

Bone Grafting

Bone Grafting

You just had a bone grafting procedure done.

Whether you were put to sleep for this procedure or were only given local anesthesia, the post-operative instructions remain the same. If a local anesthetic was used to thoroughly numb the treated area, take caution not to bite or chew on your cheeks, lips and/or tongue for they may be numb for several hours following your appointment. Refrain from chewing until the numbness has completely worn off.

The bone graft is made up of many fine particles. You may find some small granules in your mouth for the first several days.

Do NOT be alarmed by the presence of these small granules. It is completely normal for some granules to become dislodged from the graft site, but there are some things you can do to minimize the amount of granules which become dislodged:

Do NOT rinse vigorously or spit for the first 3 to 5 days.

Do NOT apply pressure with your tongue or fingers to the grafted area. The material is movable during the initial phases of healing and it is best to leave the area undisturbed as much as possible.

Do NOT lift or pull your lip back to look at the sutures. This pulling or stretching can damage the wound, tear sutures and decrease the success of the graft. They will dissolve on their own within a week or need to be removed by your dentist.

Sometimes they become dislodged early with cleaning or food. This is no cause for alarm for the site will gradually fill in with new tissue over the next 3 to 4 weeks.

On the first day it is best to let the area settle and allow the blood clot to stabilize the graft material. Therefore, do not even rinse your mouth the first day.

After the first day you may begin gentle rinsing with warm salt water, but avoid rinsing vigorously and avoid forced spitting.

BLEEDING

A gauze pack was placed on the surgical site(s) to limit bleeding while the clot forms and should be left in place for 30 to 40 minutes after you leave the office. Should slight bleeding continue, bite down softly on the gauze, making sure they remain in place. Continue to change the gauze packs every 30 to 40 minutes if there is continual bleeding. To replace gauze, fold a clean piece into a pad thick enough to bite on. Dampen the pad and place it directly on the surgical site. Repeat if necessary. BLEEDING should never be severe. If bleeding remains uncontrolled, please call your dentist immediately!

DISCOMFORT

The length of time you experience numbness varies, depending on the type of anesthetic you've received. While your mouth is numb you'll want to be careful not to bite on your cheek, lip, or tongue. The numbness should subside within a few hours.

DISCOMFORT following oral surgery may be most severe within the first 6 to 8 hours after surgery. Tablets for pain relief SHOULD be taken as necessary and according to instructions.

DO NOT drive or operate machinery and AVOID alcoholic beverages.

DO NOT take prescription pain medication on an empty stomach. If pain persists, please call your dentist immediately!

Following surgery your body require adequate fluids and nutrition. Begin with 'sugary' liquids (juice, milkshakes, etc.), this will help you 'regain your energy' much quicker and prevent dehydration. Initially, you may feel more comfortable with a softer diet. Proper nourishment aids in the healing process.

If you are diabetic, maintain your normal diet as much as possible and follow your physician's instructions regarding your insulin schedule.

ORAL HYGIENE

No rinsing of any kind should be performed until the day following surgery. You can brush your teeth the night of surgery with a small amount of toothpaste but rinse gently. The day after surgery you should begin rinsing at least 5 to 6 times a day with a cup of warm water mixed with a teaspoon of salt.

ANTIBIOTICS

It should be taken as prescribed until finished. It is not uncommon to feel slightly nauseated or itchy when beginning the antibiotics. If you develop a rash or other unfavorable reaction call the office for further information.

If you are currently taking oral contraceptives (Birth Control), for anything other than regulation, you should use an alternate method of birth control for the remainder of this cycle.

PROSTHESIS

Partial dentures, 'flippers', or full dentures should not be used immediately after surgery. Resume using your prosthesis once you have had a follow-up visit with your restoring dentist and they have instructed you that it is alright to begin wearing your temporary denture.

It is your dentist's desire that your recovery be as smooth and pleasant as possible. Following these instructions will assist you, but if you have concerns and/or questions about your progress, please call your dentist's office immediately!

We encourage you to speak up if you do not like or understand some aspects of your oral care. You deserve to be heard and your dentist deserves the opportunity to listen. This is what most dentists do, and they will make considerable efforts to accommodate you.

You will be responsible for all costs incurred if you fail to follow these instructions.

Gingivectomy

You just had a Gingivectomy procedure done.

After leaving our dental office today, we suggest you consider relaxing or at least limiting your activity as much as possible for the remainder of the day. Avoid strenuous activity and aerobic exercise for the next 3 days.

Things you may experience after a Gingivectomy procedure:

1. **DISCOMFORT:** Some discomfort may be present. We advised you to take OTC medication for discomfort.
2. **SWELLING:** It is normal for some swelling to occur after surgery, particularly in the lower jaw. To minimize swelling after surgery, apply an ice bag wrapped in a light tea towel or handkerchief to the outside of your face over the operated area. This should be left on your face for about 20 minutes, then removed for 20 minutes, or alternated from side-to-side, between operated areas, for 2-3 hours after surgery. The use of both ice and the NSAID analgesic will reduce the amount and duration of facial swelling.
3. **BLEEDING:** It is common to have slight bleeding for a few hours following periodontal surgery. If bleeding persists, apply a tea bag to the surgical site with firm but gentle pressure for 15-20 minutes. Let yourself rest for 15 minutes then repeat the application of the tea bag for a second time if you still have slight bleeding. If excessive bleeding continues, please call our office. Remember, most of the blood you may see in your mouth is actually a little bit of blood mixed with a lot of saliva. Blood is a very strong “dye” and a little bit of blood will color your saliva dramatically.

Things to consider after a Gingivectomy procedure:

- 1. ORAL HYGIENE:** Brushing and oral hygiene procedures should be done as usual in all untreated areas. In exposed, operated areas limit your oral hygiene to brushing using a soft-bristled toothbrush. In areas covered by a periodontal dressing, brush only the chewing surfaces of teeth. Avoid dental flossing in operated areas during the first week following surgery. Use warm salt water rinses, three times a day, during the first week following the surgery. Also, avoid the use of water irrigation devices such as Water-piks for 1 month following surgery. The exposed operated areas should be gently swabbed with a Q-tip (cotton-tipped applicator) saturated with Peridex (Chlorhexidine) as a last oral hygiene procedure at bedtime and again in the morning, after eating and drinking.
- 2. EATING AND DRINKING:** Do not eat until the anesthesia (numbness) has worn off. High protein foods and liquids are desirable for 3-5 days following surgery. Semi-solid foods may be eaten as long as this may be done comfortably. Eggs, custard, yogurt, pasta, steamed vegetables, casseroles, cooked cereals are some things that you might consider eating during the first few days following your surgery.
Avoid spicy, salty, acidic, very hot or very cold foods or liquids. Also, avoid nuts, chips or other crunchy or fibrous foods which may become caught between your teeth. No smoking or drinking through a straw and no carbonated or alcoholic beverages for 72 hours following surgery.
- 3. USE OF REMOVABLE DENTAL APPLIANCES:** If you normally wear a removable appliance that replaces missing teeth, and it rests on the operated area, it is best to minimize the use of this appliance as any pressure on the surgical site could be detrimental to

healing and cause
discomfort.

Braces

Braces

You just had bracket placement done.

The KEY rule is: **Nothing Sticky, Chewy or Hard**

NEVER EAT!!!

Caramel, Chewing Gum

Chocolate Chips,

Crouton

Gummy Bears

Hard Pretzels

Ice Cubes

Jellybeans

Licorice

M & M's

Nuts

Popcorn, Pizza Crust

Skittles, Smarties,

Starburst

Tootsie Roll

EAT WITH CAUTION

Bagel Corn on the Cob,

Crunchy Granola Bar,

Crusty Bread, Chicken Wings

Food high in sugar (e.g. candy, soda, not often and brush soon after)

Fruit with Pits (e.g. peaches)

Hard Fruit (e.g. apple)

Nacho Chips

Raw Vegetables,

Ribs

SAFE TO EAT

Cereal in Milk, Cheese Eggs

French Fries

Ice Cream (without nuts)

Jello

Milkshakes

Pasta Potatoes, Peanut Butter Cups, Potato Chips, Pudding

Sandwiches, Soft Pretzels, Soup, Steamed Vegetable

Yogurt

When you follow the guidelines of what to eat and what not to eat when wearing braces, you are doing yourself a favor. It is important to avoid certain foods that can damage the orthodontic appliances, brackets and wires which may cause delays in treatment.

GENERAL SORENESS

Your mouth and teeth may be tender to biting pressures for 3 – 5 days. This can be relieved by rinsing your mouth with warm salt water (1 tsp of salt to 8 oz. of water). If the tenderness is severe, take whatever you normally take for headache or similar pain. The lips, cheeks and tongue may also become irritated for 1 – 2 weeks as they toughen and become accustomed to the surface of the braces. You can put wax on the braces to lessen this.

LOOSENING OF TEETH

This is to be expected throughout treatment. Don't worry! It is normal. Teeth must loosen first so they can be moved. The teeth will again become rigidly fixed in their new and corrected positions.

CARE AT HOME

When brushing, you need to pay special attention not only to your teeth and gums, but also to the brackets and wires.

1. If your orthodontist has fitted you with elastics, remove them before brushing.
2. Place your brush at an angle of 45 degrees against the gums. Gently brush along the gum line where the gums and teeth meet, using a small circular motion on each tooth.
3. Spend about 10 seconds on each tooth before moving onto the next tooth, brush in a set pattern so that you don't miss any teeth.
4. Gently brush the braces. Press your toothbrush firmly enough so that the bristles spread into the gaps between the wire and the tooth. Brush in and around all of the brackets and wires. Ensure that you brush under the wires.
5. Brush both the inside and the outside surfaces of your teeth using a gentle circular motion on each tooth.
6. For the chewing surfaces, use a firm back and forth motion.

7. Spit out excess paste, then closely inspect your teeth and braces in the mirror to check that they are clean and shiny.

8. Replace your elastics in accordance with your orthodontist's recommendation.

9. After brushing, rinse with a fluoride mouthwash for 1 minute to help prevent cavities and white spots.

10. Use other oral care products as prescribed by your dental professional.

You can and should floss while wearing braces! Ask your dentist or hygienist to show you.

It is your dentist's desire that your experience be as smooth and pleasant as possible. Following these instructions will assist you, but if you have concerns and/or questions about your progress, please call your orthodontist's office immediately!

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Crowns &/or Bridges (Preparation)

Crowns &/or Bridges (Preparation)

You just had a crown &/or bridge preparation done.

Whether you were put to sleep for this procedure or were only given local anesthesia, the post-operative instructions remain the same. If a local anesthetic was used to thoroughly numb the treated area, take caution not to bite or chew on your cheeks, lips and/or tongue for they may be numb for several hours following your appointment. Refrain from chewing until the numbness has completely worn off.

TEMPORARY

The temporary placed serves very important purposes. It reduces sensitivity, prevents food and bacteria build up on the prepared tooth, and prevents the tooth from shifting or moving, which can make seating of the permanent restoration more difficult or even IMPOSSIBLE.

The temporary is placed with a cement that is designed to come off easily, so avoid chewing sticky, chewy and hard foods such as gum or taffy.

Use your toothbrush to clean the temporary as you normally do your other teeth. However, when flossing, it is best to slide the floss out below the contact rather than popping up through the contact between the temporary and the tooth next to it.

If your temporary comes off between appointments, even if there is no discomfort, slip it back on and call your dentist's office in order to have them recement it for you. It cannot be stressed too much how important this is.

SENSITIVITY

Sensitivity, especially to cold, is common while you are wearing the temporary. If you experience this, avoid extremely hot or cold foods and beverages. It is normal to have discomfort in the gums around the tooth after the numbness wears off. While there may be sensitivity to temperature and biting, any and all symptoms should only last anywhere from 2 days to 2 weeks.

If symptoms persist and begin to increase in intensity, please call your dentist's office immediately!

If you appear to be hitting the temporary first, you may need to have an adjustment made.

If your gums are tender, rinse with warm salt water by dissolving 1/2 teaspoon of salt in an 8 oz. glass of warm water.

An analgesic, such as what you would take for a headache, will help to increase your comfort.

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rows &/or Bridges (Seated)

crowns &/or Bridges (Seated)

You just had your permanent crown &/or bridge seated.

It may take a few days to get used to the new crown and/or bridge, after your permanent restoration is finally cemented.

If your bite feels high or imbalanced, please be sure to call your dentist's office for an appointment for a simple adjustment.

HOME CARE AFTER PERMANENT CROWN AND/OR BRIDGE SEATING

Although crowns and bridges are often the most durable of all restorations, the underlying tooth is still vulnerable to decay, especially at the interface between the tooth and the crown.

It is important to resume regular brushing and flossing immediately.

Daily home care, regulating your sugar intake and KEEPING your scheduled dentist recare appointment will increase the longevity of your new restorations.

MENTAL NOTE:

Any NEW restorations placed in the mouth will be exposed to the WEAR and TEAR effects of CLENCHING and GRINDING.

REMEMBER!!!

Even the restorations of superior strength and meet the highest standards, it is still NOT immune to continued activity of the extreme forces of clenching and grinding.

If allowed to continue, will result to but not limited to crown ALWAYS coming off, severe wear, crown perforation or breakage that can ultimately lead to tooth nerve irritation or cause damage to the bone supporting the teeth.

This will ultimately IMPACT the longevity of ANY restorations.

UNDERSTAND that in SOME cases, placing restorations may **AGGRAVATE** the clenching and grinding condition. They may CHANGE the nature of or ACCELERATE the rate of DAMAGE experience. Meaning, the result can be one where the restorations placed to fix the damage caused by tooth grinding CAN actually cause more of it to occur, likely at a faster pace.

This is not only a concern for opposing natural teeth but also those supporting any type of dental restorations.

CLENCHING and GRINDING is a harmful parafunctional habit that MUST either be CONTROLLED or at least MINIMIZED typically by wearing a protective appliance such as a nightguard or an NTI.

Ask your Dentist about it.

You will be responsible for all costs incurred if you fail to follow these instructions.

Dental Implants

Dental Implants

You just had implant procedure done.

Whether you were put to sleep for this procedure or were only given local anesthesia, the post-operative instructions remain the same. If a local anesthetic was used to thoroughly numb the treated area, take caution not to bite or chew on your cheeks, lips and/or tongue for they may be numb for several hours following your appointment. Refrain from chewing until the numbness has completely worn off.

DISCOMFORT

THE length of time you experience numbness varies, depending on the type of anesthetic you've received. While your mouth is numb you'll want to be careful not to bite on your cheek, lip, or tongue. The numbness should subside within a few hours.

Discomfort following oral surgery may be most severe within the first 6 to 8 hours after surgery.

Pills for pain relief SHOULD be taken as necessary and according to instructions.

DO NOT drive or operate machinery and AVOID alcoholic beverages.

DO NOT take prescription pain medication on an empty stomach.

If pain persists, please call your dentist immediately!

SWELLING

In order to reduce surgical swelling, we recommend a cold compress applied to the face over the surgical site for the first 24 hours after surgery.

Apply 20 minutes on, and 10 minutes off.

If possible, elevate the head with an extra pillow during the first 2 nights after surgery to reduce swelling.

Anti-inflammatory medications, such as Ibuprofen, also help decrease swelling.

BRUISING may appear on the face during the first few days after surgery.

SWELLING may continue to increase over a 3 day period and expected to resolve the 4th day.

BLEEDING

A gauze pack was placed on the surgical site(s) to limit bleeding while the clot forms and should be left in place for 30 to 40 minutes after you leave the office. Continue to change the gauze packs every 30 to 40 minutes if there is continual bleeding. To replace gauze, fold a clean piece into a pad thick enough to bite on. Dampen the pad and place it directly on the surgical site. Repeat if necessary.

BLEEDING should NEVER be severe.

If bleeding remains uncontrolled, please call your dentist immediately!

INFECTION

The mouth should be thoroughly rinsed with warm saline solution or mouthwash containing chlorhexidine after each meal to reduce the chance of infection.

Place the solution in your mouth and gently rotate your head from side to side. Please do not swish aggressively.

IF you are prescribed antibiotics, it is essential that you follow the instructions and complete the course.

DIET

After your implant surgery, you will want to eat nourishing food that can be eaten comfortably.

Soft, cool foods are the most easily tolerated. We recommend that you ONLY consume soft foods during the first 6 days to avoid food particles contaminating the wound.

AVOID popcorn, poppy seeds, sesame seeds or seeded fruits as they can get stuck and cause infection.

AVOID any food that is hard or crusty.

Fluid intake is important. Stay hydrated.

AVOID hot liquids until the numbness has worn off and the bleeding has stopped.

DO NOT smoke or drink through a straw for 72 hours following your surgery as this may dislodge the blood clot and delay healing.

After each meal, the mouth should be thoroughly rinsed with the mouthwash containing chlorhexidine prescribed by your dentist.

DO NOT eat or drink for 30 minutes after rinsing.

HEALING

AFTER an implant placement, a blood clot will form in the surgical area which is an important step to the normal healing process, therefore, avoid activities that might disturb the surgical area, especially during the first 24 to 48 hours.

DO NOT rinse your mouth vigorously or probe the area with any objects, including your fingers.

Take a daily multi-vitamin with a minimum of 1000mg of vitamin C to aid in tissue healing.

If upper implants were placed, avoid blowing your nose for 2 weeks to avoid infection.

SUTURES

Sutures will resorb or fall out on their own unless your dentist recommends that you come back for suture removal.

RESTORATION

It is your dentist's goal to replace your missing tooth/teeth ASAP after the implant placement. However, doing it too early may compromise a successful healing process.

It is your dentist's desire that your experience be as smooth and pleasant as possible. Following these instructions will assist you, but if you have concerns and/or questions about your progress, please call your dentist's office immediately!

We encourage you to speak up if you do not like or understand some aspects of your oral care. You deserve to be heard and your dentist deserves the opportunity to listen. This is what most dentists do, and they will make considerable efforts to accommodate you.

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Dentures

Dentures

What to expect and how to care for your new dentures.

You Are An Individual

Although you now have new or relined dentures, the process of making your dentures is not yet complete. Adjusting to new dentures takes patience and time. While you may hear some people say that they never had to have any adjustments when they got new dentures — that is not the norm. Every person adjusts to new dentures and relines differently and it will take both you and your dentist a number of visits to make the dentures function adequately. Whether this is your first pair of dentures or your sixth, your mouth will take time to adapt to the new pressures and feelings that come with new dentures.

Sore Areas with New Dentures

An appointment will be made for you 24 to 48 hours after insertion of your new dentures. Sore areas will develop within this time period and it is important to find and adjust the cause of the sores. Do not attempt to adjust the dentures yourself, as they can easily be made worthless by a do-it-yourself adjustment. As patients use the dentures, they will settle on the soft tissues. This will necessitate additional adjustment appointments, as the occurrence of new sores is likely. Several adjustments may be required (3 or more adjustments is typical). If you find it necessary to remove your dentures due to excess soreness, re-insert the dentures 12 hours preceding your appointment for the adjustment. This will make it possible to see the pressure area on the tissues and pinpoint accurately where to adjust the dentures.

A Special Note on Immediate Dentures

Immediate dentures are full dentures inserted immediately after having your last remaining teeth removed. Due to significant changes in the bones of your mouth, the dentures may not become truly stable for almost one year. Liners may need to be added to the dentures as healing progresses. After the bone changes settle, you will need to pay for either a final reline or often even a new set of dentures if the changes have been significant. You must go to your

dentist every time you notice changes, the dentures are becoming loose or you develop sore spots.

Chewing with New Dentures

Learning to chew with new dentures will probably take 6-8 weeks. Practice is required to learn to eat with your dentures. At first, limit your diet to soft foods that are easy to chew. Gradually learn to eat foods that are more difficult. Take small bites and chew slowly, trying to overcome the difficulties as they appear. If possible, learn to chew on both sides of your dentures at the same time. The lower dentures rarely have a good retention as the upper. Since the muscles of the cheeks, lip, and tongue will tend to displace your dentures, do not develop the habit of displacing them with these muscles. Rather, train these muscles to assist in keeping your dentures in place. When biting with dentures, place the food between the teeth toward the corner of the mouth rather than between the front teeth. This will help reduce the movement of the dentures on the ridges. If you have trouble keeping your lower denture in place during eating, it may be the result of poor tongue habits. The tongue should touch the inner surface of the lower denture to help stabilize it when eating.

Speaking with New Dentures

Learning to talk with your new dentures in place requires practice and perseverance. Reading aloud is very helpful method of learning to pronounce words distinctly. Practice those words and sounds that seem to give you the most difficulty. It takes time for the tongue to learn the different positions necessary to make good speech sounds with new dentures.

Increased Saliva with New Dentures

Do not be alarmed at the greater amounts of saliva in your mouth during the first few weeks of wearing your dentures. This condition will correct itself as you become accustomed to wearing them.

Oral Hygiene with Dentures

Cleaning your dentures is done DAILY with a brush, soap and water. You should not use toothpaste since it is abrasive. You can use any type of soap. Clean your dentures over a sink full of water or a towel in case they drop. It is best if you can keep your dentures out for 8 of every 24 hours to allow your tissues to rest. Powdered cleansers, like Stain Away Plus and Kleenite, work well to soak your dentures in at night, removing stains and odors. An ultrasonic jewelry cleaner can be used with the powdered denture cleansers for a professional quality cleaning. Brushing your remaining teeth or gums is also critical to good oral care. It is also recommended to rinse your mouth and dentures after meals.

Longevity of Dentures

The assumption that dentures will last a lifetime is incorrect. Take into consideration that both the denture and tissues will change over a period of time. It is suggested that your mouth be examined by a dentist on a yearly basis to evaluate the fit of your dentures. Shrinkage or resorption of your ridges is a normal occurrence. This results in a loosening of your dentures and perhaps a change in facial expression due to the settling of the denture on the ridges. Sometimes you will notice these changes within a few weeks. In some people it may not occur for many months or even a year or more. Changes in your ridges are beyond the control of the dentist and if it becomes necessary to re-fit or remove your dentures to correct this change, an additional fee will be charged. Never try to repair, reline or adjust the dentures yourself. This could be destructive to the tissue and underlying bone on which the denture rests.

Limitations of Dentures

Do not expect your dentures to function as your natural teeth once did. Dentures only function about 25 percent as efficiently as natural teeth. Learn to know the limitations of your dentures and adjust your living habits accordingly. And remember, a positive attitude helps. Keep smiling.

It is your dentist's desire that your recovery be as smooth and pleasant as possible. Following these instructions will assist you, but if you have concerns

and/or questions about your progress, please call your dentist's office immediately!

We encourage you to speak up if you do not like or understand some aspects of your oral care. You deserve to be heard and your dentist deserves the opportunity to listen. This is what most dentists do, and they will make considerable efforts to accommodate you.

You will be responsible for all costs incurred if you fail to follow these instructions.

Extraction/Tooth Removal

Extraction/Tooth Removal

You just had an extraction procedure done.

Whether you were put to sleep for this procedure or were only given local anesthesia, the post-operative instructions remain the same. If a local anesthetic was used to thoroughly numb the treated area, take caution not to bite or chew on your cheeks, lips and/or tongue for they may be numb for several hours following your appointment. Refrain from chewing until the numbness has completely worn off.

BLEEDING

It should be under control by the time you leave your dentist's office. Some oozing or blood-tinged saliva may persist for up to 24 hours. Apply pressure with a folded gauze pad over the area and bite firmly for 45 minutes should excessive bleeding occur. Repeat as necessary.

PAIN

Medications recommended by your dentists are most effective when taken before the numbing diminishes and normal sensation returns to the area. Narcotic pain medication such as codeine or hydrocodone may cause nausea, vomiting, drowsiness, dizziness, itching or constipation. If these side effects occur, discontinue the medication. You may take an alternative over the counter pain medication as necessary or call your dentist's office for assistance.

SWELLING

It may occur immediately and increase gradually over 24-48 hours. Swelling from the surgical procedure will maximize at 48 to 72 hours. Ice packs applied externally to the area at 20 minutes intervals throughout the day of surgery may help control swelling, but only use them if advised to by your dentist. Sleeping with the head elevated above the level of the heart for the first 48 hours may tend to lessen swelling.

NAUSEA

It may result from a general anesthetic or the drugs prescribed for pain. Drinking a small glass of a carbonated beverage will generally control mild nausea.

DIET

Soft foods and liquids will be required for 24 to 48 hours following surgery. Do not drink through a straw or smoke for at least 48 hours. If you had surgery on only one side of the mouth, favor the other side while chewing for the first few days.

ORAL HYGIENE

Should not be neglected. Brush your teeth as usual. Do not brush the surgical area for 4 to 5 days.

ACTIVITY

Should be restricted to a minimum for the first 2 to 3 days. Strenuous work or exercise may promote bleeding.

FEVER

Following surgery it is normal for the body temperature to be slightly elevated for 24 hours.

RISKS DISCUSSED

Ear ache, temporary ache of adjacent teeth, restricted mouth opening, stretching or cracking at the corners of the mouth or discoloration of the skin may occur postoperatively. These are temporary conditions that will improve as healing progresses.

Tooth fragments that were deemed necessary to be left in the extraction site due to the condition and position of the tooth/teeth, cause NO problems.

If they cause discomfort in the future due to pain and infection, they MUST be removed.

NERVES particularly of the lower teeth or third molars, that were IMPOSSIBLE not to touch, move, stretch, bruise, cut or severe, could send itching, tingling, or burning, or the loss of sensation to the teeth, gums, tongue, lips and chin that could last from several weeks to months, or in some cases, indefinitely.

Removal of long rooted upper teeth that extend close to the sinuses, might create a small opening into the sinuses, antibiotics and additional treatment may be needed to prevent sinus infection and help close the opening.

A painful dry socket due to disintegration or dislodgment of blood clot might last a week or more and is treated by medicated dressing into the socket to aid healing. Bone grafting the socket reduces dramatically the chance of it happening.

Although, utmost care and diligence were exercised by your dentist in rendering this treatment, your dentist has no control over these factors.

It is your dentist's desire that your recovery be as smooth and pleasant as possible. Following these instructions will assist you, but if you have concerns and/or questions about your progress, please call your dentist's office immediately!

We encourage you to speak up if you do not like or understand some aspects of your oral care. You deserve to be heard and your dentist deserves the opportunity to listen. This is what most dentists do, and they will make considerable efforts to accommodate you.

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Fillings

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You just had fillings procedure done.

Whether you were put to sleep for this procedure or were only given local anesthesia, the post-operative instructions remain the same. Take caution not to bite or chew on your cheeks, lips and/or tongue for they may be numb for several hours following your appointment. Refrain from chewing until the numbness has completely worn off.

The bite has already been adjusted, however your bite may feel different when the anesthetic wears off. Please give yourself time to get adjusted to the new fillings. If your bite feels “off” please contact your dentist’s office so your bite can be adjusted.

TOOTH SENSITIVITY following placement of a filling is fairly common.

Conditions Around the Fillings that Might Require Additional Treatment:

SENSITIVITY to temperature changes:

A very large restorations with a history of deep carious exposure that is sensitive to hot and/or cold that lingers would indicate that the nerve failed to heal and incurred an irreversible damage that would necessitate root canal treatment.

SENSITIVITY when you bite or bring your back teeth together that cannot be localized or identified which tooth specifically:

This type of sensitivity occurs when you bite down. The pain is noticed and continues over time even after the occlusion (bite) has already been adjusted and had given yourself time to get adjusted to the new fillings. This could be due to clenching and grinding that was agitated after a new restoration was placed (whether a crown or a fill). If the clenching and grinding becomes too intense, more frequent and of longer duration, the sensitivity or discomfort will continue until a mouthguard is used to dampen the extreme biting pressures or traumatic forces. It is possible for the restoration to fail resulting in leakage,

recurrent decay, fillings to be dislodged and even fracture a tooth if mouthguard were SKIPPED.

FRACTURE

Inherent in the placement or replacement of any restoration is the possibility of small fracture lines in the tooth structure. Sometimes, these fractures may not be apparent in the x-ray and at the time of removal of the tooth structure and/or the previous filling but may manifest at a later time. If the pain still continues, this may result in the need for additional treatment including but not limited to root canal treatment and crown or even possible extraction.

Although, utmost care and diligence were exercised by your dentist in rendering this treatment, your dentist has no control over these factors.

ORAL HYGIENE

You may brush and floss your teeth as soon as the anesthetic wears off. It is a good idea to use a sensitivity protection toothpaste after fillings are completed. Refrain from using whitening products as they increase the sensitivity. Floss daily to avoid recurrent decay around your fillings.

It is your dentist's desire that your experience be as smooth and pleasant as possible. Following these instructions will assist you, but if you have concerns and/or questions about your progress, please call your dentist's office immediately!

We encourage you to speak up if you do not like or understand some aspects of your oral care. You deserve to be heard and your dentist deserves the opportunity to listen. This is what most dentists do, and they will make considerable efforts to accommodate you.

You will be responsible for all costs incurred if you fail to follow these instructions.

renectomy (Tongue/Lip Tie)

renectomy (Tongue/Lip Tie)

You just had a frenectomy procedure done.

Whether you were put to sleep for this procedure or were only given local anesthesia, the post-operative instructions remain the same. If a local anesthetic was used to thoroughly numb the treated area, take caution not to bite or chew on your cheeks, lips and/or tongue for they may be numb for several hours following your appointment. Refrain from chewing until the numbness has completely worn off.

Place the gauze in the area of your surgery (either under your tongue and bite your teeth together or inside your upper lip) and close your lips tightly to hold the gauze in the area to diminish any bleeding. Change the pad every 10-15 minutes for the first 30 minutes. Do not chew the pad.

BLEEDING

Some bleeding following oral surgery is normal. However, if excessive bleeding occurs, fold a piece of sterile gauze pad as tightly as possible, place this over the space where the surgery was performed, and bite hard for 20-30 minutes. Repeat if necessary. If these measures are not helpful, call this office.

SWELLING

Some swelling may occur following surgery. Apply ice to the outside of the upper lip if the surgery was a maxillary frenectomy or place ice chips under the tongue if the surgery was a lingual frenectomy. Apply ice for the first 24 hours and then discontinue using the ice. Leave the ice on the area for 20 minutes, then remove it for 20 minutes. This will help reduce discomfort, bleeding and swelling.

MEDICATIONS

Take all medications as this office has prescribed them. If a prescription for discomfort is written, do not operate a motor vehicle while taking this medication.

DISCOMFORT

Some discomfort and discoloration may be expected following a frenectomy. Black and blue areas under the tongue are bruising and can be expected. One or two Tylenol or Ibuprofen tablets every three to four hours will usually relieve the discomfort. If greater discomfort is anticipated, a prescription will be given.

DIET

You may eat and drink as normal. Try to avoid the surgical site when eating. Do not use a straw when drinking.

If you had a lingual frenectomy (under your tongue), it is necessary to start using your tongue again the next day. (Examples: sticking your tongue out, licking an ice cream cone or a sucker, etc.)

If you had a maxillary frenectomy (under your upper lip), avoid biting into foods like a sandwich or an apple for a few days. You may resume normal physical activity the next day.

HOME CARE

Do not rinse your mouth with anything for 24 hours; however, continue to brush your teeth carefully. After 24 hours, in addition to your routine tooth brushing, gently rinse your mouth with a lukewarm salt-water solution (made by dissolving ½ teaspoon of table salt in an 8 oz glass of warm water). Rinse three to four times a day for four to five days. Take care not to empty or strain your mouth with undue force.

Although, utmost care and diligence were exercised by your dentist in rendering this treatment, your dentist has no control over these factors.

It is your dentist's desire that your recovery be as smooth and pleasant as possible. Following these instructions will assist you, but if you have concerns and/or questions about your progress, please call your dentist's office immediately!

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Immediate Dentures

Immediate Dentures

You just had an Immediate Denture procedure done.

Whether you were put to sleep for this procedure or were only given local anesthesia, the post-operative instructions remain the same. Take caution not to bite or chew on your cheeks, lips and/or tongue for they may be numb for several hours following your appointment. Refrain from chewing until the numbness has completely worn off.

Following extractions, it is important to not rinse your mouth vigorously, touch the wound area, spit excessively, smoke or suck on a straw. This may initiate bleeding by causing the blood clot that has formed to become dislodged. For additional information on care of your mouth after tooth extraction, click on [Tooth Removal and Extraction](#) on the previous page.

For the first 24 hours your immediate denture is not to be removed from your mouth to minimize swelling to occur that will make it difficult or even impossible to replace the denture.

After 24 hours, you will see your dentist for a follow up care and you will be given a new set of instructions for how to care for your denture and your mouth.

Your immediate denture replaces your missing teeth, but essentially, it acts to protect the surgical site, control swelling, and control bleeding. It is vital that the denture needs to be in place to be effective. The fit of your immediate denture will change over time as your mouth heals from the extraction of your teeth. As healing occurs, the dental ridges undergo bone re-shaping and they generally shrink in size. An immediate denture is often only a temporary denture which will require replacement or relining after final healing of the mouth.

The immediate denture will need series of adjustment and/or relining to compensate for the changes that will take place in your mouth as the gums continue to heal. You will be instructed by your dentist to return for periodic

appointments to monitor your mouth for changes that will require denture adjustments.

A denture adhesive paste or powder will help stabilize your denture during the two to six weeks healing process of the extraction sockets.

Extraction sockets take a minimum of 6 months to heal and fill in with new jawbone. At that time, your dentist will speak to you about replacing your immediate denture with a permanent denture, or doing a permanent reline . This is also an apt time to ask about implant retained denture as an option for you.

The assumption that dentures will last a lifetime is incorrect. To reiterate, both the denture and tissues will change over time. It is highly recommended that your mouth be examined on a yearly basis by your dentist to evaluate the fit of your dentures.

Shrinkage of your ridges is a normal occurrence and this will result in loosening of your dentures and maybe a change in facial expression due to the settling of the denture on the ridges.

Changes in your ridges are BEYOND the control of your dentist and if it becomes necessary to re-fit or remove your dentures to correct this change, an additional fee will be charged.

NEVER! try to repair, reline or adjust the dentures yourself. This could be destructive to the tissue and underlying bone on which the denture rests.

One more important thing. Do not expect your dentures to function as your natural teeth once did. Remember! Dentures only function about 25 percent as efficiently as natural teeth.

Learn to know the limitations of your dentures and adjust your living habits accordingly. Keep smiling!

It is your dentist's desire that your recovery be as smooth and pleasant as possible. Following these instructions will assist you, but if you have concerns

and/or questions about your progress, please call your dentist's office immediately!

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maxillary skeletal expander (mse)

Congratulations, your orthodontic treatment has started!

The mini-implant assisted maxillary skeletal expander MSE, is the first step to your new smile!

There are multiple benefits of the MSE appliance. It will widen your upper jaw which may help the upper and lower teeth fit together better resulting in improved function. It will also create space that can help resolve minor to moderate crowding. In addition, a wider jaw may enlarge the airway resulting in improved breathing. Finally, this appliance can broaden your smile and reduce your buccal corridors.

Post-Appliance Insertion Instructions

After placement of the MSE appliance

- Take over-the-counter pain medication such as Ibuprofen or Tylenol® throughout the first day following the medication's instructions. Do not wait for any discomfort to set in to take the pain medication.
- Perform warm saltwater rinses three times/day for the first three days. This will prevent any potential infections. Use water at roughly bathwater temperature, place a ½ teaspoon of salt, and swish and rinse your mouth for 10-12 seconds, then spit out.
- Activate/turn your expander based on your dentist's directions.

How do I activate/turn the expander?

To turn your expander, use the activation key to turn the hexagonal nut from the front toward the back of the mouth. You should feel some resistance while turning it. Remove the key while it is toward the back of your mouth. If you turn the key back towards the front of the mouth, you will undo the activation.

Osseous Surgery

Osseous Surgery

You just had a bone shaping procedure done.

Whether you were put to sleep for this procedure or were only given local anesthesia, the post-operative instructions remain the same. If a local anesthetic was used to thoroughly numb the treated area, take caution not to bite or chew on your cheeks, lips and/or tongue for they may be numb for several hours following your appointment. Refrain from chewing until the numbness has completely worn off.

Avoid extremely cold or hot foods until numbness wears off. Try to rest for the remainder of today, and avoid rigorous activity. TAKE your prescribed medications as directed by your dentist and EXPECT some discomfort especially once the anesthetic wears off. Therefore, we advise that you start taking your pain medication, either prescription or over the counter, before all numbness has subsided. You should consistently feel better each day following treatment. Should discomfort increase after 3-4 days, please call your dentist's office.

During the FIRST 24 hours after surgery, an ice pack placed on the facial area nearest to the surgical site will help decrease swelling and bruising. Alternate the ice pack on and off in 20 minute intervals. Minor head elevation for the first day or two following surgery will also help minimize facial swelling.

Small amounts of blood in your saliva may be present for the first few days following surgery. This will decrease as your gum heals. Should significant bleeding persist, sit quietly, fold moistened gauze or a moistened tea bag into a "U," and with the thumb and forefinger apply firm pressure to both sides of the area for twenty minutes. This will allow a clot to form, and the bleeding will stop. Otherwise, please call your dentist's office.

DO NOT drink through a straw, and avoid vigorous rinsing/spitting during this time as well.

Please abstain from smoking for at least 24 hours after surgery as this will delay the healing.

AFTER 24 Hours

CONTINUE to take your prescription medications.

Some facial swelling and/or bruising near the surgical area may become apparent. A warm pack can be applied at this time to aid in comfort and reduce swelling and bruising. Alternate the warm pack on and off in 20 minute intervals. Continue as needed.

Use the provided gauze moistened with mouthwash to gently clean your mouth instead of using your toothbrush today. Do not clean or disturb the surgical site.

Begin to rinse daily with mouthwash with chlorhexidine after breakfast and before bedtime starting 24 hours after your surgery. This will reduce the bacteria count in your mouth during the healing process. Continue this twice daily for eight days. Proper home care helps prevent infection and aids healing.

Eat ONLY very soft foods.

After your post operative observation appointment, you may resume your customary oral hygiene regimen.

It is your periodontist's and dentist's desire that your recovery be as smooth and pleasant as possible. Following these instructions will assist you, but if you have concerns and/or questions about your progress, please call your periodontist's or dentist's office immediately!

We encourage you to speak up if you do not like or understand some aspects of your oral care. You deserve to be heard and your dentist deserves the opportunity to listen. This is what most dentists do, and they will make considerable efforts to accommodate you.

You will be responsible for all costs incurred if you fail to follow these instructions.

Root Canal Treatment

Root Canal Treatment

You just had a root canal procedure done.

Whether you were put to sleep for this procedure or were only given local anesthesia, the post-operative instructions remain the same. If a local anesthetic was used to thoroughly numb the treated area, take caution not to bite or chew on your cheeks, lips and/or tongue for they may be numb for several hours following your appointment. Refrain from chewing until the numbness has completely worn off.

Do NOT try to feel around your tooth with your tongue to not disturb the temporary filling in the tooth. A permanent crown placed on your tooth within a MONTH of the root canal completion is recommended to avoid development of new decay underneath the temporary filling which may cause your root canal to fail or the tooth to fracture. You will be responsible for all costs incurred if you fail to follow this instruction.

DO NOT use the tooth to bite down on anything hard (almonds, pretzels, ice, etc.) until the permanent crown has been placed on the tooth. The tooth is prone to fracture and if you bite down on anything sticky, chewy, crunchy or hard, you may crack the tooth. It is very rare for temporary fill to fall out entirely. If it does, you should contact your dentist immediately. If your dentist's office is closed, we recommend you purchase some temporary filling material from any pharmacy and place a dab in the tooth until you have an opportunity to see your dentist at his office.

The three most common reasons for pain are:

1. Sore jaw joint from having your mouth open for a prolonged time.
2. Sore muscle from the injection site.
3. Sore gum from the rubber dam placement.

All of the above scenarios should be handled with over the counter medication, primarily. If you are given any prescription medications related to this treatment please take them as instructed by your dentist. Remember! they

are most effective when taken before the numbing diminishes and normal sensation returns to the area. Discontinue the narcotic medication if it causes nausea, vomiting, drowsiness, dizziness, itching or constipation. You may take an alternative over the counter pain medication as necessary or call your dentist's office for assistance.

You may floss and brush your tooth as normal, unless told otherwise by the dentist.

RISKS DISCUSSED

If a file broke in a twisted or curved root canal and cannot be retrieved and may be necessary to seal it in the root canal and if a root canal filling material extrudes out the canal, an Apicoectomy might be necessary to perform in the future to seal the root canal. This usually causes no harm.

PLEASE READ THIS LAST SECTION, IT IS VERY IMPORTANT!!!!

FLARE-UPS

Although about 95% of root canals cause very little to no discomfort after the treatment is completed, there are about 5% of cases which can cause significant pain. These are commonly referred to as "flare ups." They mostly occur on badly infected teeth, teeth that are extremely irritated, or teeth that have a history of prior treatment. Sometimes, however, they occur randomly, even on patients that have had several root canals done previously without any problems.

If you have a flare-up you may experience moderate to severe pain, swelling (can get as large as a golf ball), bruising, throbbing, and general discomfort, which usually begins a few hours after treatment and may last 2 to 3 days.

Hopefully you had a pleasant experience, considering the circumstances.

It is your dentist's desire that your recovery be as smooth and pleasant as possible. Following these instructions will assist you, but if you have concerns and/or questions about your progress, please call your dentist's office immediately!

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Scaling and Root Planing (Deep Cleaning)

Scaling and Root Planing (Deep Cleaning)

You just had a deep cleaning procedure done.

Whether you were put to sleep for this procedure or were only given local anesthesia, the post-operative instructions remain the same. If a local anesthetic was used to thoroughly numb the treated area, take caution not to bite or chew on your cheeks, lips and/or tongue for they may be numb for several hours following your appointment. Refrain from chewing until the numbness has completely worn off.

You just had a procedure that involved removing bacterial plaque and tartar from the root surface below the gumline with instruments and ultrasonic scalers. It may also involved removal of diseased tissue within the pocket with a laser. The goal of this treatment is to allow reattachment of the gums to the clean root surface and to shrink the periodontal pockets to levels that can be maintained by daily flossing and brushing. The following guidelines have been prepared for you in order to maximize healing and minimize any discomfort.

Some discomfort, swelling, and bleeding is normal following deep cleaning. A cold compress should be placed on your face near the treatment site for 20 minutes at a time, with 10 minutes off, the day of your periodontal therapy. This will reduce pain, swelling, and bleeding.

Take your prescribed medications as instructed.

Eat on the opposite side for a few days. Consume soft nutritious diet and drink plenty of fluids.

You may experience some sensitivity and looseness of teeth. Sensitivity will improve over time with excellent home care and use of desensitizing toothpaste.

DO NOT smoke or consume alcohol for at least 48 hours. This will delay healing and may cause pain.

After 24 hours, gently rinse your mouth with warm salt water (1/4 teaspoon in 8 oz of water) two to three times a day. Also use chlorhexidine mouth wash twice a day.

Slight bleeding from the treated area is expected. Should the bleeding, swelling, pain or fever gets worse, please call your dentist immediately!

You **SHOULD KEEP** your appointment for follow-up with your dentist and/or hygienist.

It is crucial to practice immaculate home care around the treated area and rest of your mouth to aid in proper healing. One week after the treatment, brush the treated area gently with a soft brush being careful along the gum line. Flossing and use of proximal brush can be initiated in two to three weeks.

You may be asked to come back for a one month evaluation.

1. To monitor your personal home care.
2. Evaluate if your plaque control is adequate or not.
3. Re-probe and chart to check if your pocket depth remains constant or increased.
4. To check if your gums are still hemorrhaging and if the questionable areas are stable.

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Sleep grinding Appliance

Sleep grinding Appliance

Your dentist has fitted you with a device to suppress jaw muscle contraction (i.e. clenching and grinding).

In addition to the verbal and written instructions that your dentist has given you, read this information over very carefully.

Check with your physician if any illnesses or medications that you may be taking would preclude you from using the device.

Advise your dentist of any allergies you might have and of any surgery or other possible reason to expect an obstruction if the device should be accidentally ingested, which would interfere with it's elimination.

Call your dentist immediately if you experience anything unusual regarding your teeth, gums, tongue, mouth or your symptoms.

The device should fit securely without applying undue force or pressure to an individual tooth.

If you should awaken after properly inserting the device somewhere other than in your mouth in its original position, sit up or stand upright to reinsert it and confirm it cannot be removed by applying pressure to it with your tongue.

IF YOU CAN REMOVE IT WITH YOUR TONGUE BY APPLYING PRESSURE OR IF THE DEVICE DOES NOT LOCK INTO PLACE WITH A SNAP, DISCONTINUE USE IMMEDIATELY AND RETURN TO DENTIST FOR REFITTING.

Discontinue use if you are ill, have a cold, flu or other illness which could cause dislodgment of the device.

NEVER drink anything without removing the device FIRST.

NEVER attempt to wear this device while you eat or chew anything.

NEVER insert or remove the device while lying on your back. Insert or remove the device ONLY when standing or sitting upright.

Do NOT attempt to insert or use the device if you are intoxicated or taking prescription, over-the-counter drugs and/or any other drugs which make you drowsy or would impair you from inserting the device correctly.

If your device should chip or crack, or if its condition changes in any way or appears to change in any way, DISCONTINUE use immediately and call your dentist to repair it.

If you have any dental work or procedure done on your teeth after receiving your device, have your dentist examine the device to insure proper fit, following the work or procedure.

Always bring your device with you during your dental checkup so your dentist can examine it for any repairs or adjustments.

When not in use, always place the device in the device container given to you by your dentist.

CARE FOR YOUR DEVICE AND HOLDER

1. Always brush and floss your teeth before use. Trapping food debris and plaque under the device is unhealthy.
2. Wear nightly or daily, as instructed by your dentist.
3. Clean your device after each time you wear it. To clean the device, rinse with cool water.

DO NOT USE HOT OR BOILING WATER UNDER ANY CIRCUMSTANCES – THIS WILL ALTER YOUR DEVICE AND RENDER IT UNSAFE TO WEAR.

Denture cleaner loosens plaque and helps prevent staining if used to soak your device. DO NOT USE A TOOTHBRUSH OR TOOTHPASTE.

Call your dentist if any problems develop, such as sore spots, sensitive teeth, or sore jaw muscles.

Do not attempt to file or alter the device in any way. This should all be made by your dentist.

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Space Maintainer

Space Maintainer

We have recommended and placed a space maintainer in your mouth to maintain the space for erupting permanent teeth.

Without this space maintainer your child's teeth may have difficulty in erupting or staying in their proper position. We want to provide you with some information which will allow you to care for your child's space maintainer in the best manner possible.

Diet

All of our space maintainers are cemented with strong dental cement, however, the space maintainer still can be dislodged if the wrong types of food are eaten. We do not recommend that your child eat any of the following: caramels, taffy, hard candy, chewing gum (any type), gummy bears, jolly ranchers, ice cubes, hard crunchy foods, or any sticky, chewy food. Sugary foods should be kept to a minimum.

Oral Hygiene

While almost all of our space maintainer designs are easy to clean, your child must have above average oral hygiene. Space maintainers will catch extra food debris and plaque so your child will have to make an extra effort in brushing and flossing to maintain healthy gums and teeth.

Periodic Evaluation

Patients with space maintainers should be seen by the dentist at a minimum of every 6 months for routine examination for evaluation of the bite, fit of the bands, and tooth eruption. Failure to return for follow-up visits can lead to gum problems, cavities, and crooked teeth. Once the space maintainer is ready for removal the dentist will remove it.

Patient Cooperation

The space maintainer is not a toy. Do not 'flip' the appliance with the tongue, because it may loosen the fit. Do not pick at the wires or bands with fingers.

Loose Space Maintainer

Should the space maintainer come loose for whatever the reason, call the office immediately. If the space maintainer is loose enough to come out of the mouth, place it in an envelope, store it in a safe place, then call the office immediately. Many times a loose space maintainer can be easily re-cemented if the appliance has not been bent or broken and your child is seen as soon as possible. A delay in getting in for an appointment could cause the need for the space maintainer to be remade.

Patient Comfort

Space maintainers are a passive (they do not move teeth) appliance, therefore, there should not be any pain or discomfort associated with space maintainer. Pain or discomfort could be an indication that something is wrong with the space maintainer. Call the office if your child has any pain or discomfort associated with the space maintainer. With a new space maintainer there may be an initial accommodation period of a few days to a week. During this time there may be an initial difficulty in speech and the appliance's presence will be noted. Usually, after this time the space maintainer is hardly noticed.

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Teeth Whitening

Teeth Whitening

FOLLOWING IN-OFFICE TEETH WHITENING. It is not uncommon for your teeth to feel sensitive after whitening.

Drinking particularly hot or cold beverages may trigger sensitivity, so it is best to avoid these.

Using desensitizing or a high fluoride toothpaste may help alleviate some sensitivity. The sensitivity is temporary, and any sensitivity should subside after a day or two.

Following the in-office whitening for at least one week,

AVOID staining foods like:

Strawberries or any fruit with color

Mustard or Ketchup or Red Sauces

Soy Sauce or Steak Sauce

Red Meat (steak or hamburger)

or staining liquids like:

Coffee, Tea

Dark Sodas, Red Wine

WHITENING TRAYS INSTRUCTIONS

Prior to Treatment: The whitening gel is most effective after you brush and floss your teeth. The bleaching trays **MUST** be clean and dry prior to applying the gel.

1. Applying the Bleaching Gel: Place a **SMALL** drop of whitening gel on the front/middle of each tooth reservoir in the tray. **DO NOT OVERFILL.**

2. Inserting the Bleaching Trays: After inserting the whitening tray, DO NOT spread the bleach. Simply allow the tray to fit naturally over each tooth and wipe any excess gel off the gums with your finger or a tissue. Bleaching the front 8-10 teeth is recommended since the back teeth are not visible when smiling.

3. Wearing Time: For first time whiteners, 30 minutes to 1 hour whitening time is recommended. Increase your wearing time if you experience little to no tooth sensitivity.

4. After Whitening: Remove the tray & rinse off your teeth with tepid water. Brush away any remaining gel with your toothbrush. Continue to brush & floss regularly, as well as maintain regularly-scheduled dental cleanings.

5. Caring for Your Trays & Whitening Gel: Clean whitening trays with a toothbrush or Q-tip and cold water. Store trays in the provided container & store the gel in cool, dry place away from heat & direct sunlight. The gel may be refrigerated to prolong it's shelf life, but do not freeze.

You may temporarily experience discomfort of the gums, lips, throat, or tongue.

Should any of these symptoms persist more than two days or progressively worsen, call your dentist.

These side effects will usually subside within 1 to 3 days after treatment is discontinued.

IMPORTANT!!!

Tooth Whitening (bleaching) gel will only whiten natural teeth.

It will NOT bleach (whiten), nor harm bonding, caps, crowns, bridges, fillings or any other artificial dental work.

You may have to have the dentistry redone in order to match your new white teeth.

Tetracycline (an antibiotic) stained teeth or grayish teeth are more difficult to bleach and have a varied prognosis.

Exposed root portion of teeth which occurs with gum recession will also not bleach.

WARNINGS!

Keep bleaching gel out of reach of children.

Do NOT use if pregnant or during nursing.

Do NOT smoke, drink or eat while bleaching your teeth.

MENTAL NOTES:

As an average, optimum results are achieved after 20-30 cumulative sessions of wear-time.

Longer wear times create faster whitening results.

Faster results can be achieved with higher concentrations of Carbamide Peroxide or Hydrogen Peroxide.

50 percent of the bleaching takes place in the first 1 to 2 hours.

Conduct your whitening session once per day until desired level of whitening is attained.

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We encourage you to speak up if you do not like or understand some aspects of your oral care. You deserve to be heard and your dentist deserves the opportunity to listen. This is what most dentists do, and they will make considerable efforts to accommodate you.

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Vital Pulpotomy

Vital Pulpotomy

We have just completed a procedure called “vital pulpotomy”.

Whether you were put to sleep for this procedure or were only given local anesthesia, the post-operative instructions remain the same. If a local anesthetic was used to thoroughly numb the treated area, take caution not to bite or chew on your cheeks, lips and/or tongue for they may be numb for several hours following your appointment. Refrain from chewing until the numbness has completely worn off.

Simply put, we have removed part of the pulp (nerve) from the inside of the tooth, placed a soothing medication, and covered it with a temporary filling. This is an emergency procedure which is usually successful in reducing or eliminating pain.

Although you should feel considerable relief when the anesthetic wears off, some soreness is to be expected. Due to the unpredictable amount of internal breakdown, the amount of improvement cannot always be accurately predicted, and further treatment may be needed to provide you with relief. Take medication for pain as needed. Ibuprophen (such as Advil or Nuprin) is usually quite effective. Please call our office at any time if you have any questions or concerns.

A pulpotomy is meant only as a temporary measure for relief of a painful condition. You will need further treatment, usually endodontic therapy (root canal), to save the tooth. Please don't put off continued care. An untreated pulpotomy almost always leads to painful abscess formation and possible tooth loss.

You will be responsible for all costs incurred if you fail to follow these instructions.

Incision and Drainage

Incision and Drainage

Medications

Antibiotics: Take exactly as prescribed. Do not skip doses. Complete the full course.

Pain Relief: Use Ibuprofen 400–600 mg every 6 hours as needed.

Optional: Acetaminophen may be alternated for breakthrough pain.

Note: Avoid alcohol while taking antibiotics.

Wound Care

- Do not disturb the surgical site or any packing material placed.
- If drainage continues, gently blot with clean gauze.
- Begin warm salt water rinses 24 hours after procedure:
- Mix 1 teaspoon of salt in 8 ounces of warm water
- Rinse gently 3–4 times daily, especially after meals
- Avoid commercial mouthwashes unless directed.

Diet

- Stick to soft, cool foods for the first 24–48 hours
- Avoid spicy, acidic, or crunchy foods that may irritate the area
- Stay well hydrated

When to Call

Contact the office immediately if you experience:

- Increased swelling or pain after 48 hours
- Fever over 101°F
- Persistent bleeding or foul odor
- Difficulty swallowing or breathing
- Allergic reaction to medication (rash, itching, swelling)

Oral Hygiene

- Continue brushing and flossing away from the surgical site
- Resume full oral hygiene once healing is confirmed at follow-up

Follow-Up

- Return in 7-10 days for evaluation and possible packing removal
- Healing typically occurs within 7–10 days

Reminder

Reminder!

Very Important Facts Regarding Your New Restorations.

Any new restorations placed in the mouth will be exposed to the WEAR and TEAR effects of CLENCHING and GRINDING.

REMEMBER!!! Even the restorations of superior strength and meet the highest standards, it is still NOT immune to continued activity of the extreme forces of clenching and grinding. If allowed to continue, will result to but not limited to crown ALWAYS coming off, severe wear, crown perforation or breakage that can ultimately lead to tooth nerve irritation or cause damage to the bone supporting the teeth. This will ultimately IMPACT the longevity of ANY restorations (fillings, implants, rct, crowns and/or bridges etc).

UNDERSTAND that in SOME cases, placing restorations may AGGRAVATE the clenching and grinding condition. They may CHANGE the nature of or ACCELERATE the rate of DAMAGE experience. Meaning, the result can be one where the restorations placed to fix the damage caused by tooth grinding CAN actually cause more of it to occur, likely at a faster pace. This is not only a concern for opposing natural teeth but also those teeth supporting any type of dental restorations.

CLENCHING and GRINDING is a harmful parafunctional habit that MUST either be CONTROLLED or at least MINIMIZED typically by wearing a protective appliance such as a nightguard or an NTI. You will be responsible for all costs incurred if you decide to defer the RECOMMENDED nightguard or NTI.

Ask your Dentist about it.