

## Reuss and Reuss Dental

# Detailed Post Operative Instructions: Extraction Socket Graft

You just had an extraction socket graft to help preserve your jawbone, which is SURGERY. A tooth was removed from its socket in the bone. The socket was then filled with bone graft material combined with your own platelets and covered with a barrier. The gum tissue was then sutured over the top. You can promote faster healing and avoid complications, by simply following these instructions.

### Day of Surgery:

**Healing:** After extraction socket grafts, the blood will begin to clot and the graft material will begin to stabilize. This is an important part of the normal healing process. The first 72 hours are the most critical since the incision is not yet healed. During this time, the only things protecting the graft are the barrier and sutures. You should therefore avoid activities that might disturb the surgical area. Do not smoke, rinse your mouth vigorously or apply pressure to the area with any objects; including your tongue and fingers. Do not lift or pull your lip back to look at the area- this can actually cause damage to the tissue and tear the sutures. Remember, it is imperative that the sutures and barrier remain in place for the recommended time. If either come out too soon, the graft material can be lost and the socket will then fill with soft tissue.

**Bleeding:** We have placed a gauze pack on the surgical site(s) to limit bleeding while clotting takes place and to protect the immature incision. The gauze pack should be left in place for 30-40 minutes after you have left the office. Bite down firmly on the gauze, making sure it remains in place (do not clench). You may continue to change the gauze packs as needed, but bleeding should be very minimal since the barrier and sutures are covering the surgical site. To replace gauze, fold a clean piece into a pad thick enough to bite on. Dampen the pad and place it directly on the surgical site. If you become hungry or thirsty, remove gauze while eating or drinking and replace it when you are finished. If bleeding remains uncontrolled, please call our office.

**Swelling:** You may minimize swelling by applying a cold compress or ice pack to your face or cheek adjacent to the surgical area. This should be applied 20 minutes on and 20 minutes off for the rest of the day.

Do not lay flat for the first 24 hours. Laying in a recliner is a good position. If you lay in bed, be sure to have one or two extra pillows under your head to keep it elevated.

**Pain:** You may be prescribed a medication to control discomfort and you should take your first pill before the anesthetic has worn off. If prescribed a pain medication, take it as instructed on the label. Do not exceed the recommended dosage. Avoid driving or operating heavy machinery when taking prescription pain medications. Do not drink alcohol while taking prescription pain medications. If prescription pain medication is not needed, you may substitute for over-the-counter pain medication; such as: Ibuprofen, Motrin, Advil or whatever non-aspirin pain reliever you would use for a headache. Example of pain medication timeline: **Take 800 mg Motrin, 3 hours later take 500 mg Tylenol (Acetaminophen), then in 3 hours take another 800 mg of Motrin. Repeat as needed.** (If you should experience discomfort that is uncontrolled by taking your prescriptions as directed, you should contact the office at (530) 365-4581.)

**Antibiotic:** If prescribed, be sure to take an antibiotic as directed to help treat or prevent infection.

**Nausea:** This is most often caused by taking pain medications on an empty stomach. Reduce nausea by preceding each pill with a small amount of soft food, then taking the pill with a large amount of water. Staying in a reclined position also seems to settle the stomach.

**Numbness:** The local anesthetic will cause you to be numb for several hours after you leave the office. Be very careful not to bite, chew, pinch, or scratch the numb area.

**Smoking:** Smoking should be stopped following the surgery. Healing will be substantially reduced by the cigarette smoke chemicals in your body and the action of smoking may cause the incision to be disturbed.

**Brushing:** Do not brush your teeth for the first 8 hours following the surgery. After this, you may brush your teeth gently, being careful not to brush the surgical site. The bristles of your toothbrush may catch the sutures or the barrier and tear them.

**Rinsing:** Do not rinse or swish at all for the first 24-48 hours after your procedure. After this, you may begin to rinse gently by placing salt water or prescribed mouth rinse in your mouth and gently rotating your head side to side. You may gradually become more aggressive. Over the counter mouth rinses and mouthwashes should be avoided during this early period.

**Diet:** For the first 24-48 hours, you should maintain a diet of soft foods, such as Jell-O, pudding, yogurt, cream of wheat, mashed potatoes, clear soups, etc. Foods that crumble or have sharp edges; such as, potato chips, popcorn, crackers, cookies, etc. should be avoided until the sutures are removed in 1-2 weeks since they have the potential to snag the stitches. Very hot foods should also be avoided to prevent burns of the extraction site while numb. Try to keep food on the opposite side of your mouth to avoid the surgery site.

**Activity:** Keep physical activities to a minimum for the first 24-48 hours following your surgery. Increased activity can lead to increased bleeding. Do not bend over or lift heavy objects for 2-3 days.

**Jaw Joint Pain:** Your jaw may be sore from holding your mouth open during surgery. Massage jaw muscles gently and eat soft foods. Do not over extend opening your mouth, as it can further aggravate this area.

## Follow-Up Appointment

**Suture Removal:** You will need to return to the office within the first 7-10 days to have sutures removed or just for a brief follow-up healing check. At this time, you may be advised to use an antibiotic mouth rinse.

**Barrier Removal:** If a removable barrier was placed, in 4-6 weeks, you will return to the office to have the barrier removed. This is a simple procedure, much like the suture removal, that does not require anesthetic.

**If you have any further questions or problems please call: 530-365-4581  
drreuss.com**