



*Light House Dental & Orthodontics*

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**POST OPERATIVE CARE INSTRUCTIONS FOR 6 WEEKS**

- NO BRUSHING OVER THE SURGICAL SITE(s).
- NO FLOSSING (Water-drink only from the tongue side AFTER 6 WEEKS)
- NO TOUCHING: with finger, tongue cotton swab or any other device or object.
- Do not sleep with hands under the cheek where surgery was done.
- No facial massages for 3 weeks or massage that area of the face for any reason.
- NO LOOKING: Do not obsess over or question Doctor about appearance of gums for 6 weeks. You cannot look without pulling cheek.
- RINSE ONLY WITH LIPS APART: SLOSHING ONLY (no chipmunk cheeks)
- Avoid any “Chipmunk Cheek” Activities (i.e. SPITING, playing wind instrument, etc)
- Do not suck on straws.
- No mints over surgical area.
- No smoking or chew tobacco
- WEAR PRESCRIBED BITE APPLIANCE 24 HOURS A DAY, if instructed. Check with Doctor about any other appliances (e.g., retainers, Invisalign, etc).
- No Clenching or grinding of the teeth
- No heavy aerobics or vigorous dancing or physical activity for 3 weeks.
- No Snorkeling for 6 months
- ICE OVER AREA at 10 minute intervals for the first 48 hours to minimize swelling.
- DO NOT BE ALARMED ABOUT SOFT SWELLING OR BRUISING FOR THE FIRST WEEK.
- DO NOT EAT crunchy or sticky food that can get stuck on or in between your teeth.
- EXPECT cold sensitivity for 6 weeks or longer. DO REPORT sensitivity during check-up appointments.
- PAIN CONTROL- take one each of acetaminophen (Tylenol) and NSAID (Motrin or Advil) at the same time, subject to other instructions by Doctor.
- CALL DOCTOR IMMEDIATELY IF YOU HAVE UNEXPECTED PAIN, CONTINUOUS BLEEDING, OR HEAT FROM SURGICAL SITE.
- Patient MUST return to our office 24 hours after surgery, 1 week after surgery, 3 weeks after surgery, and 6 weeks after surgery.
- After the 6th week you may brush surgical area with special extra soft brush dispensed or ordered by this office for 6 MONTHS.

PATIENT SIGNATURE: \_\_\_\_\_ DATE : \_\_\_\_\_( day of surgery)

PATIENT SIGNATURE: \_\_\_\_\_ DATE : \_\_\_\_\_( next day)

PATIENT SIGNATURE: \_\_\_\_\_ DATE : \_\_\_\_\_( 1 week)

PATIENT SIGNATURE: \_\_\_\_\_ DATE : \_\_\_\_\_( 3 weeks)

PATIENT SIGNATURE: \_\_\_\_\_ DATE : \_\_\_\_\_( 6 weeks)