



MANAGEMENT OF THE WISDOM TOOTH EXTRACTION PATIENT

This document provides guidance on how to manage care of the third molar extraction patient over the next week. These recommendations, refined over thirty years of experience and based on currently recommended therapy, are designed to speed recovery, minimized post-operative discomfort, and avoid post-operative complications. Please review the instructions several times as there is a lot of information that make a big difference to recovery that are easily glossed over. Please do not rely on "Dr. Google", your family home remedy or your friend's advice as they are not specific to your particular case and may be detrimental to your recovery.

It will typically take 7 to 10 days to return to the preoperative state. Minimizing swelling and maintaining good hygiene are the keys to recovery. Failure to achieve these two things will result in a prolonged and uncomfortable recovery.

DAY OF SURGERY

DIET:

When you arrive home: Remove the head wrap and gauze from the patient's mouth and, provided they have not experienced nausea from the car ride, let them eat a small meal of any nourishing food that can be taken with comfort and requires little or no chewing. As a long acting local anesthetic has been used, which will prevent the patient from feeling their lips, cheeks and tongue, soft and cool foods are the best for the first meals to prevent burning or biting of these tissues. It is sometimes advisable, but not absolutely required, to confine the first two days intake to liquids or pureed foods such as soups, puddings, yogurt, Jello, milk shakes, etc.. Pancakes are great for the first few days because you can flavor them with butter, syrups, fruit compotes as well as mashed potatoes which can be augmented with butter, gravy, garlic, sour cream, cheese, the list goes on. Overcooked small pasta noodles are also an easy food to manage. Soft, starchy and filling, you won't feel like you're missing out on solid foods with these! Italian ice makes for a good snack. Smoothies are good for snacks provided they do not contain seeds or grains. During the first week avoid eating any foods containing sharp edges or small particles, such as potato chips, small cereals, popcorn,

nuts, seeds, or salad components as they are hard to chew and may become lodged in the surgery sites. Avoid acidic foods and beverages, such as vinegars and fruit juices, as they may cause discomfort. Over the next several days you may gradually progress to solid foods. It is important not to skip meals and to eat something prior to taking any medication! If you take nourishment regularly you will feel better, gain strength, have less discomfort and heal faster. It is also very important to increase your fluid intake during the first few days after surgery. You can increase your diet as tolerated over the next several days. If you are a diabetic, maintain your normal eating habits and check your blood sugar frequently. **Do not use a straw, spit or smoke for the first few days after surgery as these things can lead to the loss of blood clots causing a painful condition of "dry socket" which is refractory to pain medications. You should also avoid carbonated and alcoholic beverages for the same reason. Our practice does not endorse the use of plastic irrigating syringes because, if used improperly, increase the incidence of dry sockets, due to dislodging of blood clots, and infections, due to forcing food debris deeper into the wound.**

MEDICATIONS:

After waiting approximately 30 minutes to ensure that there is no post-surgical nausea, the patient should begin taking their medications. Unfortunately most oral surgery is accompanied by some degree of discomfort, but, following these instructions, the degree of discomfort can be limited in both duration and intensity as well as limiting the need for narcotic analgesics. The key is getting ahead of the pain curve and, if a pain cycle develops, being aggressive in interrupting it. **The primary medicine for pain and swelling is Ibuprofen.** This non-steroidal anti-inflammatory drug was designed to reduce inflammation and swelling and the FDA has confirmed that this drug is effective in testing against the third molar surgery pain model. This prescription should be taken every 6 hours for the first three days. It is not necessary to awaken the patient during the night to take a dose, but, instead place a dose nearby on a nightstand in case it is needed at night. Continue this medication beyond the initial three days if discomfort persists or there is significant swelling. If you should run out of this medication, over the counter Ibuprofen (Motrin or Advil) should be used. The best dose is 600mg (three 200mg tabs) every six hours. Allow the Ibuprofen to work for 45 minutes, if at that time the patient is experiencing mild discomfort you can add two tablets of Extra-Strength Tylenol as long as the patient does not have significant liver or kidney disease. The combination of the Ibuprofen and Extra-Strength Tylenol has been shown to be as effective as a mild narcotic without the side effects. If, at the 45 minute point, the patient is experiencing severe pain, administer a dose of the narcotic prescription. After 6 hours repeat this process. This should minimize the amount of narcotic required. The narcotic should not be used as a sleep aid as it will affect REM sleep patterns and hamper restful sleep. [Note: the vast majority of our third molar surgery patients do not require any narcotic medication postoperatively, but it is recognized that each patient has different pain threshold / tolerances and that the surgeries vary in their complexity.] **If the narcotic medication is used be aware that it can cause dizziness, disorientation, drowsiness, nausea and that**

the patient cannot engage in driving a vehicle, operate machinery, engage in dangerous activities or make legal decisions for 24 hours after the last dose. If prescribed, the anti-inflammatory medication Methylprednisone should be started. This comes in the form of a Medrol Dose pack containing 6 days of a tapering dose. The front or back of the card that the medication comes on will contain the dosing instructions to be followed. Because the patient did not have breakfast, start by giving them the first three tablets (breakfast and lunch dose) then following the directions for the remainder of the prescription. If you were provided with any other prescriptions, please refer to the label for specific instructions on administration. The most severe pain is usually within six to twelve hours after the local anesthetic wears off; after that your need for pain medicine should diminish. **If you find you are taking large amounts of pain medicine at frequent intervals, please call our office. The surgeon may need to examine the surgical site to determine if a change in prescription or other treatment is indicated. The office policy is not to refill narcotic prescriptions without the patient being examined in the office, and narcotic prescriptions cannot be called into a pharmacy, so plan accordingly and contact the office early during normal working hours to facilitate an office visit.**

BLEEDING CONTROL:

Once the medications have been administered, check the patient's mouth to determine if active bleeding is occurring from any of the surgical sites. [Note: it is normal to have a small amount of blood mixing with saliva for the next several days. This can be safely swallowed and does not need to be addressed.] It is most effective to use two small gauze squares that are folded in half twice to make a smaller square then moistened with a couple of drops of tap water and squeezed dry for more comfortable positioning. The gauze square should be placed behind the last tooth of the lower jaw on the side that is bleeding and the patient should bite down gently but **firmly** on the gauze, making sure they remain in place. Keep the gauze undisturbed for an hour, at which time they can be removed and discarded. The gauze will always have blood on them, but it is not an indication there is still active bleeding. Wait 5 to 10 minutes then recheck the sites, if there is continued bleeding then repeat the process. If you are not sure, just monitor the situation closely with out placing additional gauze. The presence of gauze in the mouth will create large amounts of saliva because the body is fooled into thinking you are eating. **Do not confuse this blood-tinged saliva with persistent bleeding. It is important to swallow the saliva normally and not spit it out as this will cause continued bleeding or a dry socket.** Bleeding should never be severe. If so, it usually means that the packs are being clenched only between the teeth and pressure is not being properly exerted on the surgical areas. Try repositioning the packs. If bleeding persists or becomes heavy after changing the packs 5 times, take a moist piece of gauze and gently clean away any clotted blood that is not directly in the extraction site, drink a small glass of warm water, and then **place a tea bag (soaked in very hot water and squeezed damp-dry) wrapped in a moist gauze** over the extraction sites that are bleeding and hold firm pressure for 60 minutes. If bleeding remains uncontrolled, please call our office. Intermittent bleeding

or oozing overnight and into the next day is normal and should not require use of gauze. Be careful not to disturb the surgery sites by constantly changing the gauze as this will prolong the bleeding and disrupt the clots. You may want to place a towel on your pillow at night to prevent soiling the pillow.

SWELLING:

The next step in the process is to replace the head wrap and ice bags to help limit swelling which almost always accompanies this surgery. The ice packs can consist of chemical cold packs, ice bags or a bags of frozen peas, all of which should be wrapped in a paper towel and applied firmly to the cheek adjacent to the surgical area(s). **These ice packs should be applied continuously during the first 48 hours after surgery,** except that they can be removed to allow for eating and hygiene procedures. Keep the patient's head elevated during the awake hours and have them sleep with several pillows under the head at night. Edema typically will appear late in the first day and peaks by the third day. It will cause tenderness, limited mouth opening and bruising along the lower jaw and the face will feel warm to the touch. (Note: Swelling, though quick to arise, will take a week or more to resolve. Swelling that develops over the first 24 to 72 hours is almost always surgical swelling.) After 48 hours, apply warm moist compresses (hot water bottle, hot moist towels, or heating pad to the skin over the areas of swelling and sore muscles for 20 minutes on and 20 minutes off to help soothe tender areas, decrease swelling and relieve stiffness. Dramatic swelling increases after the third day, though very rare, is more commonly related to infections and should be brought to the attention of the surgeon. Eating multiple servings of fresh pineapple daily for several days before and after surgery is effective in reducing the swelling associated with surgery as it contains an anti-inflammatory proteins.

EXERCISE CARE:

Do not disturb the surgical area today. **DO NOT** spit, drink from a straw, rinse vigorously or probe the area with any objects since this may disrupt blood clots, which is very detrimental to healing and may cause a dry socket. **DO NOT SMOKE for the week as this is a primary contributor to dry sockets.**

In order to get bleeding to stop and to promote the formation of strong blood clots, the key to healing, the patient is to refrain from brushing and rinsing the first day and avoid commercial mouthwashes the first week.

INSTRUCTIONS FOR THE SECOND AND THIRD DAYS

BRUSHING:

Begin your normal oral hygiene routine on the 2nd day. It is important to brush the teeth with tooth paste. Soreness and swelling may not permit vigorous brushing, but please make every effort to clean your teeth within the bounds of comfort and gently brush around surgical sites.

MOUTH RINSES:

Keeping your mouth clean after surgery is essential. Poor hygiene is a primary cause of late post-operative pain and infection. Use ½ teaspoon of salt dissolved in an 8 ounce glass of warm water and gently rinse with portions of the solution. It will take three to four risings to use the entire glassful. Make sure that the salt water is directed to back of the mouth over the surgical sites and swish each mouth full for 10 seconds then allow the salt water to fall out of the mouth (do not spit it out). Repeat as often as you like, but at least every morning, after all meals and prior to bed. Continue the salt-water rinses for at least a week or until the extraction site heals over. Avoid commercial mouth rinses for the first week as they contain alcohol that can interrupt the healing process. **Do not use any type of irrigation device such as a syringe or Water Pik during the first week.** Failure to keep the surgical sites clean will result in an increase in pain around the 4th or 5th post-operative day, typically localized to the lower jaw and which may radiate to the ear. This pain tends to be intermittent and will typically be worse in the morning. Continue with the Ibuprofen and redouble brushing and rinsing efforts.

TEMPERATURE:

It is common to have a slight rise in temperature immediately after surgery. This reflects an increase in blood flow to the head as healing occurs and does not reflect an infection. This rise in temperature may also be related to mild dehydration, so it is important to increase your fluid intake after surgery. Tylenol can be safely taken to treat this mild fever. If a temperature needs to be taken, use an axillary location as any readings taken on the forehead, mouth or ear will be falsely elevated.

NAUSEA:

Nausea is not uncommon after surgery due both to the anesthesia medication and a small amount of blood in saliva mixing with the acid in the empty stomach. Some patients may find that stronger pain medicines or antibiotics may also cause nausea. And finally, those with a history of motion sickness are more prone to post-operative nausea. Nausea can be reduced by eating a small amount of bland, soft, room temperature food as soon as reasonably possible after surgery and taking medications with food and a large volume of water. If nausea develops, try room temperature clear fluids, such as sports drinks and temporarily stop pain medications. If need be, the liquids should be given in spoonful amounts frequently. Room temperature Classic Coca Cola or Ginger Ale may also help with nausea. Let the sodas

sit open for a short while to let the carbonation release prior to drinking. Once the liquid is tolerated begin bland foods – BRAT Diet (Bananas, Rice, Applesauce and Toast). Once this is tolerated, the medications should be restarted and normal foods can be consumed. If you are taking antibiotics, eating yogurt with active cultures or taking plant-based probiotics will reduce the chance of nausea and changes in bowel activity. Please contact us if these actions do not make you feel better.

SHARP EDGES:

You may feel hard or sharp edges in the surgical areas. This is the bony wall of the socket that once supported the teeth or normal anatomy inside the extraction socket of multi-rooted teeth. As the healing process progresses this will be rounded off and covered with soft tissue. Infrequently, small slivers of bone may work themselves out of the extraction site during the following week or so. Though not an emergency, if they cause concern or discomfort, please contact the office during normal business hours to schedule a follow-up appointment.

SUTURES:

Sutures may have been placed to support the repositioning of soft tissues. They typically are resorbable and will be lost late during the first week. [Occasionally longer lasting sutures may be placed, your doctor will be let you know if that is case. You will be told if you need to return for suture removal or if the dissolving process will take longer.] The sutures are not critical to the healing process, so it is not necessary to contact the office if one are more are lost early in the week. When the sutures are lost, the extraction sites may open up exposing the sockets. The sockets typically appear reddish brown in color, though it is not unusual to see areas of white.

HEALING: Normal healing after tooth extraction is as follows: The second day after surgery is generally the most uncomfortable and there is usually some swelling. On the third day you should be more comfortable and, although still swollen, you can usually begin a more substantial diet and begin returning to you normal routines. **The remainder of the post-operative course should be gradual, steady improvement.** If you don't see continued improvement, please call our office. If you are given a plastic irrigating syringe, **DO NOT** use it for the first five days. Then use it daily according to the instructions until you are certain the tooth socket has closed completely and that there is no chance of any food particles lodging in the socket.

It is our desire that your recovery be as smooth and pleasant as possible. Following these instructions will assist you, but if you have questions about your progress, please call the office. A 24-hour answering service is available to contact the doctor on call after hours. Calling during office hours will afford a faster response to your question or concern and allow us the opportunity to examine you the same day if required.