



SINUS INVOLVEMENT

Sinus involvement is common with upper molar extractions and procedures that are located at the back portion of the upper jaw.

A sinus opening may occur because the bone which is shared between the tooth socket and the sinus is very thin, and may even be absent. If an opening occurs between the socket and sinus, a closure procedure may have been completed.

This closure can require additional stitches and can be very delicate. Ultimately, to maintain the closure, special instructions are needed to reduce pressure between the mouth and sinus.

Activities that increase sinus pressure must be avoided. This includes the use of straws, blowing your nose, and "holding in" sneezes. If you have sinus congestion, over-the-counter oral decongestant medications, such as Sudafed®, may be helpful. If you have high blood pressure or take blood pressure medications, check with your physician before taking decongestants.

When there is an opening between the sinus and tooth socket, blood from the tooth socket may enter the sinus. The sinus will clear this blood, and it will be discharged either down the throat or from your nose. This will often be a dark-colored discharge. Do not be alarmed, as this is normal.

If you have an increase in pain, swelling, drainage, or an unusual feeling of air passing in the socket, please call the doctor.

THE ABOVE INSTRUCTIONS ARE PROCEDURE SPECIFIC AND ACCOMPANY THE BELOW GENERAL POST-OPERATIVE INSTRUCTIONS.

GENERAL ANESTHESIA PRECAUTIONS

****If general anesthesia or IV sedation was utilized, do not leave patient unattended for the first 12 hours.**

****Please closely supervise patient when getting up or going to the bathroom.**

MEDICATIONS

Please refer to your medication information sheets if you were given prescriptions. If you have any reaction to medications prescribed, call the doctor immediately.

MANAGING BLEEDING AFTER SURGERY

For the first hour after surgery: Keep firm pressure on the surgical site with the gauze that was placed in your mouth after surgery. Remove gauze after 1 hour.

IF BLEEDING CONTINUES

Take 1 piece of gauze and fold it in quarters, creating a firm pad. Place the pad over the surgical site. Use firm biting pressure where possible (extraction site), or direct finger pressure by holding the gauze (biopsy site). You may have to repeat this procedure several times. The bleeding should stop within 2-3 hours, but you can expect to see blood-tinged saliva for up to 24-48 hours following surgery. If bleeding is heavy, or continues after 2 hours, moisten a tea bag, place on surgical site, and apply pressure or bite firmly for 30 minutes. This usually stops the bleeding.

Please remember, most bleeding is controlled and stopped with a well-positioned gauze or tea bag with direct pressure. If bleeding is heavy or continues after 24 hours, call the doctor. Do not rinse, spit, or use a straw the day of surgery, as this can cause bleeding to resume.

TO REDUCE SWELLING

Ice for the initial 24 hours. Use ice packs applied to the face for 20-minute intervals (20 minutes on, 20 minutes off). If oral surgery was performed on both the right and left sides, it is recommended to use one ice pack and alternate sides every 20 minutes. This is the most effective way to reduce swelling. Do not exceed 20 minutes in one area as this can cause tissue injury.

Swelling usually reaches its maximum 2 days following surgery. To help reduce swelling, sit semi-reclined in a reclining chair; if lying down, keep your head elevated with 2-3 pillows.

Icing should be discontinued after 24 hours. While icing your face may feel good, it will act to increase swelling. Again, DO NOT ice beyond 24 hours.



SINUS INVOLVEMENT (CONT.)

ORTHODONTIC RETAINERS

If you have orthodontic retainers, please do not use them immediately after surgery. Use of your retainers can resume 1-3 days after the procedure or as comfort allows.

DIET

Resume your diet immediately following surgery. When you get home, start with a milkshake, smoothie, or other thick liquid using a spoon, NOT a straw. Your diet should be limited to cool and soft foods for the first day. Sometimes numbness from local anesthesia may last for hours; therefore, hot foods and liquids should be avoided, as they can cause a burn. A normal diet can be resumed as tolerated. Most foods can be eaten as long as care is taken to avoid the surgical sites. The following are some suggested softer foods: pancakes with syrup, eggs, and pastas like macaroni and cheese or spaghetti.

ORAL HYGIENE

Rinsing/Brushing: Rinse with warm salt water or tap water beginning 3 days after surgery. To make salt water rinse, add 1 teaspoon of salt to 4-5 oz of warm water. Rinse at least 3 times per day: in the morning, after meals, and before bed. Do not gargle.

With extractions, you may have been given a plastic irrigating syringe. Begin using this syringe 3 days after your extraction. Using tap water or salt water, gently irrigate only the lower extraction site(s) once a day to remove any food debris that may persist after rinsing. Continue until all debris is removed.

Do not use over-the-counter mouthwash, such as Scope® or Listerine®, as these can irritate the surgery site and slow healing. Resume brushing your teeth the day after surgery, being careful to avoid the surgical sites. It is not unusual to see traces of blood on your toothbrush.

ACTIVITY AND SMOKING/VAPING

Physical activity should be limited after oral surgery procedures. Vigorous exercise or organized sports should not be resumed until 3-5 days after surgery or as your condition allows. Please contact our office if a written excuse is needed for organized sports or gym class.

The nicotine from smoking and vaping can significantly delay healing and cause an increase in post-operative pain. Therefore, you should refrain from smoking as long as possible.

STITCHES

Stitches that have been placed are usually dissolvable and will fall out on their own within the first 4 days, possibly longer. It is not unusual for one or more to loosen and fall out before dissolving, especially in moving areas of your mouth, such as the tongue or cheek areas. If the stitches come out, and the wound opens and creates a hole, it is typically not of concern unless there is excessive bleeding. Fortunately, incisions in the mouth do heal very quickly, and any wound that does open will close naturally.

FOLLOW-UP VISITS

If a follow-up visit is necessary, an appointment would have been scheduled for you. Post-operative appointments are always available. Please call the office during business hours if you would like to be seen.

WHEN YOU GET HOME

1. Remove gauze packing.
2. Drink at least ¼ of your milkshake (or smoothie, or other cool, thick liquid) using a spoon—NOT a straw.
3. Take pain reliever immediately, as explained in the “Pain Management” instruction sheet, unless you were already given ibuprofen in recovery.
4. Take the antibiotic (if prescribed) as directed.
5. Replace the gauze packing, if necessary.
6. Begin ice packs to the outside of your face, as explained previously, no longer than 20 minutes on one side.
7. Increase your fluid intake throughout the day.



SINUS INVOLVEMENT (CONT.)

TYPICAL RECOVERY

With most oral surgery procedures, post-operative discomfort can actually worsen between the third and sixth days. This discomfort is considered normal and should be managed with your pain medication. If you have significant discomfort, even with pain medication, or you cannot tolerate the pain medication, please call the office.

WHEN TO CALL THE DOCTOR

If there is a drug reaction, significant swelling, persistent pain or bleeding, or any other unusual reactions, call the office immediately. Additionally, if you have any questions during the post-operative period, do not hesitate to call. There is an answering service to respond to emergencies at all times when the office is closed.