

2714 W. Azeele. Tampa, Florida 33609. Ph(813)873-2447. Fax(813)873-2338

POST-OPERATIVE INSTRUCTIONS

Extractions and Implants

DO! The following:

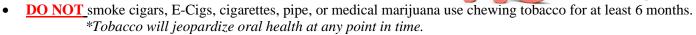
- Please take all medications we prescribed to you exactly as directed on the bottles. Take all other medicines you routinely take as usual unless specifically told otherwise. Please contact our office to discuss alternative prescription if you are experiencing complications with current script.
- It is highly recommended that you have someone at home to care for you if you take the anti-anxiety medication and/or pain medication. Side effects may occur.
- Swelling may occur. To keep this to a minimum, gently place an ice pack on the outside of the face in the area of the surgery for 20 minutes at a time for the first 48 hours. Also sleep with your head elevated (ex. a recliner).
- Begin rinsing with the rinse provided to you the day after your surgery; rinsing 3 times a day. Continue rinsing until instructed otherwise. TILT HEAD SIDE TO SIDE NO SWISHING-NO SPITTING.
- Eat as normal diet as possible, <u>stressing soft foods and plenty of liquids for the first week</u>. If a prescribed diet applies (diabetic, low salt, etc.), be sure to follow that diet even if it involves using a blender to break up the food.
- For Extractions: A hard bandage may loosen and/or or fall out after 24 hours. Unless pain occurs, this is normal.
- IF you had a sinus lift: DO NOT BLOW YOUR NOSE for 3-4 weeks! Use nasal prescriptions as instructed.
- <u>Carefully</u> brush the rest of your teeth. *Extra soft toothbrush only. Electric toothbrushes require clearance.*

DO NOT! The following:

- **DO NOT** brush/floss the surgical site or use any other mouth rinse than the one given to you for this procedure.
- <u>DO NOT</u> pull on, try to look at, or chew on the side(s) of the mouth which had the surgery.

 *You cannot look without pulling your cheek/lips this will cause stress and jeopardize healing.
- **DO NOT** apply pressure to cheek or touch with finger, tongue or any other devise (ex. cotton swabs).
- <u>DO NOT</u> eat anything hot for the first 24 hours or drink anything scalding hot for the first week.

 *Numbness should subside prior to eating to be able to gage temperature. Lukewarm beverages only.
- **DO NOT** eat hard (chips), sticky (raisins) foods until given full clearance on eating restrictions. No mints or gum.
- **DO NOT** engage in strenuous exercise for at least 24 hours. touch
- **DO NOT** drink alcohol when taking antibiotics and/or pain medication.
- **DO NOT** suck foods (spaghetti) or through a straw for 2 weeks.



• **DO NOT** use mouth devices such as bite guards, Invisalign, CPAP, snorkel, etc. until clearance received to do so.

If you have a temporary crown on your implant:

DO NOT CHEW or **BITE ANYTHING** using this temporary tooth. Doing so will <u>increase the risk of implant failure</u>. The <u>ONLY</u> purpose for this temporary is so you are not missing a tooth during the <u>required healing time</u>.



Do Not be alarmed if any of the following occurs:

a. Slight bleeding

b. Moderate swelling

c. Bruising

d. Moderate discomfort

e. Sutures (stitches) hang

Please call our office at (813)873-2447 if any of the following occurs:

a. Unexpected (severe) pain

b. Continued swelling/bleeding

c. Fever

d. Heat at the surgical site

After hours, Emergencies Only number for Dr. Abdoney:

Cell - (813)477-0156





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LIST OF SUGGESTED FOOD FOR AFTER SURGERY

	Yogurt
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- Pudding
- Oatmeal
- ➤ Well done Veggies
- ➤ Jell-O
- ➤ Soup/Broth
- > Soft Macaroni and Cheese
- ➤ Mashed Potatoes
- ➤ Cottage Cheese

2. Continue rinsing?

4.

5.

3. Eating restrictions/clearance?

➤ Protein shakes – Not through a straw

- ➤ Mashed Fruit
- Scrambled eggs
- ➤ Ice Cream
- ➤ Well done Pasta
- > Avocados
- ➤ Well done rice
- ➤ Apple Sauce
- ➤ Smoothies Not through a straw
- > Orzo
- ➤ Fish (Soft and flaky)
- © Again... Please remember not to eat any hard, chewy, crunchy or sticky foods.

Yo	ur next appoint	ment in our	office for a foll	low up is	s scheduled for	
	•		2024	at		
_	MONTH	DAY	YEAR	_	TIME	
					uestions they wanted	. 1