



PERIODONTICS & IMPLANT DENTISTRY

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

## **POST-OPERATIVE INSTRUCTIONS**

### **Surgical Disinfection-LANAP**

#### **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 decide to 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, stressing soft foods and plenty of liquids for the first week. 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.
- **3 days** after your surgery begin brushing the **teeth only with an extra soft toothbrush.** Do not brush the gums. Do not floss. Further details for clearance should be discussed at your follow up.
- Return to our office for your follow up appointment. Questions to ask the doctor at your follow up:  
**1.) Normal brush/floss?      2.) Continue rinsing?      3.) Eating clearance?**  
*\*Electric toothbrushes require specific clearance.*

#### **DO NOT! The following:**

- **DO NOT** floss/brush the gums, or use any other mouth rinse than the one given to you for this procedure.
- **DO NOT** pull on, try to look at, or chew on the side(s) of the mouth which had the surgery.
- **DO NOT** apply pressure to cheek or touch with finger, tongue or any other devise (ex. cotton swabs).
- **DO NOT** 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. Luke warm beverages only.*
- **DO NOT** eat anything crunchy or sticky until given full clearance on eating restrictions. No mints or gum.
- **DO NOT** engage in strenuous exercise for at least 24 hours.
- **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** smoke cigars, E-Cigs, cigarettes, pipe, or medical marijuana use chewing tobacco for at least 6 months.  
*\*Tobacco will jeopardize oral health at any point in time.*

#### **Do Not be alarmed if any of the following occurs:**

- a. Slight bleeding                      b. Moderate swelling                      c. Bruising  
d. Moderate discomfort                      e. Cold sensitivity

#### **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
- Pudding
- Oatmeal
- Well done Veggies
- Jell-O
- Soup/Broth
- Soft Macaroni and Cheese
- Mashed Potatoes
- Cottage Cheese
- 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.**



**Your next appointment in our office for a follow up is scheduled for**

\_\_\_\_\_ at \_\_\_\_\_  
 MONTH DAY YEAR TIME

Many times, patients come in for their follow up visit and draw a blank on the questions they wanted to ask the doctor. Write down your questions and any symptoms you need to report so you're ready at your appointment.

1. Brushing/flossing restrictions/clearance?
2. Continue rinsing?
3. Eating restrictions/clearance?
- 4.
- 5.