

PAUL KELLY

MAXILLOFACIAL

Post-operative Dental Implant and
Bone Grafting Instructions



Oral surgery made personal

Post-operative Dental Implant and Bone Grafting Instructions

General Care Following Dental Implant Placement and Bone Grafting Procedures

*It is our sincere hope that your recovery will be as smooth and seamless as possible. It is important to keep in mind that no 2 people heal in the same way or at the same speed, and no 2 procedures are ever the same. That said, we hope these general guidelines will be of assistance to you during your post-operative recovery. If at any time this information is unclear or doesn't make sense, please feel free to call the office; it will be our pleasure to assist you. When possible, try to call during normal business hours. However, if you have an after-hours emergency or have pressing questions that need immediate attention, we are available 24 hours a day, 7 days a week. Our after-hours telephone number is **480.685.9696**.*

Finally, we want you to know that we take your care very seriously and appreciate your trust in us. It is our goal to exceed your expectations. We welcome your comments and feedback on how we can better serve your needs.

Thank you for choosing Paul Kelly Maxillofacial.

Please Read These Instructions Carefully

Common sense will often dictate what to do, but here are a few post-operative suggestions:

The Day of Surgery

Following your surgery, you should be committed to rest and recovery for the remainder of the day.

After General Anesthetic or Intravenous or Oral Sedation

If you had general anesthesia or intravenous sedation, A RESPONSIBLE PERSON MUST ACCOMPANY YOU AND REMAIN IN THE RECEPTION AREA DURING THE ENTIRE APPOINTMENT. ADDITIONALLY, THIS PERSON IS REQUIRED TO TAKE YOU HOME. You must NOT DRIVE or operate machinery for 24 hours after IV sedation, general anesthesia or while taking narcotic pain medication (Norco, Loratab, Vicoden, Percocet, hydrocodone, oxycodone, codeine, etc.). It is also strongly recommended that a responsible person be with you at home during the first day after surgery to provide assistance as you recover.

Fainting Precautions

If you suddenly sit up or stand from a lying position, you may become dizzy, especially if you have not eaten or kept yourself hydrated. Immediately following surgery, if you are laying down, make sure you rise slowly then sit for at least 1 minute before standing. Please have someone assist you when getting up.

Implant Placement

Implants are used in place of lost or missing permanent teeth. They consist of coordination between Dr. Kelly and your general dentist. Dr. Kelly will be responsible for preparing the area(s) for the implant(s), placing the implant(s), and testing the stability of the implant(s). Please allow around 4 months post-operative for an upper implant and 3 months post-operative for a lower implant. Once the implant(s) has healed, your general dentist will provide the final crown to complete the implant process.

Following these simple guidelines will help maximize your healing process, however, keep in mind that no 2 people heal in the same way or at the same speed, and no 2 procedures are ever the same.

Cover Screw vs. Healing Abutment

Following the implant's placement, Dr. Kelly will place a Cover Screw or Healing Abutment over the implant(s). A cover screw is a specific type of temporary healing screw (not visible in the mouth) that allows the gums to heal over the top of the implant and will require a separate uncovering appointment (IST) to expose the implant(s). This is generally done in a minimum of 3 months after the implant(s) placed for a lower implant and 4 months for an upper implant, under local anesthetic. Avoid vigorous brushing of that area for 1 week while the tissue is healing and sutures are present. Avoid using an electric tooth brush or waterpik. During this time frame, good hygiene is strongly recommended. (See BRUSHING section).

We recommend using a soft bristled traditional toothbrush when brushing the surgical area. NO CHEWING OVER THE IMPLANT SITE.

A Healing Abutment is another type of temporary healing screw that is visible in the mouth and allows the gums to heal around the implant site in preparation for the permanent crown. Sometimes Dr. Kelly is able to combine the implant placement and healing abutment placement at the same time. If this is the case, you will be required to AVOID CHEWING ON THAT AREA FOR A MINIMUM OF 3-4 MONTHS and keep the integrity of the “shiny metal abutment” clean with good oral hygiene. Avoid vigorous brushing of that area for 1 week while the tissue is healing and sutures are present. Avoid using an electric toothbrush or waterpik. During this time frame, good hygiene is strongly recommended. (See BRUSHING section).

We recommend using a soft bristled traditional toothbrush when brushing the surgical area. We have found that a toddler size toothbrush works best. NO CHEWING OVER THE IMPLANT SITE.

Temporary Tooth/Teeth

In some cases, a temporary tooth/temporary crown may be placed to assist with healing and aesthetics. If a temporary tooth/crown is placed during the implant placement procedure, healing is 4 months for an upper implant and 3 months for a lower implant. There is to be NO CHEWING

on that site. Avoid flossing directly on either side of the temporary tooth/crown. Avoid vigorous brushing of that area for 1 week while the tissue is healing and sutures are present. Please make every effort to clean your surrounding teeth and gums within the bounds of comfort. Avoid using an electric toothbrush or waterpik on the temporary tooth/crown. We recommend using a soft bristled, traditional toothbrush when brushing the area surrounding the temporary tooth/crown. We have found that a toddler size toothbrush works best. NO CHEWING WITH THE TEMPORARY TOOTH/CROWN.



All-on-4/Teeth in a Day/Diem/Hybrid

Your temporary fixed bridge over implants will need to heal for a minimum of 4 months for the upper jaw and 3 months for the lower jaw. It is critical to follow all the post-operative instructions during your healing phase, with an emphasis on a non-chew diet and good oral hygiene. Chewing on these areas will increase the risk of failure, need for additional surgeries and delay your final restoration. Make sure to get your nutrition from soft, pureed, nutrient rich foods such as protein shakes, soup, eggs, mashed potatoes, apple sauce and yogurt. You can refer to the DIET section of this pamphlet for additional instructions. Good oral hygiene instructions include using a waterpik (on the lowest setting) or monoject daily to irrigate underneath the fixed prosthesis. We encourage you to rinse with salt water, Peridex or an over-the-counter mouth rinse such as Listerine, Scope or Biotene, twice a day for the entire healing phase, along with taking the prescribed antibiotic in its entirety.

Bone Grafting

A Bone Graft and/or Ridge Preservation may be necessary in order to preserve the bone or build up bone and prepare the area for an implant, especially following an extraction and implant placement during the same appointment. The bone graft material comes from human, Bovine or Porcine bone and undergoes an extensive cleaning/sterilization process. It is very safe and effective for oral surgery purposes. It is normal to notice tiny “sand-like pieces” of bone in your mouth after surgery. During this time frame, good hygiene is strongly recommended. (See BRUSHING section). Avoid vigorous brushing of that area for 1 week

while the tissue is healing and sutures are present. Please make every effort to clean your surrounding teeth and gums within the bounds of comfort. Avoid using an electric toothbrush or waterpik over the healing surgical area. We recommend using a soft bristled, traditional toothbrush when brushing the surgical area. We have found that a toddler size toothbrush works best. **NO CHEWING OVER THE BONE GRAFT SITE.**

Sinus Augmentation/Sinus Lift Precautions

In some cases, Dr. Kelly needs to perform a Sinus Lift or Augmentation to prepare the upper portion of the jaw for an implant. Please follow these precautions to optimize healing. Avoid anything that causes pressure to build up in your nasal cavity. Do not blow your nose or sneeze holding your nose. Sneeze with your mouth open. Do not drink through a straw and do not spit. Avoid scuba diving and flying in pressurized aircrafts for 48 hours. Avoid “bearing down” as when lifting heavy objects, blowing up balloons, playing musical instruments, etc. It is recommended that smoking be stopped for 2 weeks before and after surgery. Make sure to take ALL your oral antibiotics. Sometimes you may be instructed to take an over-the-counter decongestant along with a decongestant nasal spray such as Sudafed or Afrin. If that is the case, it is important that you take each of these medications as directed on the label.

Control Bleeding

It is common for bleeding to continue for a few hours after simple extractions, bone grafting and implant placement. Typically, mild spotting of blood on the gauze is not of concern and demonstrates that the bleeding has stopped. Intermittent bleeding or mild oozing is normal up to 72 hours following surgery. If you are oozing around your bone graft or temporary prosthesis, you will need to apply light to moderate pressure to the surgical area by biting down on a piece of gauze. Place the fresh piece of gauze, lightly moistened with water, over the surgical area and apply pressure for 30 minutes. Do not change the gauze for the



first 30 minutes unless the bleeding is not controlled. If active bleeding persists, place enough new gauze to maintain pressure of the surgical area for another 30 minutes, doing that three times for a total time of 90 minutes.

Keep your head elevated (use a recliner or several pillows), as this will also help to reduce bleeding and swelling. BLEEDING SHOULD NEVER BE SEVERE. If it is, it usually means that the gauze packs are being clenched between your teeth rather than exerting pressure directly on the surgical area (your gums). Try repositioning a fresh, moist gauze packing over the surgical site. If the area continues to ooze without relief, or becomes heavy, you may substitute a tea bag (soaked in hot water, squeezed damp-dry) for 30 minutes. IF THE BLEEDING STILL PERSISTS AFTER ALL OF THESE EFFORTS, PLEASE CONTACT OUR OFFICE IMMEDIATELY.

Sutures

Sutures, aka “stitches”, may be placed to repair tissue and help control bleeding. These sutures are dissolvable and do not need to be removed. They usually take around 3-5 days to fall out and do not need to be replaced. Some sutures can dissolve quicker than others and may even fall out within the first 24 hours after surgery. Sometimes we will intentionally place long-lasting sutures that may last up to 14 days. If you notice a “string-like” piece of suture hanging down in your mouth that becomes loose or bothersome, you can trim it depending on your comfort level or you can contact our office and we can simply remove them for you.

Swelling

There is always some degree of swelling associated with oral surgery. Typically, swelling will reach its peak between days 2 and 3 following surgery. Keep in mind that swelling can often last for 7-10 days after surgery. You can minimize swelling by using an ice/cold pack applied firmly to the face or cheek adjacent to the surgical site. This pack should be applied for 20 minutes on and then 20 minutes off during the first 24-72 hours following surgery, while you are awake. Bags of frozen peas or corn work well if you do not have access to an ice pack. If you've been prescribed medication to control the swelling, such as ibuprofen, Advil or Motrin, or steroids, please take as directed. After 72 hours following surgery, many patients find that it helps to make the switch from using ice to using heat (hot-water bottle, heating pad) applied to the cheek adjacent to the surgical site. The heat pack should be applied 20 minutes on then 20 minutes off followed by gentle finger massage of the cheek/jaw area. After heat and massage, gently opening the mouth beyond a comfortable position with a two-finger assist is a good physical therapy technique used to decrease swelling. Heat, massage and two-finger assist can be repeated multiple times a day.

Pain

Unfortunately, most surgical procedures are accompanied by some degree of discomfort. If you are not allergic to non-steroidal anti-inflammatory medications (NSAIDs) like ibuprofen (Motrin, Advil), we recommend taking one of these medications prior to the local anesthetic wearing off. We recommend taking some type of NSAID 4 times a day as needed during the first few days following your surgery. Also, consider adding over-the-counter acetaminophen (Tylenol) in between the ibuprofen doses as needed, in 3-hour increments. (*see diagram*)

If pain is more severe, a narcotic pain medicine may be needed. Please take any narcotic medications as prescribed. **DO NOT DRIVE, OPERATE MACHINERY OR MAKE IMPORTANT LIFE DECISIONS WHILE UNDER THE INFLUENCE OF NARCOTIC PAIN MEDICATIONS OR GENERAL ANESTHESIA.** Do not take acetaminophen (Tylenol) at the same time as the narcotic (Norco, Lortab, Vicodin, or Percocet), as these medications already contain acetaminophen. Taking these medications at the same time could lead to an overdose of acetaminophen. There are no negative interactions between the prescribed narcotics and NSAIDS, so they can be taken at the same times.

Dr. Kelly's referred method for minimizing post-operative discomfort is to alternate ibuprofen and Tylenol every 3 hours. For example, if you left our office after surgery at 8:00am, then you would take your initial dose of Tylenol at 8:00am, followed by Ibuprofen at 11:00am. The ibuprofen and Tylenol should be repeated every 6 hours, so Tylenol at 2:00pm and the Ibuprofen at 5:00pm and so on. The narcotic pain medications can be used to supplement

breakthrough pain, avoid taking with the dose of Tylenol. When possible, try to take the narcotics at night, as they can make you groggy and can slow down your reflexes. Avoid alcoholic beverages while taking antibiotics or narcotic pain medication. Pain or discomfort following surgery should progressively subside with each day. If, however, pain persists and you are not getting relief, please call our office.



Nausea

Nausea can be relatively common after surgery and is often caused by anesthetic and narcotic pain medication. There are steps you can take to decrease nausea following surgery. We recommend taking pain medications with a small amount of soft food and water. If the nausea persists, keep drinking clear fluids to stay hydrated (NO STRAWS) and minimize the use of narcotic pain medications. Mildly carbonated drinks such as (Spirit, Ginger Ale, 7up and Cola) in small increments may help with nausea. If you continue to feel nauseated when taking the narcotic, we recommend stopping the narcotics and substitute them for an extra-strength acetaminophen (Tylenol) and ibuprofen (Advil). If this provides insufficient pain control, or if you experience excessive vomiting, please call our office.

Diet

Upon returning home, we encourage you to take in fluids and/or soft foods. Avoid excessively hot foods, especially while your mouth is numb from the local anesthetic as to not

burn yourself. Cold foods—such as ice cream, milk shakes (NO STRAWS), instant breakfast, pudding, and yogurt—are ideal. Avoid chips, popcorn, nuts, and foods with small seeds such as strawberries, raspberries or blackberries. Avoiding citrus based foods, such as orange juice, will help decrease irritation of the surgical area. IT IS IMPORTANT TO NOT SKIP MEALS. If you eat and drink regularly, you will feel better, maintain strength, have less discomfort, and heal faster. Drink plenty of fluids; DO NOT USE A STRAW FOR 7 DAYS. If you are diabetic please contact your primary care physician to discuss types of soft foods that will comply with our NO CHEW restrictions and be sufficient to meet your diabetic nutritional needs. Avoid any alcoholic beverages, especially while taking the narcotic pain medication and antibiotic prescriptions.

Drinking Alcohol and Smoking Cessation

Do not consume any alcohol for 24 hours after intravenous sedation, general anesthetic or while taking any narcotic pain medications or antibiotics. You should not smoke following sinus exposures/augmentation, bone grafts or implant placement for a minimum of 2 weeks. Scientific studies show that smoking disrupts the healing process and can lead to serious infections. Smoking can cause failure of the bone graft and will likely require an additional surgery.

We understand that it is difficult to quit smoking, but we firmly believe that avoiding smoking will improve your overall health and post-operative course.

Mouth Rinses

Keeping your mouth clean after surgery is essential to reduce the risk of infection. Please rinse with warm salt water. Use ½ teaspoon of salt dissolved in 8-ounces of warm water, rinsing a minimum of 4-5 times a day, especially after each meal. Continue this regimen for 5-7 days.

We may prescribe an antibiotic rinse (Chlorhexidine/Peridex) for certain procedures. This rinse should be used in the morning and at bedtime after your routine mouth care. Do not eat, drink, or rinse your mouth for 30 minutes after using the rinse. Using this rinse more than 2 times a day may stain your teeth. Don't be concerned, as the subtle staining is not permanent and is easily removed with your next routine cleaning. The benefits of this mouthwash far outweigh the minor inconvenience.

Other over-the-counter mouth rinses, such as Listerine, Biotene or Scope are acceptable for proper hygiene purposes. Avoid using full strength hydrogen peroxide.

Brushing

You may resume your normal oral hygiene routine immediately following surgery. A SOFT BRISTLE, NON-VIBRATING TOOTHBRUSH IS ENCOURAGED FOR THE 3-4 MONTH HEALING PHASE. Soreness and swelling may not permit vigorous brushing of all areas, but please make every effort to clean your surrounding teeth and gums within the bounds of comfort. Avoid vigorous brushing of the surgical area for 1 week while the tissue is healing and sutures are present. NO ELECTRIC TOOTHBRUSHES OVER THE SURGICAL SITE for the duration of its healing.

Remember to keep the integrity of the “shiny metal abutment” clean if present with good oral hygiene. Gentle brushing directly on the healing abutment with a soft bristled traditional toothbrush is encouraged.

Muscle Soreness

If the muscles of your jaw become stiff, apply a warm compress or heating pad to the outside of your face. This should help you feel more comfortable. Usually alternating the heat 20 minutes on and 20 minutes off, along with gentle massage, during awake hours will help lessen the soreness. After heat and massage, gently opening the mouth beyond a comfortable position with a two-finger assist is a good physical therapy technique used to decrease swelling. Heat, massage and two-finger assist can be repeated multiple times a day.

Fever

A slight fever is relatively common the first few days after surgery (temperature to 100.5 F) as your body’s normal stress response to surgery. **IF YOU HAVE A HIGH FEVER OR IF THE FEVER PERSISTS, PLEASE CALL OUR OFFICE.**

Birth Control

Antibiotics may interfere with the effectiveness of oral contraceptives. We strongly recommend that barrier contraception, such as condoms, be used during the entire month following antibiotic use to decrease the risk of pregnancy. If you have questions or concerns, please contact your primary care physician or OBGYN.

Exercise

Do not exercise or engage in activities that may increase your heart rate and blood pressure for at least 48 hours following your surgery. Gradually return to physical activity. It may take days or weeks for you to feel like “your old self.” Be patient, use good judgment and stop exercising if you feel weak, light-headed, or otherwise ill. Do not exercise while taking narcotic pain medications.

Wearing Retainers/Flipper Following Bone Graft and/or Implant Placement

Please ask Dr. Kelly if your retainer needs to be modified after bone grafting or implant placement. Excessive pressure on the surgical area will cause the bone graft or implant to fail. There should be no direct contact between your retainer/flipper and your bone graft or implant and healing abutment. We encourage you to soak your dentures in denture solution each night.

Wearing Dentures Following Bone Graft and/or Implant Placement

Please ask Dr. Kelly if your denture needs to be modified after bone grafting or implant placement. Excessive pressure on the surgical area will cause the bone graft or implant to fail. There should be no direct contact between your dentures and your bone graft, implant and healing abutment or temporary prosthesis. We encourage you to soak your dentures in denture solution each night.

EXTREMELY IMPORTANT!

We will make every effort to minimize your discomfort and expedite the healing process. However, to better assist you, we must be kept well informed of your progress.

Following surgery, if you have any questions, do not hesitate to contact our office. When possible, please try to call during our normal business hours; however, a 24-hour answering service is available for after-hours contact with Dr. Kelly at **480.685.9696**. It is our desire that your post-operative course be as smooth and pleasant as possible. We sincerely wish you a speedy recovery!



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