

- Dolobid** (Pain killers). Do not take if you have or have had stomach/duodenal ulcers or are on an anticoagulant therapy. Take 2 tablets every 12 hours after food. These are long acting, effective pain killers for most surgical pain.
- Ery C 250mg** (Erythromycin - for those patients who are allergic to penicillin). Take one capsule every 6 hours, i.e. 4 times daily. Can be taken independent of food.
- Panadeine Forte or Herron equivalent.** Take 1-2 tablets every 4 hours maximum; can cause drowsiness and constipation. Take no more than eight tablets over 24 hours. Panadeine Forte contains four times as much codeine as Panadeine. DO NOT take if you are allergic to codeine! If you have an undiagnosed allergy you may experience breathing difficulties. Do not panic, but go directly to hospital or call an ambulance if in severe breathing distress.

NOTE: If pain is severe or swelling is getting worse, or you are vomiting - go to your Doctor or a Medical Centre and get an injection of antibiotic. This usually works much faster and more predictably than oral medications. If you are vomiting, the oral medication is doing absolutely nothing and you must have the injection to reduce the infection and associated fever and nausea.

- Diazepam 5mg** (Valium). To get a better sleep the night before your surgery and to control anxiety, take one 5mg tablet prior to going to bed the evening before your appointment and one in the morning before your appointment. Tranquillizer type medications, like Valium and alcohol, can slightly affect your driving judgment and reaction times. It is best not to drive or operate heavy machinery. If you absolutely must drive, be extra careful for the next three days.... it takes a while to clear from your blood.

PHARMACY AVAILABLE MEDICATIONS - USE THE FOLLOWING IF TICKED OR CROSSED.

- Diffiam-C** (Dental Rinse) - This is very effective at easing pain, stopping infection and promoting more rapid healing. Do not confuse with ordinary Diffiam rinse - it must have the 'C' (chlorhexidine) to be anti-bacterial. Rinse every 1.5 to 2 hours whilst awake - gently for the first 48 hours after surgery, then more vigorously for the next week until pain subsides. If you are in no pain, rinse 2-3 times per day anyway, but only for two weeks - longer than this can cause brown stains to form on your teeth. These can easily be removed, so don't be concerned. Sometimes the top or side of the tongue can be temporarily stained black or brown - don't be alarmed, as it goes away.
- Savocol** (a green mouthwash). Do not confuse with Cepacol (yellow) or Cepacaine. Rinse 2-3 times per day regardless of any pain, but only for two weeks, for the same reason as Diffiam-C - both contain chlorhexidine.

- Nurofen 200mg.** Take one, three times a day to ease pain.
- Berocca** (vitamins B & C). Take one per day for the next two weeks. These may help to build up you immune system, stress response and healing abilities, especially if you are not eating well.

Dr: _____

Surgery telephone number: _____

Emergency - after hours: _____

This document has been produced for the international dental profession.
The English (US) dictionary has been used as the basis for the text.



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IMPORTANT INFORMATION

– PLEASE READ EVERY WORD!

PAIN CONTROL

Unless we have prescribed or given you something stronger, Panadol (or any paracetamol) can be taken to prevent or relieve pain. This is considered to be the only safe analgesic for children under twelve and for pregnant or lactating women. Rinsing with Difflam-C is also an excellent pain reliever, but please read on before using this.

LOCAL ANAESTHETIC AND NUMBNESS

The length of time you feel numb after the extraction varies depending on the type of anaesthetic we have used and the site of the injection. The lower jaw usually stays numb longer than the top jaw. The numbness in the top jaw should subside within a few hours, but it can last up to 5-8 hours on the lower jaw. While your mouth is numb, be careful not to bite your cheek, lip or tongue. Occasionally, the actual needle itself can cause a slight injury to the tissue or a nerve and cause swelling, limited jaw opening and temporary numbness. Swelling usually gets worse for a day or two, then levels off for a day or two, then gets better. Limited jaw opening feels strange, but don't be concerned, as it always self corrects. It usually lasts for about a week. Temporary numbness can also occur and can be caused by the needle inadvertently injuring some of the nerve fibres. It is a very rare occurrence and may last a few days or several months. Please call the surgery and advise us if there is any numbness lasting more than a week, so we may refer you for further assessment. Please note that it is impossible to avoid occasional inadvertent nerve contact with the needle, since it is the nerve we are trying to get close to and you should not be judgmental of the dentist's skill or care if this happens to you.

BLEEDING CONTROL

We will place a gauze pack over the extraction site, which you should bite on to confine the blood and create back pressure while the clotting takes place. You must have pressure on the rim of the crater, sealing at the gum, in order to stop the blood flow. The blood clotting happens a lot faster if you stop the blood flow. The gauze or tissue should be firmly held or clenched in place for 20-30 minutes after you leave our office. Expect a slight taste of blood. Do not chew on the pack – keep it as still as possible. After approximately 30 minutes, you may take out the pack and discard it. There is no need to replace it unless heavy bleeding occurs – not to be confused by “ooze” mixed with saliva.

If you are getting actual bleeding - mouthfuls of bright red blood - do the following:

- 1) Fold a piece of clean gauze (or a tissue or handkerchief) into a pad thick enough to bite on so that the other teeth don't quite touch. Place it directly on the extraction site – even if it means squeezing it down between two other teeth.
- 2) Apply moderate to firm pressure by closing the teeth firmly over this pad. Maintain this pressure for the length of time it takes to stop the bleeding - usually about thirty minutes, but several hours may be necessary.

If the pad becomes soaked you can replace it with a clean one after 30 minutes, but only if the taste really bothers you. Do not keep dabbing at the site.

If heavy bleeding continues, call your dentist. (Remember though, that a lot of saliva and a small amount of blood, can look and taste like a lot of bleeding.)

DON'T DISTURB THE BLOOD CLOT

After an extraction, a blood clot forms in the tooth socket. This clot is an important part of the normal healing process. You should therefore avoid activities that might disturb the clot and do not try to spit or rinse out the blood clot.

- Do not smoke in the first 24 hours.
- Do not rinse your mouth vigorously, or drink through a straw for the first 24 hours as turbulent rinsing could dislodge the clot infecting the bone and delay healing.
- Do not clean the teeth next to the site, or the healing socket itself, for the rest of the day, but continue to brush and floss your other teeth. Gently rinse your mouth afterward. (Use Difflam-C or equivalent).
- Do not suck on the extraction site.
- Minimise exercise, and alcohol for the first week. These activities tend to increase the blood pressure and “pop” the tiny capillaries in the healing area.
- Limit strenuous activity for two days after the extraction. Heavy exercise increases the blood pressure, and this can cause bleeding.

RINSING

Four hours or so after the extraction (unless still bleeding), gently start rinsing your mouth with either warm salt water (half a teaspoon of salt in 200ml glass of warm water) or Difflam-C. We recommend using Difflam-C dental rinse to reduce pain and lower risk of infection, because it has an antibacterial plus an anti-inflammatory action. Remember not to rinse your mouth vigorously because you may disturb the blood clot.

SWELLING AND BRUISING

Swelling usually only happens if your surgery was difficult. You can help reduce swelling and pain by applying cold compresses to the face, on and off for several hours after the extraction. Use an ice bag or cold, moist cloth 5 minutes on, 5 minutes off. A bag of frozen vegetables wrapped in a tea towel often suffices. This must be done in the immediate postoperative period to be beneficial.

“Trismus” (limited ability to open the mouth) is also common in the postoperative period. It can last up to two weeks. If you have difficulty brushing, be sure to rinse with a chlorhexidine mouth rinse (Difflam-C or Savocol), as these tend to compensate for poor brushing.

If your extraction was very difficult and required extensive oral surgery, or you have very thin and delicate tissue, or you are prone to bruise, you can expect some bruising on the skin adjacent to the wound and sometimes under the eye if it was an upper tooth. This goes away after approximately two weeks.

STITCHES

If you had stitches placed, please make an appointment to have them removed approximately 7-10 days after surgery.

HEALING

The extraction hole will gradually fill in with gum over the next few weeks. The bone will usually change shape to smooth over the hole, but occasionally a sharp edge of bone may project through the gum. Call the surgery if you notice a sharp, hard lump on the gum in a month or two and we will correct it. Do not be concerned if the site takes time (3 to 4 months) to fill in after a tooth is taken out.

ANTIBIOTICS

You generally don't need antibiotics for most oral surgery, but you may be given them. Do not take Amoxil or Augmentin if you are allergic to penicillin. If Amoxil or Augmentin gives you a skin rash, stop taking it, as you are probably allergic to penicillin. Antibiotics generally don't make much, if any, difference to the healing of mouth wounds and over prescription can result in development of resistant organisms.

FOOD TRAPPING

Food will inevitably get into the hole – Just rinse it out gently in the first 24 hours and don't be concerned if you can't get it all out. After a day you can be a bit more vigorous in your rinsing. Food doesn't cause infection, so don't be obsessed about getting it all out. If you have passed the danger period for infections in the healing socket (about two and a half weeks) you can rinse and brush still more vigorously. You can use a disposable plastic syringe to irrigate the hole if you have a particular problem.

DIET

Before and after the extraction drink lots of liquids and eat soft, nutritious foods. Avoid alcohol and hot drinks on the first day as they can promote bleeding. Begin eating solid foods the next day or as soon as you can chew comfortably. For about two days, try to chew food on the side opposite the extraction site. Vitamins such as B and C, e.g. “Berocca” may help in the healing process and make you feel better.

DRY SOCKET

IMPORTANT – PLEASE READ THIS:

Sometimes an extraction site may seem to be comfortable for 3-7 days after the extraction, only to become extremely painful. This is usually accompanied by a bad taste and odor. If you develop these symptoms, it is probably a “dry socket” infection. Although painful, it is not a serious problem. You can continue taking pain killers (if needed) and persevere for a further 10-14 days until it gets better (it always gets better on its own, without treatment). Alternatively, you can come into the surgery and get symptomatic relief. We can place medicaments which, whilst not curing the infection, will take away the pain in about an hour. This can be useful if the pain is severe. Expect to be charged a small fee for this as it is a rare and unpredictable event, not included in the cost of extraction. Antibiotics do not generally cause any improvement in dry socket, but may be indicated if you have wider surgical wounds.

ORAL HYGIENE

It is important to continue to brush and floss your teeth thoroughly at least once a day. The tongue should also be brushed. This will help eliminate the bad breath and unpleasant taste that is common after an extraction.

SPECIAL INSTRUCTIONS AND/OR MEDICATION DETAILS

- PATIENTS WITH HISTORY OF RHEUMATIC FEVER, ARTIFICIAL HEART VALVES, HEART OR VALVE DAMAGE, HEART OPERATIONS OR PROSTHETIC HIPS OR KNEES – please take two grams of Amoxil one hour before your appointment. Mix the contents of the sachet (3gms) with water and discard 1/3. Always ask for a replacement sachet when you come in so you have one to use before your next visit. Always discuss with your dentist if the next treatment will require prophylactic antibiotics and advise the dentist if you have or have not taken antibiotics when you arrive for your appointment.**

- Patients with wisdom tooth problems or pericoronitis:** please brush the inflamed gum on top of the wisdom tooth aggressively. Dip the brush in Savocol or Difflam-C first, and try to poke the bristles between gum and tooth. Do not be concerned if it bleeds and hurts initially.

Please take any of the items ticked at the indicated dosage.

- Amoxil 250** (a penicillin based antibiotic). DO NOT TAKE IF YOU ARE ALLERGIC TO PENICILLIN AND STOP TAKING IF YOU DEVELOP A RASH.
- Take one every 8 hours starting now.
- Take one every 8 hours starting three days before your extraction or surgery appointment.
- Amoxil 500mg** (a penicillin based antibiotic).
NOTE:
a) If you are taking the Amoxil 250mg strength tablet or capsule, you can safely double the dose yourself i.e. take 2 capsules every 8 hrs, if you feel the infection is not responding.
b) When taking 500mg 3 times a day, expect a slight nauseous feeling to develop. Women may develop thrush after taking a course of 500mg tablets, so drop back to 250mg when feeling better. A 500mg tablet can be broken in half to make two 250mg tablets. Penicillin can be taken with or without food, but it may reduce nausea if taken with food.
- Take one every 8 hours starting now.
- Take one every 8 hours starting three days before your extraction or surgery appointment.

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