



Yadira Cardona-Rohena, DMD

4285 Jim Moore Rd  
Bldg. 100, Suite 104  
Dacula, GA 30019  
**Fax:** 678-835-1136

**EMERGENCY/AFTER HOURS – PLEASE CALL (678) 835-1135**

**OUTPATIENT SURGERY UNDER INTRAVENOUS SEDATION OR GENERAL ANESTHESIA**

Having consulted with the surgeon concerning your present medical status, oral condition, and the proposed surgical procedure, we have decided to schedule the surgery on an outpatient/office basis. Therefore, please adhere to the following guidelines for your personal comfort, well-being and safety.

1. The patient must not take any solid foods or fluids of any kind (not even water) for a period of 8 hours prior to surgery.
2. Please arrive at least 10-15 minutes prior to your scheduled time. Patients arriving late may require rescheduling. If you are running late, please notify our office.
3. Have a responsible adult accompany you that can drive you home. Someone should spend the day with you, as the anesthetic and drugs can cause you to be lightheaded resulting in fainting if you are too active at home.
4. Eye and facial makeup, lipstick, nail polish, contact lenses, and false eyelashes must not be worn.
5. Patients should wear slacks and an open-neck, short sleeved shirt or blouse rather than a one-piece dress or outfit.
6. No smoking or other tobacco on the morning of surgery.
7. If premedications or prescriptions were given to you by the surgeon, take as directed with only a sip (1 ounce) of water. Also, you can take your prescribed medications the morning of surgery with a sip of water as well, unless your surgeon tells you not to take certain medications.
8. If symptoms of a common cold (sore throat, runny nose, fever, chills, or cough) or other illness develop prior to the scheduled surgery, please notify our office so that we may consider rescheduling.

These guidelines are applicable for those patients scheduled for hospital procedures as well as office procedures.

## IMPACTED TEETH

Impacted teeth are teeth which remain embedded in the jaws past their normal eruption time or which have been blocked from their normal eruption path because of crowding of adjacent teeth or lack of enough jaw size to accommodate their eruption. The most common type of impacted tooth is the THIRD MOLAR (wisdom tooth), but any tooth may become impacted.

Impacted teeth can cause a number of problems if left in place. These problems or their treatment may require extensive surgery, hospitalization, loss of additional teeth, or other tissues, and lost time from work if allowed to occur. Some of the complications from impacted teeth include:

1. Infection with swelling of the gums, mouth, and face, stiffness of the jaws, and pain which may cause serious illness.
2. Damage to adjacent tooth roots.
3. Formation of large cysts which may destroy areas of the jawbones.
4. Referred pain to the jaws, earaches, and headaches.
5. If partially erupted, the surrounding gums may become food traps causing periodontal (gum) disease and dental caries in an adjacent tooth.
6. The eruptive forces of teeth blocked out of their eruption pathology report may cause crowding of other teeth or relapse of some orthodontic treatments for crowded teeth.

Treatment of impacted teeth includes early diagnosis and surgical removal before any of the potential complications occur. Wisdom teeth normally erupt by age 20. If they have not, they are probably impacted, although some people never develop one or more wisdom teeth. This should be determined by examination and full mouth x-rays. Aside from prevention of the above listed complications, wisdom teeth may also need to be removed prior to orthodontic treatment or orthognathic surgery (correction of jaw deformities).

Removal of impacted teeth is a surgical procedure technically more difficult than a tonsillectomy or appendectomy. Most impacted teeth can be removed in the office. However, if extensive surgery is required or the patient has significant medical problems, the operation may be done in the hospital. The type of anesthesia to be used will be discussed by your surgeon at your preoperative consultation. An incision is made in the gum tissue, overlying bone is removed, and the tooth adequately exposed. It may be removed in one piece or cut into sections depending on its position and the size and shape of the roots. Following cleansing of the surgical site, the gums are sutured in place, and gauze pressure packs are placed over the surgical area(s) to stop any oozing of blood.

There is more discomfort after impacted tooth removal than routine dental extractions. Most patients experience at least 2-3 days of significant pain, swelling of the jaws, and difficulty opening the mouth after wisdom teeth removal. There may also be bruising or discoloration of the skin over the jaws in the neck. Swelling, pain, jaw stiffness, and bruising are due partly to the difficulty or extent of the surgery and partly to each individual patient's response to a surgical procedure. Patients are advised usually not to return to work or engage in vigorous physical activity during this time. In general, the younger the patient, the less discomfort and the shorter the healing period. Patients are appointed to return for a postoperative check-up in 7-10 days. If non-absorbable sutures were placed, they are removed at that time. Further check-ups are scheduled, if indicated.

Several potential complications and risks are known to be associated with impacted teeth surgery despite the highest degree of surgical skill. These should be understood and accepted by the patient prior to consenting to the operation. The surgeon discusses these at the preoperative consultation, if applicable:

1. Damage to fillings or restorations in the adjacent teeth if they lie next to the impacted teeth. The patient has to assume responsibility for placement or repair of these fillings.
2. Damage to nerve fibers to the lower lip or tongue if deeply impacted teeth lie next to the nerves in the lower jaw. Numbness or pain in the lower lip or tongue is often transient, if it does occur. However, prolonged or permanent numbness or abnormal sensations occasionally result. Microsurgical repair of such injuries is sometimes required and can be done by the surgeons in this office.
3. Fracture of the lower jaw if a lower impacted tooth is deeply embedded and the jaw bone is thin or weak, especially in older patients. Fracture may require wiring the teeth together or an operation to fixate the broken bones together.
4. Entry into the maxillary sinus in the case of some impacted teeth in the upper jaw could lead to infection of the sinuses. Careful surgical closure of the opening, medications, and special instructions are provided in such instances.
5. Development of alveolar osteitis ("dry socket"), a painful condition caused by loss of the blood clot in the extraction socket. Particularly at risk are patients taking birth control pills and those who have had a recent oral infection in the area prior to surgery. Prompt recognition and return to the office by the patient allows your surgeon to provide symptomatic relief by placement of a pain relieving dressing in the affected socket.

Removal of impacted third molars by an oral and maxillofacial surgeon is not inexpensive. Surgical fees are individualized for each patient according to the difficulty of the surgical procedure and are within the recognized usual and customary range for similar procedures performed by other oral and maxillofacial surgeons within the greater Atlanta area. Generally, these services are covered either by your medical or dental insurance. We recommend that all treatment plans be submitted to your insurance carrier for "predetermination" of benefits.

## **POST OP INSTRUCTIONS FOR SURGERY PATIENTS**

- No spitting, sucking through a straw for the first 24 hours and no smoking for 1 week (Nicotine decreases blood vessel diameter and thus impairs blood flow to the surgical area, which delays healing. The heat from smoking destroys immature tissue, dissolves blood clots (dry socket), prolongs post-operative pain, and prolongs your recovery).

- **Pain:** Your mouth will be numb for up to 6 hours. When you get home take the prescription pain medication before the numbing medicine wears off. Remove the gauze pack, drink at least 8oz of water or fluid, take your medications and then replace the gauze pack as needed until bleeding stops. Pain medication is to be taken as needed for discomfort. Directions on how to take your medications:

- \_\_\_ Antibiotics (your first dose will be due with Dinner the night of the surgery if you were sedated) unless stated otherwise. If you were prescribed an antibiotic, please finish the prescribed dosage.
- \_\_\_ Narcotics (first dose will be due when you get home) and then every 6 hours
- \_\_\_ Anti-inflammatory medications (first dose will be due when you get home and then every 6 hours) unless stated otherwise

**Note: Narcotics and anti-inflammatory medications should be taken together because they work in conjunction.**

- **Diet:** A non-chewable diet is recommended for 1 week to avoid inflammation and infection. It is also recommended to stay away from any seeds or small sediments.

- **Rinsing:** You may brush your teeth tomorrow, use care in the extraction(s) sites. Also, begin using gentle warm saltwater rinses (8 ounces water and 1 teaspoonful salt); this will help with healing and relieves soreness.

- **Bleeding:** Post-operative bleeding can occur for up to two days after surgery, therefore we have supplied you with extra gauze to use as needed. Firm gentle pressure will help stop bleeding. Also, Change your gauze every 20 minutes for 1 hour after you get home.

- **Swelling:** Ice will aid in reducing post-operative swelling that can occur in the first 24 hours. Remember to leave the icepack on for 15 to 20 minutes and then take a break for the same time. Swelling and stiffness may be relieved by warm, moist heat applied to the jaws starting on the 2nd day following the surgery. Sleep with your head elevated slightly above the heart (2-3 pillows or a recliner), this will help with the swelling.

- **Sutures:** Sutures may have been placed in the surgical area to help reposition the tissue, promote healing, and decrease post-operative bleeding. These sutures are dissolvable and will typically disappear 10 to 14 days following your surgery. Sutures may also cause a “drawing” or tight feeling in the area. This tight feeling is normal and will be relieved when the sutures release and dissolve.

- If it was necessary a follow-up visit was scheduled so that the doctor can evaluate the surgical site(s).

- Narcotics (Codeine, Hydrocodone, Oxycodone, Lortab, Vicodin, Percocet, and Tylenol #3) may impair the mental/physical abilities required for the performance of potentially hazardous tasks (i.e. Driving, Operating Machinery). \*\*Alcohol and CNS (central nervous system) depressants may produce an addictive CNS depression, when taken with narcotics and should be avoided.\*\*

- **Nausea:** Take medications with food, starting with carbonated beverages; try antacids. If vomiting persists, call your doctor.

**\*PRESCRIPTIONS ARE CALLED IN DURING REGULAR OFFICE HOURS**

### **RECOMMENDED SOFT FOODS AFTER ORAL SURGERY**

- Apple sauce
- Yogurt
- Scrambled eggs
- Smoothies without seeds
- Jell-O
- Pudding
- Soups
- Ensure
- Boost
- Carbonated drinks (Sprite, Ginger-Ale, 7-Up)
- Mashed potatoes
- Ice cream
- Popsicle
- Pasta (Mac and cheese)
- Baby food
- Broth
- Oatmeal
- Grits
- Take your vitamins every day
- Drink plenty of fluids to avoid dehydration