



PLACE LABEL HERE.

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

**DEPARTMENT OF DENTISTRY
WHAT TO DO AFTER DENTAL SURGERY**

These instructions will help you take care of yourself at home.

DIET

- **DO** Drink cool, clear liquids at home. Advance to cool, soft foods.
- **DO NOT** Drink soda or bubbly drinks.
- **DO NOT** Drink/eat hot food or fluid.
- **DO NOT** Use a straw or bottle with a nipple.

ACTIVITIES

- Keep your head elevated. Rest today and tomorrow.
- Children must be supervised closely to prevent accidental injury.
- Adults should not smoke, drive or operate equipment.

SPECIAL CARE NEEDED

- **For Swelling:** Apply ice packs to face for 15 minutes on, then 15 minutes off, during the first 48 hours after surgery. This swelling may increase for up to 2-3 days.
- **For Bleeding:** Bite on a wet gauze or clean wet cloth, holding pressure on the bleeding area for 20 minutes or more.
- **Mouth Care:** The morning after surgery start mouth rinses. Use luke warm water with a pinch of salt and rinse 3-4 times a day. Start with gentle tooth brushing on the day after your surgery.

INFECTION

- Watch for any sign of infection after surgery: **fever, chills, increased pain, redness, swelling, or foul smelling discharge from your wound.** Call your doctor at the first sign of infection.

WHEN TO CALL YOUR DOCTOR

- Chest pain or shortness of breath
- Vomiting lasting more than 4 hours
- Large amount of bleeding or swelling
- No urine output 8 hours after surgery
- No bowel movement in 3 days

If you have other questions, 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)
 Interpretation has been provided by: _____ Date/Time _____
SIGNATURE OF INTERPRETER/CYRACOM ID#

Recibi una copie traducida de este documento. Patient Initials _____
 (I received a translated copy of this document) Form # _____