

## **Home Care / Post Operative Instructions**

There are four things you can expect to experience after your extraction: minor bleeding for 1-2 days, slowly improving pain for 1-5 days, tightness of the jaw for up to 2 weeks and swelling for up to one week. To minimize these normal post-operative effects, you should follow the recommendations listed below:

- 1. Bite gently on the gauze for 30-45 minutes. Replace with a fresh, dampened gauze as needed until bleeding stops. If bleeding continues after 2 days, call the office immediately.
- 2. **DO NOT SMOKE** (for 3 days), spit, drink through a straw, drink carbonated or alcoholic beverages or use mouthwash for the next 48 hours. Avoid blowing your nose and sneezing. All of the actions listed above create negative pressure in the mouth that can dissolve the blood clot out of the socket. This is not only very painful, but delays healing. If you must sneeze, please do so with your mouth open to minimize the pressure for the first week after the procedure.
- 3. Limit physical activity for a period of 24-48 hours. Excessive activity can result in loss of the blood clot and increase post operative pain.
- 4. Use an ice pack to reduce swelling and pain. Ice packs can be applied for 30 minutes on and 10 minutes off for the first 24 hours (while awake). After the first 24 hours discontinue ice and use a heating pad or moist heat compress to bring swelling down.
- 5. Your diet for the next two days should consist of soft foods such as Jell-o, pudding, yogurt, applesauce, milkshakes, cottage cheese, and ice cream. Avoid heavy chewing or crunchy foods. Chew on the side of your mouth opposite the extraction.
- 6. Take medications as prescribed.
- 7. Warm salt-water rinses 3-4 times daily for the next several days. Very warm (NOT HOT) water with as much salt as will dissolve in the water. Wait 5 days to gently clean the area with a soft toothbrush.

## For Emergencies:

Contact Dr. Ocampo or Dr. Gomez by leaving a message at the office at (517) 639-7151 or after hours at (734) 355-8203.

Did you read and understand the instructions?		
Patient (or Guardian) Signature	Witness	
Date	Date	