

POST-OP INSTRUCTIONS FOR FIRST 6 WEEKS

1. **NO BRUSHING OVER SURGICAL SITES(S).** **DO NOT** use cotton swabs, cloth or any soft or hard objects to clean the areas.
2. **NO FLOSSING** (Water-Pik **ONLY** from tongue side on **LOWEST** setting).
3. **NO TOUCHING** with finger or any other device or object.
4. **DO NOT** lick surgical area.
5. **DO NOT** sleep in the side where surgery was done. If you have both sides done, sleep on your back.
6. **NO** facial massages for 3 weeks or any massages in that area of the face for any reason.
7. **NO LOOKING.** Do not obsess over or question Doctor about appearance of gums for 6 weeks. You cannot look without pulling the cheek.
8. **RINSE ONLY WITH LIPS APART: SLOSHING ONLY (NO chipmunk cheeks when you rinse.**
9. **DO NOT** play wind instruments for 3 weeks. **DO NOT** blow up balloons.
10. **DO NOT** suck on foods/straws and **NO** spitting.
11. **NO** mints or chewing gum.
12. **DO NOT EAT** crunchy or sticky foods (like bread) that can get stuck or in between your teeth.
13. **NO** scalding hot drinks (tea, coffee, water or soups)
14. **NO** alcohol for at least 1 week.
15. **NO** smoking, no electric cigarettes, chewing tobacco, cigars, pips or smoking marijuana for at least 6 months. Please consult with doctor if you need to use marijuana or inhalants.
16. Wear 24-hour appliance or night guard as prescribed (if recommended by doctor). Failure to wear appliance may cause relapse. Check with your doctor if you wear other appliances (e.g. retainers, Invisalign, Perio-Protect, ect.)
17. **NO** triclosan, hydrogen peroxide, bleach or any mouth rinse not approved by the doctor. (Coconut oil, holistic mouth rinses or homeopathic remedies only to be used if you have been given permission of the doctor.
18. **NO** clenching or grinding of the teeth (**NO** heavy lifting that requires clenching of the teeth).
19. **NO** heavy aerobics or vigorous exercising/dancing or physical activity for 3 weeks. (Walking or non-strenuous activities are ok).
20. **NO** facial devices such as snorkeling or CPAP for 2 months. Consult with doctor in case of CPAP.
21. **ICE OVER AREA** at 10 minute intervals for the first 48 hours to minimize swelling.
22. **DO NOT BE ALARMED ABOUT SOFT SWELLING OR BRUISING FOR THE FIRST WEEK.**
23. **EXPECT** cold sensitivity for 6 weeks or longer. **DO REPORT** sensitivity during your post-operative appointments.
24. **PAIN CONTROL**-take one each of acetaminophen (Tylenol) and NSAID (Motrin or Advil) at the same time, subject to other instructions by the doctor.
25. **CALL THE DOCTOR IMMEDIATELY I FYOU HAVE UNEXPECTED PAIN, CONTINUOUS BLEEDING, HEAT OR ABNORMAL SENSATION AT THE SURGICAL SITE.**
26. Patient **MUST** return to our office 24 hours after surgery, 1 week after surgery, 3 weeks after surgery and 6 weeks after surgery.
27. After the 6th week you may brush the surgical area with a special, extra soft dispensed or ordered toothbrush by this office for **6 MONTHS.**
28. **DO NOT** press phone against face.

Patient Name: _____

Patient Signature: _____ Date _____