

**SHAWNEE HILLS OMS**  
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**Postoperative Care Instructions**  
for Third Molar Surgery and Tooth Extractions

**INSTRUCTIONS FOR DAY OF SURGERY**

**BLEEDING:** First 1-2 hours- Bite down with firm pressure on the gauze packs that have been placed over the surgical areas, making sure they remain in place. Do not be talking or moving the jaw. The packs may be gently removed after 20-30 minutes and the sites examined. There will likely still be some bleeding. If so, place enough new gauze (fold in half and then in half again) to obtain pressure over the surgical site for another 20-30 minutes. Repeat only until there is just a minor soaking of the top layers of the gauze with blood and there is only minor or no oozing of blood from the wound. In almost all cases, the gauze use should end within 1-2 hours.

**OOZING:** Please note that it is not uncommon for oozing to persist for several hours, and sometimes more, after surgery. If you are unable to remove the gauze and tolerate minor oozing within two hours, follow the instructions below for persistent bleeding. Mild, intermittent bleeding or oozing overnight and when eating is normal. New, heavier bleeding may be controlled by placing fresh gauze over the areas and biting on the gauze or holding firm pressure for 20-30 minutes at a time.

**PERSISTENT BLEEDING:** Bleeding should never be severe (mouth quickly filling with blood). If so, it usually means that the packs are being clenched between teeth only and are not exerting pressure on the surgical areas. Gently wipe off and remove any visible clot covering the surgery site and try repositioning the gauze, making sure solid pressure is applied. If bleeding still persists or is heavy, soak the gauze in ice water until ice cold, gently ring and immediately place over the surgical site, applying firm pressure. Be very still and do not disturb for 20-30 minutes, then repeat. You may also try a tea bag (soaked in water, squeezed damp-dry and wrapped in a thin, moist gauze) for 20-30 minutes. If bleeding remains uncontrolled, please call our office.

**SPITTING:** Do not spit. Not even once today. The clots will be pulled loose and result in persistent bleeding (above). It is best to avoid spitting for several days to help avoid dry socket as well. When rinsing, let the rinse gently run out.

**ICE/SWELLING:** Significant swelling is often associated with oral surgery so do not be alarmed. Its development can be reduced by using cold packs, ice bags, or bags of frozen peas/corn wrapped in a towel and applied firmly to the cheek adjacent to the surgical area. These should be applied twenty minutes on and twenty minutes off during the first 24 hours after surgery (ice will only be beneficial in the first 24 hours). It may take 12-24 hours

for swelling to be noticeable (you may have been given a steroid in your IV if you had sedation). If you were given a prescription for a steroid, follow the instructions on the box carefully.

**PAIN:** Unfortunately, most oral surgery is accompanied by some degree of discomfort. The most severe pain may occur when the local anesthetic wears off, so it is important to start analgesics prior to this. **We recommend the following for pain control in adults or teens greater than 100 pounds.** (\*Important: smaller adults or children require lower dosing. Weight-based dosing instructions on the packaging should be followed and not exceeded. If you take blood thinners, have kidney or liver disease, active ulcers, or any other disease and have been told not to take ibuprofen or acetaminophen, do not take and notify our office or consult with your physician before taking.)

**Days 1-3:** Over-the-counter **ibuprofen (Motrin, Advil) 200mg each X 2 tablets every 6 hours** with a small amount of food (e.g. at 12pm), then three hours later (e.g. at 3pm), take over-the-counter **acetaminophen (Tylenol) 325mg each X 2 tablets every 6 hours** with a small amount of food. In three hours (e.g. at 6pm), repeat ibuprofen dosing, followed by repeat acetaminophen dosing 3 hours later (e.g. 9pm). If needed, ibuprofen dosing can be increased to 200mg X 3-4 tablets every 6 hours and acetaminophen 325mg X 3 tablets (or 500mg X 2 extra strength tablets) every 6 hours, or extra tablets can be worked in earlier. **\*Important:** never exceed more than 3200mg ibuprofen or 4000mg acetaminophen in a 24 hour period.

**Over-the-counter analgesics must be on a schedule for the first few days after wisdom tooth removal, multiple extractions, or difficult extractions so as to avoid a lull in analgesic levels and allowing pain to build. Studies have shown this to be as or more effective than narcotic pain medication when adhered to.**

A narcotic (opiate) pain medication may have been prescribed. This pain medication should only be used as a last resort for severe pain. Narcotic pain medications are addictive. They can cause respiratory depression and death, and should be avoided if possible in children, teens, the elderly, and anyone taking medications that may already cause sedation (ask your pharmacist when you pick up the medication if you are unsure or if you might be at risk). Naloxone, used to treat opiate overdoses, is now available without a prescription. If you would like to have it available at home, ask at your pharmacy. Narcotics can also cause severe constipation, especially in the elderly. It is recommended that you consider a stool softener, especially if you are prone to constipation or are elderly. If concerned, speak to your physician. Do not expect to have 100% complete relief of your pain with any medication, including narcotics. If you are unable to achieve adequate relief from ibuprofen and acetaminophen, **replace the acetaminophen dose with the narcotic pain pill** as it also usually contains acetaminophen. **\*Important:** never exceed more than 4000mg acetaminophen (including the amount combined in narcotic pain pills) or the number of narcotic pain pills specified on your prescription in a 24 hour period.

**IV SITE:** You may develop bruising and soreness at your IV site. If so, you may place ice or a cold pack on the area for 10 to 20 minutes at a time. Put a thin cloth between the ice and your skin. Keep the limb elevated above heart level.

**NAUSEA:** Nausea is not uncommon after surgery, usually due to dehydration or taking medications incorrectly. Nausea from anesthesia is unlikely after the first hour or two. Try to keep taking clear fluids. Sometimes pain medications or antibiotics are the cause, especially if not eating well. Do not take any medications together, but rather separate the doses by an hour or more. Taking the medication with food will usually reduce stomach upset. A carbonated beverage may help with nausea. Minimize dosing of narcotic pain medications. If nausea continues from pain medication, try to rely on either acetaminophen or ibuprofen alone. If the antibiotic is causing nausea and was given preventively, discontinue it for 24 hours and then restart when the nausea ends. If nausea or vomiting continues, contact our office.

**DIET:** It is best to not use a straw for 5 days after surgery. Eat any nourishing food that can be taken with comfort. It is recommended that the first day's intake be restricted to cold liquid and very soft or pureed foods (puddings, yogurt, milk shakes, cottage cheese, etc.) so as to minimize bleeding and maximize comfort (nothing warmer than room temperature). You should avoid foods like nuts, sunflower seeds, popcorn, etc., for several weeks. It is normal to have some oozing or bleeding with meals during the first few days, especially the first. If you are diabetic, try to maintain your normal eating habits as best as you can and contact your physician's office if you are unable to maintain your normal blood glucose.

**SUTURES:** Usually, sutures are used that will weaken and be lost on their own within 3-7 days. Do not be alarmed if a suture is lost earlier or even on the day of surgery. They rarely require replacement unless bleeding cannot be stopped. If bleeding, apply gauze as instructed above under "BLEEDING". Call the office if bleeding cannot be controlled or the tissue flap is excessively loose or covering the other teeth. An opening is okay. **Holes at extraction sites are completely normal** as tight closure is usually not possible or intended. Our jaw is designed to heal these areas over in weeks to months.

**SMOKING:** If you smoke, you already have a high risk of developing a dry socket versus a nonsmoker. It isn't just the act of dragging on the cigarette, but a combination of the heat, chemicals, and suction. There is also a long term effect on vascularity in the tissues. Do not smoke for 72 hours or longer after surgery to help reduce the risk of dry socket.

**SLEEPING:** Mild, intermittent bleeding or oozing overnight is normal. Do not sleep with gauze in the mouth overnight due to the risk of choking on the gauze. This will also continue to disturb the clot in your sleep and promote more bleeding. Sleep with your head elevated to help reduce swelling. You will probably have some blood on your pillow overnight, so you may want to cover it with a towel.

**FEVER:** It is normal to run a low grade fever (up to 100.3°F) after surgery. Fevers that occur in the first 4 days after surgery are less likely to be wound infections than are fevers occurring on the 5th day or later (even then, less than 40% are surgical site infections). If you are starting to feel ill, develop a cough, congestion, runny nose, chills, etc, it is likely unrelated to your extraction(s) and we recommend that you contact your physician.

#### **INSTRUCTIONS FOR DAYS 2 AND 3**

**SWELLING:** Swelling will continue to significantly increase through days 2 and 3, usually peaking on day 4. Do not be alarmed. It can become quite severe, especially if impacted wisdom teeth were removed.

**JAW STIFFNESS:** Jaw stiffness (trismus) will increase through days 2 and 3, making it more difficult to talk, eat, and brush your teeth. This usually does not peak until day 4 or later. It will be difficult to insert a finger between your front teeth, especially if you had impacted wisdom teeth removed.

**PAIN:** See Day 1 instructions for continued management.

**WARM COMPRESSES:** The day after surgery, and once finished with ice application, you may apply warm compresses to the skin over the areas of swelling (warm water bottle, warm moist towels, or a heating pad) for 20 minutes on and 20 minutes off to help soothe tender areas (it will not reduce the swelling). Put a thin towel between your skin and the compress.

**IV SITE:** If the IV site remains tender, place a warm compress on the area for 20 minutes at a time. Apply the compress 2 to 3 times a day. Put a thin towel between your skin and the compress.

**DIET:** On days 2 and 3, limit to very soft, mushy food (cold or warm). Avoid extremely hot temperature foods.

**MOUTH RINSES:** Keeping your mouth clean after surgery is essential. Use 1/4 teaspoon of salt dissolved in an 8 ounce glass of warm water and gently rinse with portions of the solution. Repeat as often as you like, but at least after every meal. Use of mouthwashes containing alcohol is not recommended for two weeks.

**BRUSHING:** Begin your normal oral hygiene the day after surgery. Soreness and swelling may not permit vigorous brushing, but you must make every effort to clean your teeth within the bounds of comfort. You will often see slight oozing from the surgical sites after brushing and rinsing for a few days. **Failing to brush your teeth near the extraction sites will result in infection.**

#### **INSTRUCTIONS FOR DAYS 4+**

**SWELLING:** By 72 hours after surgery (day 4), swelling should be reaching its peak. It can become quite severe, so do not be alarmed. One side may swell more than the other and swelling

may be soft or firm. It will take another 7-10 days for most of the swelling to be unnoticeable.

**JAW STIFFNESS:** By day 4, the jaw may become very stiff (trismus), so much so that it is difficult to get a finger between the front teeth. This will slowly improve but can take several weeks to return to normal. Warm compresses can help decrease the stiffness. In severe cases, anti-inflammatories such as ibuprofen taken three times a day with food may help.

**PAIN:** Days 4-5: Schedule OTC **acetaminophen (Tylenol) 325mg each X 2-3 tablets every 6-8 hours**, and then use OTC **ibuprofen (Motrin, Advil) 200mg each X 2 tablets every 6 hours as needed (or 3-4 tablets every 6-8 hours as needed)**. Usually, but not always, by day four the pain is better and you can start tapering back the analgesics. Schedule the acetaminophen and try supplementing with the ibuprofen and experiment with the dosing and see what works best and lasts the longest. If you try and the pain increases, but was controlled well by what you were doing before, immediately go back to the previous regimen for another 24 hours. Beyond day 5, you may need to use acetaminophen or ibuprofen on an as needed basis as directed on the bottle. Your jaw may be sore during use for several weeks.

**DRY SOCKET:** Unfortunately, dry socket (alveolar osteitis) is not preventable. If you are still having very severe, throbbing pain at a lower molar extraction site that is poorly controlled by analgesics after the third or fourth day, it is probably a dry socket. If you only have a bad taste or see something white, that alone is not an indication of dry socket. It is probably decaying food stuck in the socket (see "Rinsing" and "Bad Taste" below).

**BRUSHING:** Brush your teeth normally, including the teeth near the surgical sites. After two weeks, it is recommended that you use your toothbrush to scrub over the extraction sites to dislodge food from the crevices. Do not be afraid to brush!

**RINSING:** Continue to rinse after meals for at least two weeks. It is okay to use plain water now. **If you were given a plastic irrigating syringe (impacted lower wisdom tooth removal), do not use it until 5 days after surgery. Thereafter, use it three times a day to rinse the sockets with plain water in addition to your rinses.** You should continue to do this until you notice food no longer lodges in the sockets, usually several weeks. The tip of the syringe **must be placed down into the hole or slit in the gums** in order to properly rinse the socket free of debris and to prevent infection. Do not use mouthwashes with alcohol for two weeks.

**BAD TASTE:** If you are noticing a bad taste, it is likely that you are not effectively rinsing the sockets of food or debris. Make sure to rinse/swish well. If using a syringe, make sure the tip of the syringe is placed into the hole or crevice and rinse very thoroughly.

**DIET:** You may start to gradually progress to normal foods as tolerated. It may take time, up to several weeks, to open and

chew normally as your jaw stiffness resolves. Remember to avoid foods like nuts, sunflower seeds, popcorn, etc., for several weeks.

**SHARP EDGES/BONE SPLINTERS:** If you feel something hard or sharp edges in the extraction areas, it is likely that you are feeling the bony walls which once supported the tooth (and not a portion of tooth left behind). Small slivers of bone may work themselves out after surgery. This is completely normal, although attempts are made to remove any loose bone and to smooth edges as best as can be done. However, large or busy tongues and strong lips can often rub areas and expose bone sockets, particularly around the canine/front tooth areas or when the last lower back tooth is removed.

**TMJ:** Sometimes your jaw joints may become sore after surgery, especially if you have a history of jaw joint issues. Continuing a soft diet, applying warm compresses or ice after meals, and anti-inflammatories such as ibuprofen may help. This may take many weeks to months to resolve.

**INFECTION:** Infection tends to peak around 4-6 weeks after wisdom tooth surgery. If you re-develop swelling, pain, or seem to be having any other healing issues, please call the office to schedule a followup appointment.

#### **QUESTIONS OR PROBLEMS:**

Most questions can be answered by calling the office during normal business hours. Please do not wait until an hour before closing to call (that is our busiest time of day) or you won't be able to be seen until the next day if an urgency. Keep this in mind for days the office may be closed the following day (especially Tuesdays, Fridays, and holidays). You may reach Dr. Burton when the office is closed via the emergency number. **Please respect that the emergency number is for true emergencies only (such as uncontrolled bleeding, uncontrolled vomiting or uncontrolled severe pain within the first 1-3 days of surgery, serious reactions to medication, infection on days the office is closed).** If you have an urgent question about care that cannot wait until the office reopens, please limit after-hours calls before 9pm on weekdays and between 8am-5pm on weekends. If the issue is not urgent or does not pertain to a recent surgery, your call will be returned the next business day. When you call the emergency number, please pay close attention to the prompts. Dr. Burton will return your call as soon as possible. If your call is not returned within 30 minutes, it is important that you call again. If you think you will need a prescription, please have the pharmacy phone number ready and check to be sure the pharmacy is open before calling the doctor. Unfortunately, pain medications cannot be refilled after normal office hours.

**Normal Hours/Office Open: (618) 519-9363  
Mon./Thur. 7:30AM-5PM, Tue./Fri. 7:30AM-4PM**

**Office Closed/Emergencies Only: (815) 242-7171  
Answering Service after office hours**