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Post-Operative Instructions

1. **BLEEDING.** Bleeding is normal for approximately 24 hours after surgery. If persistent bleeding occurs, place gauze pads over bleeding area and bite down firmly 2-4 hours. If excessive bleeding does not stop, please call our office for further treatment.
2. **PAIN.** Discomfort is normal after surgery. For mild to moderate pain, take any non-aspirin pain medication such as Extra Strength Tylenol. Take two (2) pills every six hours not to exceed eight (8) pills in a 24-hour period.
3. **SWELLING.** Swelling may occur immediately after surgery. To minimize or prevent swelling, as soon as possible after surgery, place an ice bag or crushed ice wrapped in a towel surrounding surgical area for one-hour and one-hour off. Continue for 4-5 hours.
4. **DO NOT RINSE MOUTH** for 24 hours after surgery. Rinse mouth 4-5 times daily (especially after meals) with warm salt water. Use one-half teaspoon of table salt to one glass of water.
5. **PRESCRIPTION MEDICATIONS.** Follow the directions for your prescription medications very carefully. Antibiotics should be taken as directed, and not based on how you may feel. Painkillers need only be taken for pain; they do not otherwise aid your healing in any way.
6. **DO NOT SMOKE UNDER ANY CIRCUMSTANCES FOR 24 HOURS.**
7. **DO NOT PERFORM ANY STRENUOUS ACTIVITIES FOR 48 HOURS AFTER SURGERY.**
8. **IF A DENTURE IS PLACED IN THE MOUTH FOLLOWING SURGERY, DO NOT REMOVE IT.** Do not remove denture until the following day when you come in for a post-operative check-up.
9. **BONEY EDGES.** Small sharp bony fragments may work their way out of the gums during the healing process. If you have any problem in this area, just call our office at your convenience and our doctor will evaluate the area.
10. **PLEASE REFRAIN FROM EATING EXCESSIVE HOT AND COLD FOODS.** Maintain a soft warm diet for approximately 48 hours.
11. **NO SUCTION IN MOUTH** (i.e., straws, smoking, rinsing, spitting).
12. **ANY COMPLICATIONS DURING NON-BUSINESS, HOURS, PLEASE CALL OUR EMERGENCY NUMBER AT _____.**

Name (Please Print)

Signature

Date