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PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

**DEPARTMENT OF DENTISTRY**  
**WHAT TO DO AFTER DENTAL SURGERY TO CORRECT A SINUS EXPOSURE**

**WHAT IS A SINUS EXPOSURE?**

A sinus exposure is an opening from the mouth into the nose. It can result from the removal of an upper tooth with roots very close to the sinus cavity.

**WHAT HAS MY DENTIST DONE TO CLOSE THE OPENING?**

The dentist made a small incision to aid in moving gum tissue to cover the site of the opening. The tissue was then stitched. In some cases, the initial procedure is not successful in closing the opening. For these individuals, we will schedule an appointment after the mouth has healed.

**1. SPECIAL INSTRUCTIONS**

- You will usually be given a prescription for an antibiotic. Be sure to take this as directed by your dentist. Also, be sure to finish the entire prescription unless otherwise directed.
- You will be scheduled for a 1-week follow-up appointment. If you experience any of the following, please call, as instructed below, as soon as possible: **any bad taste in your throat, green mucous or drainage in your nose or mouth, excessive bleeding, fever or chills.**
- Avoid vigorously rinsing your mouth.
- Avoid blowing your nose. If you need to blow your nose or to sneeze, do so with your mouth open to avoid building up pressure.
- Absolutely **NO SMOKING** for at least 7 days as this will delay normal healing and may promote infection.

If you have other questions, write them down and call **434-924-1774 (toll free 800-251-3627, ext. 4-1774)**, 8:00 a.m.-4:30 p.m., Monday-Friday.

After hours or on weekends, call the Emergency Room **434-924-2231** and ask for the Dental Resident on call. If you are unable to reach a dentist at these telephone numbers, you should go to the Emergency Room.

I have been given and understand the above information \_\_\_\_\_  
(PATIENT/RESPONSIBLE ADULT SIGNATURE)

Reviewed by \_\_\_\_\_ Title/PIC \_\_\_\_\_ Date/Time \_\_\_\_\_

If Translated: INTERPRETER ATTESTATION (when applicable)  
 Translation has been provided by: \_\_\_\_\_ Date/Time \_\_\_\_\_  
SIGNATURE OF INTERPRETER/CYRACOM ID#

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 (I received a translated copy of this document) Form # \_\_\_\_\_