

Houston
Northwest Dental
Associates

Woodlands
Dental Care

Humble Dental
Associates

Conwood
Dental
Associates

Champions
Dental
Group

Legacy
Dental
Care

Woodlands
Dental
Partners

POST OPERATIVE INSTRUCTIONS FOLLOWING DENTAL EXTRACTION

Patient Name (Print): _____ Date: _____

1. **RINSES:** Do not rinse your mouth for the first twenty-four (24) hours. After that warm salt water will expedite healing and resolve swelling, should swelling persist. This should be done 36 hours after the procedure, rinsing with 1/4-teaspoon salt in 6 ounces of warm water. If you should choose to utilize an over-the-counter antimicrobial rinse, you must follow all printed directions on the package.
2. **BLEEDING:** Occasional blood stains in the saliva for the next 4 or 5 hours are not unusual and will probably subside. If there is more persistent bleeding, you may attempt to control it with pressure in the following manner: slightly moisten a few gauze squares with water, place over extraction site and bite down. Change gauze every 30 minutes. If the bleeding persists at the end of 30 minutes, repeat the procedure. If the bleeding still has not stopped, report the problem to your dentist.
3. **EATING OR DRINKING:** Do not eat or drink anything until the numbness has completely worn off. Do not drink liquids using a straw for 24 hours following extraction. Do not drink any acidic beverages for at least 3 - 4 days.
4. **SMOKING AND ALCOHOL:** Avoid smoking, as it will delay healing. Alcoholic beverages can be taken in moderation if so desired, provided it is not prohibited or restricted by an antibiotic and/or pain medication you may be prescribed.
5. Elevate your head with at least two (2) pillows when you lie down or go to bed.
6. If swelling occurs, apply a small ice pack to area (20 minutes on followed by 20 minutes off as needed).
7. Maintain a soft diet for the first couple of days. Do not eat anything hard or crunchy.
8. Small sharp bone fragments may work their way up through the gums during the healing process (these are not roots). If this occurs please call your dentist for simple removal.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND HAVE RECEIVED A COPY OF THIS DOCUMENT.

Patient/Parent or Legal Guardian Signature

Date