsorbable
premeasure site with perio probe - can use template first, then shape membrane dry w/ scissors
-want to make sure it does not bunch up nor touch adjacent teeth
bone graft preparation - hydrated with saline or antibiotics -
revision of flap with submucosal releasing incision (2-3mm apical to MGJ); also release with surgical scissors insert closed, open inside flap, withdraw and close extraorally
make sure socket is completely degranulated and irrigated
place particulate bone graft - can use molt curette, do not overpack nor compress - suction only with gauze
placement of membrane - position several mm inside borders of flaps
suturing - prefer vicryl or monocryl sutures; interrupted sutures to reapproximate flap edges. Do not want to overtighten but attempt for tension free/passive primary closure of as close to primary closure as possible
surgeons knot 1-2-1 or 2-1-1 - reverse direction of knot tie each pass
position sutures ~3mm apart from each other and from edges of tissue flaps as sutures create a 1mm circumferential devital/nerotic zone of tissue - to avoid tearing through
final gauze pressure for hemostasis and to minimize blood clot for 4-5 min

CONSENT FOR THE USE OF BONE REGENERATIVE PROCEDURES

Diagnosis: After a careful oral examination and study of my dental condition, my periodontist has advised me that I either have periodontal disease or damage to one or several of my teeth. I understand that periodontal disease weakens support of my teeth by separating the gum from the teeth and possibly destroying some of the bone that supports the tooth roots. The pockets caused by this separation allow for greater accumulation of bacteria under the gum in hard to clean areas and can result in further erosion or loss of bone and gum supporting the roots of my teeth. If untreated, periodontal disease can cause me to lose my teeth and can have other adverse consequences to my health. Some teeth may be beyond a point where they can be predictably saved and my at present or in the future require removal/extraction.

Recommended Treatment: In order to treat this condition, the periodontist has recommended that my treatment include bone regenerative surgery. I understand that sedation may be utilized and that a local anesthetic will be administered to me as part of the treatment. I further understand that antibiotics and other substances may be applied to the roots of my
teeth. During this procedure, my gum will be opened to permit better access to the gum roots and/or to the eroded bone. Inflamed and infected gum tissue will be removed, and the root surfaces will be thoroughly cleaned. Bone
irregularities may be reshaped. Graft material will be placed in the areas of
bone loss around the teeth or to repair areas where teeth have been removed. Various types of graft materials may be used. These materials may include my own bone, synthetic bone substitutes, or bone obtained from tissue banks (allografts). Membranes may be used with or without graft material - depending on the type of bone defect present. My gum will be sutured back into position over the above materials, and a periodontal bandage or
dressing may be placed. I further understand that unforeseen conditions may call for a modification or change from the anticipated surgical plan. These may included, but are not limited to, (1) extraction of hopeless teeth to enhance healing of adjacent teeth, (2) the removal of a hopeless root of a multi-rooted tooth so as to preserve the tooth, or (3) termination of the procedure prior to completion of all of the surgery originally outlined.

Expected Benefits: The purpose of bone regenerative surgery is to reduce infection and inflammation and to restore my gum and bone to the extent possible. The surgery is intended to help me keep my teeth in the operated areas (or repair bone and missing tooth areas) and to make my oral hygiene more effective. It should also enable professionals to better clean my teeth. The use of bone, bone graft material, or the placement of a membrane in intended to enhance bone and gum healing.

Principal Risks and Complications: I understand that some patients do not respond successfully to bone regenerative procedures. The procedure may not be successful in preserving function or appearance. Because each patient's condition is unique, long-term success may not occur. In rare cases the involved teeth may ultimately be lost.
I understand that complications may result from the periodontal surgery involving bone regenerative materials, drugs, or anesthetics. These complications include, but are not limited to post-surgical infection, bleedi
ng, swelling and pain, facial discoloration, transient but on occasion permanent numbness ofthe jaw, lip, tongue, teeth, chin or gum, jaw joint injuries or associated muscle spasm, transient but on occasion permanently
increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, shrinkage of the gum up on healing resulting in elongation of some teeth and greater spaces between some teeth, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, adverse impact on speech, allergic reactions, and accidental swallowing of foreign matter. In the event that donated tissue is used for the graft, the tissue should have been tested for hepatitis, syphilis, and other infectious disease. Nevertheless, there is a remote possibility that tests will not determine the
presence of diseases in a particular donor tissue. The exact duration of any complications cannot be determined, and they may be irreversible. There is no method that will accurately predict or evaluate how my gum and bone will
heal. I understand that there may be a need for a second procedure if the initial surgery is not entirely successful. In addition, the success of bone regenerative procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of the teeth, inadequate oral hygiene, and medications that I may be taking. To my knowledge I have reported to my periodontist my prior drug reactions, allergies, diseases, symptoms, habit, or conditions which might in any way relate to this surgical procedure. I understand that my diligence in providing
the personal daily care recommended by my periodontist and taking all medications as prescribed are important to the ultimate success of the procedure.

Alternatives To Suggested Treatment: Alternatives to periodontal surgery with bone regenerative surgery include: (1) no treatment – with the expectation of possible advancement of my condition which may result in premature loss of teeth, (2) extraction of a tooth or teeth involved with periodontal disease, (30) non-surgical scraping of tooth roots and lining of the gum (scaling and root planing), with or without medications, in an attempt further to reduce bacteria and tartar under the gum line – with the expectation that this may not fully eliminate deep bacteria and tartar, may not

reduce gum pickets, will require more frequent professional care and time commitment, and may not arrest in the worsening of my condition and the premature loss of teeth.

Necessary Follow-up Care and Self-Care: I understand that it is important for me to continue to see my regular dentist. Existing restorative dentistry can be and important factor in the success or failure of periodontal therapy. From time to time, my periodontist may make recommendations for the replacement of restorations, the replacement of existing restorations or their modification, the joining together of two or more of my teeth, the extraction of one or more teeth, the performance of root canal therapy, or the movement of one, several, or all of my teeth. I understand that the failure to follow such recommendations could lead to ill effects, which would become my sole responsibility. I recognize that natural teeth and their artificial replacements should be maintained daily in a clean, hygienic manner. I will need to come for appointments following my surgery so that my healing may be monitored and so that the periodontist can evaluate and report on the outcome of surgery upon completion of healing. Smoking or alcohol intake may adversely affect gum healing and may limit the successful outcome of my surgery. I know that it is important (1) to abide by the specific prescriptions and instructions given by my periodontist and (2) to see my periodontist and dentist for periodic examination and preventative treatment. Maintenance also may include adjustment of prosthetic appliances.
No Warranty of Guarantee: I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. IN most cases, treatment should provide benefit in reducing the cause of my condition and should produce healing which will help me keep my teeth. Due to individual patient differences, however, a periodontist cannot predict the absolute certainty of success. There exists the risk of failure, relapse, and additional treatment or worsening of my present condition, including the possible loss of certain teeth, despite the best of care.

Use of Records for Reimbursement Purposes: I authorize photos, slides, x-rays or an other viewings of my care and treatment during or after its completion to be used for reimbursement purposes.

PATIENT CONSENT: I have been fully informed of the nature of bone regenerative surgery, the procedure to be utilized, the risks and benefits of periodontal surgery, the alternative treatments available, and the necessity for follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the performance of bone regenerative surgery as presented to me during consultation and in the treatment plan presentation as described in the document. I also consent to the

performance of such additional or alternative procedures as may bedeemed necessary in the best judgment of my periodontist.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT

_____ _____

[Date] [Printed name of patient, parent or Guardian]

_____

[Signature of patient, parent or Guardian]

_____ _____

[Date] [Printed name of witness]

_____

[Signature of witness]

Consent for Extraction of Teeth

Part 1 – Patient and Doctor Information
Patient Name: _____ Date: _____ Doctor's Name: _____ In order for me to make an informed decision about undergoing a procedure, I should have certain information about the proposed procedure, the associated risks, the alternatives and the consequences of not having it. The doctor has provided me with this information to my satisfaction. The following is a summary of this information. This form is meant to provide me with the information I need to make a good decision; it is not meant to alarm me.

Part 2 – Details of Consent
Condition My doctor has explained the nature of my condition to me: Disease of teeth. ***Procedure*** My physician has proposed the following procedure to treat or diagnose my condition: Extraction of the following tooth/ teeth: _____ This means: removal of teeth, an irreversible process. Extraction involves the complete removal of a tooth/teeth from the mouth. Some extractions require cutting into the gums and removing bone and/or cutting the tooth into sections prior to removal. The intended benefit of this treatment is to relieve my current symptoms and/or permit further planned treatment. The prognosis for this procedure is _____. I have been informed of the following possible alternative treatments, and the costs, risks, & benefits of each:

___ No treatment ___ Root Canal Therapy ___ Fillings ___ Crowns ___ Gum Treatment

___ Other: _____

Alternatives
My doctor has explained the following medically acceptable alternatives to be: _____

Also, I can seek specialized care somewhere else, or I can have nothing done.

Consequences of Not Having Procedure
If I don't have the procedure, my condition may stay the same, improve, or get worse. It is the doctor's opinion that the proposed procedure is a better option for me.

Part 2 – Details of Consent (continued)

Other Procedures
During the course of the procedure, the doctor may discover other conditions that require an extension of the planned procedure, or a different procedure altogether. I request the doctor to do the procedures my doctor thinks are better to do at this sitting rather than later on.

Risks
The doctor will give his best professional care toward accomplishment of the desired results. The substantial and frequent risks and hazards of the proposed procedure are: Dry socket – jaw pain beginning a few days after surgery, usually requiring additional care (more common from lower extraction, especially wisdom teeth, and in smokers); gum shrinkage (possibly exposing crown margins). These are usually temporary. Uncommonly, these effects may persist. Uncommon risks also include: Sharp ridges or bone splinters may form later at the edge of the socket requiring surgery to smooth or remove them. Incomplete removal of tooth fragments – to avoid injury to vital structures such as nerves or sinuses, sometimes small root tips may be left in place. Sinus involvement: the roots of upper back teeth are often close to the sinus and sometimes a piece of
root can be displaced into the sinus, or an opening may occur into the mouth which may require additional care. Complications of therapy may include infection, loss of fillings, injury to other teeth or soft tissues, jaw fracture, sinus exposure, or swallowing or aspiration of debris.

I understand that small root fragments may break off from the tooth being extracted, and that these fragments may be left in the jaw or may require additional surgery for removal. I understand that during surgery it may be impossible to avoid touching, moving, stretching, or injuring the nerves in my jaw that control sensations and function in my lips, tongue, chin, teeth, and mouth. This may result in nerve disturbances such as temporary or permanent numbness, itching, burning, or tingling of the lip, tongue, chin, teeth, and/or mouth tissues. I understand that I will be given a local anesthetic injection and that in rare instances patients have had an allergic reaction to the anesthetic, an adverse medication reaction to the anesthetic, or temporary or
permanent injury to nerves and/or blood vessels from the injection. I understand the injection areas may be uncomfortable following treatment, and that my jaw may be stiff and sore from holding my mouth open during treatment.

Drugs, Medications, and Anesthesia
Antibiotics, pain medication, and other medications may cause adverse reactions such as redness and swelling of tissues, pain, itching, drowsiness, nausea, vomiting, dizziness, lack of coordination, miscarriage, cardiac arrest (which can be increased by the effect of alcohol or other drugs), blood clot in the legs, heart, lungs or brain, low blood pressure, heart attack, stroke, paralysis, brain damage. Sometimes after injection of a local anesthetic, I may have prolonged numbness and/or irritation in the area of injection. If I use Nitrous Oxide, Atarax, Chloral hydrate, Xanax, or other sedative, possible risks include, but are not limited to, passing out, severe shock, and stopping breathing or heartbeat. I will arrange for someone to drive me home from
the office after I have received sedation, and to have someone watch me closely for 10 hours after my dental appointment to observe for side effects such as difficulty breathing or passing out.

Implant Database
If a device is placed in my body, the doctor may give my name, dental information, social security number and other personal information to the device manufacturer for quality control purposes.

Part 2 – Details of Consent (continued)

No Guarantee

The practice of dentistry and surgery is not an exact science. Although good results are expected, the doctor has not given me any guarantee that the proposed treatment will be successful, will be to my complete satisfaction, or that it will last for any specific length of time. Due to individual patient differences, there is always a risk of failure, relapse, need for more treatment, or worsening of my present condition despite careful treatment. Occasionally, treated teeth may require extraction.

Part 3 – My Responsibility

I agree to cooperate completely with the doctor's recommendations while under his/her care. If I don't fulfill my responsibility, my results could be affected.

Success requires my long-term personal oral hygiene, mechanical plaque removal (daily brushing and flossing), completion of recommended dental therapy, periodic periodontal visits (dental clinic care), regular follow-up appointments, and overall general health.

There may be several follow-up clinical visits for the first year following surgery. It is my responsibility to see the doctor at least once a year for evaluation of implant performance and oral hygiene maintenance.

I have provided as accurate and complete medical and personal history as possible, including those antibiotics, drugs, medications, and foods to which I am allergic. I will follow any and all instructions as explained and directed to me, and permit all required diagnostic procedures. I have had an opportunity to discuss my past medical and health history including any serious problems and/or injury, with the doctor.

Necessary Follow-up Care and Self-Care

Natural teeth and appliances should be maintained daily in a clean, hygienic manner. I should follow post-operative instructions given after surgery to ensure proper healing. I will need to come for appointments following the procedure so that my healing may be monitored and so that my doctor can evaluate and report on the outcome of the surgery upon completion of healing.

I will not drink alcohol or take non-prescribed drugs during the treatment period. If sedation or general anesthesia is used I will not operate a motor vehicle or hazardous device for at least 24 hours or until fully recovered from the effects of the anesthesia or drugs.

I will let the doctor's office know if I change my address, telephone number, and/or email address so I can be contacted for any recalls.

Part 4 – Miscellaneous

Photography

I give permission for persons other than the doctors involved on my care and treatment to observe this operation (such as company representatives and dentists who are learning the procedure) and I consent to photography, filming, recording and x-rays of my oral and facial structures and the procedure, and their

Part 4 – Miscellaneous (continued)

publication for educational and scientific purposes, provided my identity is not revealed. I give up all rights for compensation for publication of these records.

Other

If teeth are removed during treatment, they may be retained for training purposes and then disposed of sensitively.

Part 5 – Signature

Acknowledgement of Understanding This Consent Form

I read and write English. I have read and understand this form. All blanks or statements requiring insertion or completion were filled in and inapplicable paragraphs, if any, were stricken before I signed.

I have been encouraged to ask questions, and am satisfied with the answers. I have read this entire form. I give my informed consent for surgery and anesthesia.

Someone at the doctor's office has explained this form, my condition, the procedure, how the procedure could help me, things that can go wrong, and my other options, including not having anything done. I am choosing to have the procedure done.

I authorize Dr. _____ or his designee (referred to in the rest of this form as the doctor) to perform the procedure(s) listed in the title above. I know that I am free to withdraw from treatment at any time.

_____ _____

Signature of Patient, Parent or Representative | Date

If you are not the patient, what is your relationship to the patient?

_____

I have explained the condition, procedure, benefits, alternatives, and risks described on this form to the patient and/or patients representative.

_____ _____

Signature of Dentist | Date

Post Operative Instructions

Please take the time to read these instructions following your treatment today as it will help you to understand what to expect following your procedure. These instructions are to serve as a general guideline for your use following surgery, however if you have questions or an emergency you may contact_____

Today the following procedure(s) was completed for you:

Tooth Removal	Bone Graft Placement	Membrane Placement	Dental Implant Placement
Sinus Elevation	Second Stage (uncovery)	Scaling and root planning	Gingival Grafting
Frenectomy	Biopsy	Crown Lengthening/Osseous Surgery	Gingivectomy

Immediately following your treatment you will remain numb or partially numb for up 4 hours. This will depend on the amount of anesthesia given as well as your individual body metabolism. During this time please avoid chewing as you may inflict harm on the surgical site or to other oral structures such as your lips or tongue. It is very important to avoid "playing" with sutures or the surgical area in general with your fingers or tongue, this can cause premature loosening of sutures and exfoliation of dressings.

Following any surgical procedure the following is considered normal: moderate (sometimes severe) discomfort for up to 72 hours following treatment. Bleeding that may continue for several hours following treatment. If you take medications which thin the blood such as Coumadin, warfarin, aspirin, ibuprofen or certain supplements like those high in Omega-3 you are more likely to have slightly more swelling, bleeding, bruising and discomfort. It is important to note that a small amount of blood mixed with saliva will often look like a large volume of fluid; gentle pressure with gauze will usually help stop this bleeding as well as sitting upright with your head elevated above the level of your heart. You can also use a cold, moist tea bag can instead of gauze (in most cases this works better than gauze) as the caffeine will often help slow bleeding. Avoid any strenuous exercise or activity for 36hrs after surgery.

Sensitivity of teeth or other oral structures is also not uncommon following treatment. You may have jaw soreness as a result of keeping your mouth open for an extended period of time as well. Sensitivity can be as a result of biting pressure, temperature (hot/cold) or oral appliances that have been fabricated for you. Most of the time, pain or sensitivity following treatment is associated with plaque accumulation so if you have been instructed, maintain gentle plaque control measures in the area where treatment was completed.

For certain types of procedures the development of swelling following surgery is unavoidable. Those procedures lasting less than fifteen minutes are not usually associated with swelling. Those lasting 15-45 minutes may be accompanied by mild-moderate swelling. Those lasting 45 minutes to 90 minutes may be accompanied by moderate swelling and those lasting longer than 90 minutes may have significant swelling that persists for three days or more. As long as you are not feverish (above 102 degrees for 24 hours) there is generally no need for concern. Take your medications as they have been prescribed to you. If you have problems with the medication please discontinue their use and contact your doctor. Swelling can be minimized by the application of cold packs to the outside of the face where surgery was completed. Ice water can also be held in the mouth (if tolerable) to help minimize swelling.

Smoking It is extremely important that you avoid cigarette smoking following treatment. Cigarette smoke inhibits normal healing and can result in the failure of treatment. Following the manipulation of gum tissue, jaw bone and teeth smoking will constrict the capillaries that are necessary for the delivery of vital nourishment to the area following surgery. <u>The most critical period of time is the first three days following treatment and one week if bone grafting, dental implant placement or sinus elevation was completed.</u>

Sinus Lift/Elevation If you have had a sinus lift completed you are required to use an antihistamine for a period of two weeks in addition to your other medications following the procedure. Avoid sneezing or nose blowing during this time. You may experience slight nose bleeds during the first two days and this is considered normal.

*Tissue graft: If you have had a gum graft and tissue was harvested from the palate of your mouth, you may be given a tray called a "**palatal stent**" which is designed to protect the roof of your mouth. It is best if you try to leave this in place as much as possible for the first few days. The palatal stent/tray can be removed to clean several times a day. Use caution in removing and replacing the tray if any portion of it is close to the area where your gum graft was completed (to avoid disturbing stitches).

P**ost Operative Instructions**

ICING is most important applied to the outside of your face/cheeks near the surgical area during the first 24 hrs. Apply a cold pack/ice in a ziplock bag to the exterior of your face for 20 minutes at a time giving yourself breaks. This is only effective during the first 24 hrs. After the initial 24hr time period ONLY apply **HEAT** to the exterior of your face (this will increase blood flow, carry away fluid causing swelling, and improve discomfort) for no more than 20 minutes at a time several sessions per day. Gentle rinsing with cold salt water for the first day following treatment and warm salt water thereafter can be completed up to five times a day. This does not mean rinsing vigorously, rather gentle head movements in either direction.

If sutures and/or a dressing (putty-like packing) has been placed they may start to exfoliate after five days and any remaining sutures (or dressing) will be removed at your first post operative visit. If this visit was not made for you before leaving please email our office or call.

The following classes of medications have been prescribed for you.

Rinses: Peridex (Chlorhexidine) OTC Crest Prohealth or Listerine At home salt water rinses

If Peridex has been prescribed please use it twice daily for 10 days after surgery. Light brushing after use of Peridex will help prevent short term staining of the teeth. If you are wearing a denture please remove the denture when using Peridex.

Antibiotic: Amoxicillin Metronidazole (No alcohol) Clindamycin Cephalexin No AB necessary

Azithromycin 250 mg (Z-Pak)

Your antibiotic has been prescribed because the mouth is a dirty place! Use your antibiotic as directed on the bottle. If you develop itchy/scratchy skin or have trouble breathing please discontinue the use of the antibiotic and contact your doctor or call the office. If this itching persists please start taking oral Benadryl and contact your physician. Some gastric upset is common with the use of antibiotics, however if you feel severe stomach upset, with frequent (5+ times daily) diarrhea, please contact your doctor as a change may be required.

Anti-inflammatory: Ibuprofen 600mg Ibuprofen OTC Tylenol

Anti-inflammatory medications like ibuprofen are excellent in maintaining a low level of inflammation following treatment, reducing soreness in jaw muscles and providing pain control following treatment. The doctors recommend the use of Ibuprofen either prescription (if prescribed) or over the counter (Tylenol can be used interchangeably) for at least three days following treatment and longer if discomfort, swelling or pain persists.

Pain Medication: Hydrocodone (aka Norco) Percocet (aka Oxycodone) Tramadol Tylenol #3

Opiate mimicking drugs like Norco/Hydrocone and Percocet all can be associated with drowsiness, sleepiness, sleeplessness, nausea and mild feelings of euphoria. If you feel sick to your stomach or vomit following treatment, it is usually due to the pain medication. It is possible to halve your medication by cutting the pill in half or quarter the pill initially until you have built a tolerance to the medication. Your doctor can provide refills on pain medication on an as needed basis, however in most instances this is not required.

In summary, use your best judgment following your treatment. It is not advisable to exercise vigorously or plan a long meeting for the few days after treatment. Although most patients experience minimal discomfort following treatment these guidelines should help to instruct you on what to expect following treatment. As always please feel free to contact the office with any additional questions. We

consider it a privilege to take part in your oral care. Please contact the office with any questions about these or any other instructions that were given to you following your visit.

Nutrition After Periodontal and Dental Implant Surgery

For the week following Surgery: Good nutrition is always important. For the next week it is even more important for you to eat well-balanced meals. If you eat enough of the foods your body needs every day you may heal faster and with less discomfort.

Not Hungry? You may not be interested in eating now. You may not be hungry for the next few days. This is not an unusual experience following surgery. If you do not feel hungry, be sure that your meals are good to look at as well as to eat. An attractive meal will stimulate your appetite more than a drab one.

How to Eat: You may find chewing slow, difficult, and uncomfortable. It may be easier for you to eat small meals throughout the day rather than your usual 3 meals. As long as you eat the necessary amounts of food it is not important when you eat during the day.

What to eat: You should not eat or drink any foods or liquids for at least 6 hours following surgery. In the days immediately following your surgery, it is recommended that you eat soft food and avoid any hard foods. This does not mean that you can only eat soup and juice for the next week. There are many good nutritious foods.
The following are some suggested foods from the basic food groups that will be suitable for your temporary soft diet:

Ground, minced, or Pureed Meat

Seafood, Tuna, Salmon, Shrimp

Eggs

Stewed or Pureed Fruits and Vegetables

Fruit and or Vegetable Juices

Soup

Hot or Cold Cereals

Cream of Wheat

Bread or soft rolls

Yogurt

Cottage Cheese

You may find acidic juices such as orange juice are irritating to tender tissues around the surgical sites. Diluting the juice may be more comfortable for you.