

Planning For Your Visit



Dr. H. Ryan Kazemi
Oral & Maxillofacial Surgery



(301) 654-7070
www.facialart.com

4825 Bethesda Ave., #310
Bethesda, MD 20814

We want your visit to be a special experience and serve your needs in every way possible. If you have any questions or need assistance please let us know. We are delighted to have you as our guest and look forward to meeting you soon.

Practice Hours

Monday to Friday from 8:00 AM to 5:00 PM.
Saturday hours by special arrangements only.
Evening or weekend appointments available with our Presidential Service Package. We are available 24 hours a day for emergencies and patient related questions.

Keeping You on Time

Your time is important to us. With our "3-minute" rule, you will be seen on time or within 3 minutes of your appointment. Your appointment is reserved specifically for you, therefore we ask you to arrive on time. Here are our suggestions:

- Plan to arrive 10 minutes before your appointment
- Consider traffic patterns during rush hours. Give yourself plenty of time.
- Complete the necessary forms online prior to arrival
- Bring the following unless sent by your dentist:
 - Any available X-rays
 - Referral form indicating requested procedure

Your Appointment & Cancellations

Your appointment is specifically reserved for you. While unforeseen circumstances may come up, please schedule your appointment carefully to avoid cancellations and a long wait for another appointment. We suggest the following:

- Make prior arrangements with work or school.
- Arrange escort or other transportation means.
- If you must cancel, provide us with 48 hours minimum notice, so that we can offer your appointment to others on our waiting list.

Pre-Registration

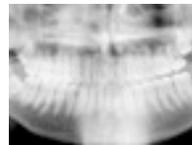
Save time by completing your forms prior to your visit. You may complete them online or print the forms and either fax to (301) 654-7050 or email to: patientcare@facialart.com.

There are three necessary forms:

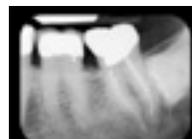
- Patient and guarantor information
- Medical history form
- HIPAA form

X-Rays

X-rays are necessary for proper diagnosis and planning for your surgery. There are three types of X-rays:



• **Panorex:** Indicated for wisdom teeth, multiple extractions, dental implants, bone grafting, and some biopsy procedures.



• **Peri-apical X-ray** (small dental X-ray): Adequate for non-wisdom teeth extractions.



• **CT Scan:** Indicated for some bone grafting procedures, some dental implant procedures, jaw cysts, and other forms of pathology.

Important information about X-rays:

- If you have existing X-rays from your dentist, you may have them sent to us electronically or you may bring a copy with you to your appointment.
- X-rays must be taken **within 6 months** of your appointment.
- We can take any necessary digital X-rays in our office.

Referral Forms

Your dentist or physician must provide you with a referral form indicating the requested procedure(s). This is a legal document and an important part of communication between us and your doctor. The referral form may be sent to us from your dentist in three ways:

- Online through our website.
- Fax to (301) 654-7050.
- Referral form slip - Please bring with you to your appointment.

Financial Preparation

Fees, payment options, and financial matters are usually discussed during your consultation appointment to help you prepare for your desired surgery. If you are planning for surgery on the same day as your consultation, please come prepared with a form of payments which is due on the day of service. We offer the following payment options:

- **Cash, checks (2 forms of ID), and credit cards or online payment via PayPal.** Credit cards must be in name of the guarantor. If guarantor is not present, then a credit card authorization is required. Alternatively, an online payment may be made. All checks are verified with your bank prior to services. Checks must have name and address that matches guarantor's ID and require their presence in the office for verification.
- **Two-month installment payment plan:** An office payment plan available for fees greater than \$750.00. A financial agreement form and a major credit card (not a bank card) are required. Your installment payment will be charged automatically to your card on the due date, unless other forms of payment have been made.
- **Extended payment plans (3-60 months):** An interest free option for approved patients. (for 3-12 month payment plans. A 5-10% one-time service charge may be applicable depending on the chosen terms.) This monthly payment plan does not require payment at time of service. Prior application and approval is necessary. An insurance packet will be prepared for you to send to your insurance company for direct reimbursement. A copy will be provided for your records.
- **Insurance:** We do not participate with any insurance plans, however we can accommodate most plans, with benefits directly reimbursable to you. We will provide you with the necessary forms and information so you may submit claims for direct reimbursement. Should you desire to pay your insurance co-payment only, we will need to verify your insurance and then submit a claim for you.
- We are happy to file the forms necessary to see that you receive the full benefits; however, we cannot guarantee any estimated coverage. You will be reimbursed either by your insurance company or our office, once your claims have been processed. Because the insurance policy is an agreement between you and the insurance company, we ask that all

patients be directly responsible for all charges. Please know that we will do everything possible to see that you receive the full benefits of your policy. If for some reason your insurance company has not paid its portion within 60 days from the start of treatment, and you have not paid your fees in total, you will be responsible for payment at that time as indicated on your financial agreement form. You are also responsible for any portion not covered by your insurance plan. (Insurance companies pay according to their usual and customary rate, which may be different from our fees.) Our financial coordinator will review with you our fees and your available benefits during your consultation. Your benefit information is obtained directly from your insurance company and we are not responsible for their compliance during the processing phase. A pre-estimate form may be sent to your insurance company if you want to know exactly what your benefits will be.

Anesthesia Options

Intravenous (IV) sedation: This is the most common and preferred anesthesia option for oral surgery procedures. This technique provides complete comfort, as you will be asleep during the procedure. The technique is quite safe, and recovery is very quick. Medications are given through a vein in your arm or hand, which will cause total relaxation and, although you will not actually be unconscious, there will be very little recall (if any) of the events surrounding surgery. Local anesthesia and nitrous oxide are given along with IV sedation. **See pre-operative instructions on the following page.**

Nitrous oxide: This is also known as "laughing gas." You will be relaxed and somewhat less aware of your surroundings, but will recall most of the surgical event. Nitrous oxide is generally used in conjunction with local anesthesia, but may also be used to supplement the anesthetic choices below.

- You may eat or drink prior to surgery and no escort is necessary.
- Plan to rest for the remainder of the day.

Local anesthesia: This will produce a numb feeling in the area being operated on. You may still have a feeling of pressure during surgery. You will be awake and recall the surgery, but there should be no significant discomfort.

- You can eat or drink prior to surgery and no escort is necessary
- Plan to rest for the remainder of the day.

Oral premedication: This may be a supplement to local anesthesia and is medication taken by mouth to produce relaxation before and during your operation.

- Take the medication at the time directed before your surgery.
- Have a light meal a few hours prior to surgery unless you are also having intravenous or general anesthesia.
- It is not safe to drive after taking sedative drugs, and you **MUST** have someone drive you to and from surgery.

Preparing for Surgery

Adequate preparation prior to your surgery will make your overall experience better and safer.

If Having IV Sedation:

- **Avoid food or drinks (including water) for eight hours** before surgery. For people with morning surgery, that means nothing after midnight.
- Any necessary medications may be taken with a very small sip of water.
- Avoid smoking for at least 48 hours before surgery.
- Remove nail polish to allow for an oxygen monitoring device.
- Arrange for an adult to escort you home.
- A parent or legal guardian must accompany all patients under the age of 18 years of age.
- Please alert the office if you have any medical conditions that may be of concern prior to your surgery (i.e. diabetes, high blood pressure, artificial heart valves and joints, rheumatic fever, etc.) or if you are on any medication (i.e. heart medications, aspirin, anticoagulant therapy, etc.).

Prescriptions: You will be given pain medications and antibiotics for use after your surgery. Get your prescriptions at your consultation and have them filled. We provide the medications for convenience and save you a trip to the pharmacy. Either way, it's a good idea to have them ready at home. If you have existing pain or infection, you may be directed to begin the antibiotics and pain medication as needed.

Food: Prepare some foods beforehand, like soups, shakes, ice cream, mashed potatoes, eggs, yogurt, and pasta, or rice. Drinks or shakes with high protein, carbohydrates, and vitamins will provide you with the nutrients needed for a smooth recovery. Have plenty of juice on hand and soda, which can help with nausea.

Easy Access to Essential Things: It's a good idea to place essential things you might need near your bed so you don't have to get up frequently following surgery. This is especially important if you live alone. Some items to keep close by include: medications, gauze, tissues, water, drinks, a phone, a good book, your laptop, TV remote control, and DVDs.

On the Day of Surgery

Please arrive fifteen minutes before your scheduled surgery. Our coordinator will greet you, answer last minute questions, and complete any remaining forms and transactions. Our friendly and personable assistants will also greet you to help reduce your anxiety and escort you to the treatment room.

If you are having IV sedation, nitrous oxide gas is a great way to get comfortable right before the oral surgeon starts an IV. This is probably the most anxious part for a lot of people, yet by far, the simplest and most painless.

Our assistants will place vital monitors on, including a blood pressure cuff, pulse oximeter (measures oxygenation level), and EKG pads. Oxygen will be administered through a nasal mask along with lots of smiles and tender care from the team. The anesthesia medications will be given through the IV line.

A minute or two later, you'll feel quite tired and sleepy. Once you are completely asleep and comfortable, Dr. Kazemi will administer local anesthesia to numb the extraction areas.

A rubber bite block will help to keep your mouth open while you are asleep. It also protects the TMJ by preventing excessive pressure during surgery. Dr. Kazemi will then perform the surgery as planned, with the assistants' help.

Sutures will be placed to close the extraction sites and improve the healing process. It is recommended to always have sutures on the lower wisdom teeth, while they are optional on the upper teeth. The sutures may be either re-absorbable, which dissolve in five to seven days, or require removal. Both types work well, and selection is based on the surgeon's preference. If you cannot return for suture removal, re-absorbable sutures should be used.

You shouldn't worry about waking up in the middle of surgery. Anesthesia medications will be given as needed to make sure you remain asleep and comfortable. At the end of the surgery, you will awaken to a tap on your shoulder and a gentle voice saying: "Hi, can you open your eyes?"

The surgeon will reassure you that surgery is finished and everything went well. Monitors and IV will be removed and you will be escorted to the recovery room. A few minutes later, your loved ones can keep you company as you recover from the anesthesia.

Immediately After Surgery

If IV sedation was administered, you will awaken shortly after surgery and be escorted to the recovery room. Your mouth will feel numb from the local anesthesia, which will help keep you comfortable and pain free. You'll bite down on gauze to help reduce bleeding, which will be replaced periodically by the assistant. Most people rest for 20 to 30 minutes before being ready to go home. During this time, you will become increasingly awake and alert and gradually able to stand up by yourself. Rarely, nausea or vomiting may occur. If it does, it often resolves spontaneously. You may be given some pain medication which will begin to work as the numbness wears off. This helps to keep you comfortable in the coming hours. When you are ready to go home, the assistant will review detailed post-operative instructions with you and your escort, both verbally and in written form. You will be given a home-care kit that contains gauze, ice packs, written instructions, office contact information for questions or emergencies, and an appointment card for a follow-up visit. You will then be escorted to your car.

What to Expect After Surgery:

Length and ease of recovery from oral surgery procedures are highly variable among different people. Generally, you may expect the following.

Activity: It is best to rest for one to two days following surgery. You may then resume some normal activity and may even feel well enough to return to work or school. If you are taking narcotic pain medications as prescribed, you will experience some drowsiness and tiredness. If you have to be alert and active, you may take ibuprofen or Tylenol for pain management instead.

Diet: We recommend a very soft diet for about five to seven days. This includes yogurt, pasta, mashed potatoes, soups, and shakes. You may then advance to a more normal diet as you feel more comfortable.

Exercise: Avoid any exercise or other strenuous activities for the first 48 hours. After two or three days, you may walk or do light exercises as you feel comfortable. Exertion may result in increased pain, but will not cause any injuries to the surgical site.

Travel: Although it is always recommended to rest for a day or two after surgery, traveling the next day is not a problem. Flying is safe and will not affect your healing.

Returning to work or school: Most patients return to work or school in one to two days after surgery, but this is highly dependent on their individual response as well as the complexity of the surgical procedure performed.

Post-operative pain: Significant pain generally lasts up to three to four days and then gradually tapers down. Take the prescribed narcotic pain medication to make you comfortable during the first few days. You may add ibuprofen or Tylenol as needed to get additional pain relief. Most patients can taper off the narcotic pain medication by day four to five and take ibuprofen or Tylenol for relief of mild to moderate pain.

Follow-up Visit

This is usually a five-minute visit to evaluate healing, remove sutures if necessary, and give other recommendations for continued healing.

Patients with Medical Conditions

Precautions and special considerations are necessary in patients with certain medical conditions. You may consult with your physician or speak to the oral surgeon for specific recommendations.

Heart murmur: Patients with heart valve disease may require antibiotic prophylaxis prior to surgery to

prevent bacterial endocarditis. High-risk patients requiring antibiotics include those with artificial heart valves, a history of prior infective endocarditis, certain congenital heart conditions, constructed shunts, any repaired congenital defects with prosthetic valves or devices, and cardiac transplant with valve problems. Antibiotics are no longer necessary in patients with mitral valve prolapse, rheumatic heart disease, bicuspid valve disease, calcified aortic stenosis, congenital heart conditions such as ventricular septal defect, atrial septal defect, and hypertrophic cardiomyopathy. The new guidelines were updated in 2007 by the American Heart Association.

Heart disease: Patients with a history of heart attacks, chest pains, enlarged hearts, arrhythmia, and valve disease may require special precautions. First, it is important to have a proper physical exam by your doctor to make sure your condition is stable. You may continue all of your medications without change throughout your treatment. Patients who have had a heart attack (myocardial infarction) may have elective oral surgery after six months to minimize risks. However, with a good functional status, necessary oral surgical procedures may be done between six weeks and three months without undue added risk.

Local anesthesia with epinephrine is used with caution and limited dosage in patients with cardiovascular disease. Sedation is highly recommended to minimize stress on a patient's heart while providing continued monitoring and supplemental oxygen. Your oral surgeon may consult with your doctor for other necessary precautions.

High blood pressure: Hypertension must be controlled with proper blood pressure medications prior to your surgery. Do not alter your regimen; all medications should be taken normally throughout your treatment.

Patients on blood thinners: If you are on Coumadin, it is best to stop it 72 hours before surgery, if approved by your physician. If it is not advisable to stop the Coumadin, your physician may change the dosage and perform a blood test to check the levels. Patients on aspirin or Plavix may continue the medication as directed, although bleeding might be slightly more prolonged. Patients with bleeding disorders should see their hematologist prior to any oral surgery.

Asthma: If you are having IV sedation, bring your inhaler with you on the day of surgery. Two puffs are usually recommended right before surgery. Patients with severe asthma that has required hospitalization may require other therapy by their physician before surgery.

Diabetes: Patients with uncontrolled diabetes have significant chances of infection and poor healing. Proper control is essential for overall health. Well controlled diabetic patients can have oral surgery safely with no more risk for infections than non-diabetic patients. If you are insulin-dependent and having IV sedation, take half of your normal dose on the morning of surgery as you cannot eat or drink anything. You will be given IV fluids with dextrose to help keep your sugar level up during surgery. Non-insulin-dependent patients may continue other medications as prescribed. Antibiotics are often prescribed after the surgery as prophylaxis.

Patients on steroids: Patients with adrenal insufficiency or long-term steroid therapy for various medical conditions have decreased production of natural steroids, which are critical in many regulatory functions of the body. Such patients are advised to take supplemental steroids by doubling their normal dose on the morning of surgery. It may also be administered intravenously during surgery.

Patients on bisphosphonates (Fosamax or other like drugs): Patients taking bisphosphonate drugs may have an increased risk of osteonecrosis of the jaw bone. Patients using the oral form (Fosamax, Actonel, and Boniva) for more than three years should discontinue medication for 3 months before surgery. For those on the IV form (Zometa, Aredia, and Boniva-IV) it is best to avoid surgery and seek non-surgical options. Risks and benefits should be discussed thoroughly with your surgeon.

Pregnancy: It is always best to defer any elective oral surgery until after delivery. Treatment in the first or last trimester is to be avoided, unless absolutely necessary. However, if oral surgery must be performed due to pain or infection, local anesthesia is the only method of choice. Medications considered safest are Acetaminophen, Penicillin, Codeine, Erythromycin, and Cephalosporin. Aspirin and Ibuprofen are not used because of possible bleeding.

Breastfeeding: Medications known to enter milk and potentially affect infants should be avoided. Acceptable drugs can be delivered according to the age and size of the baby. The older the child, the less chance of a problem with the drug. Drugs that can be used sparingly include acetaminophen, antihistamines, Codeine, Erythromycin, fluoride, Lidocaine, and Clindamycin. Drugs that are potentially harmful to the infant include Ampicillin, aspirin, Barbiturates, Diazepam, Penicillin, and Tetracyclines.

Gag reflex: Patients with a gag reflex may have difficulty tolerating upper wisdom teeth surgery. IV sedation is highly recommended to prevent the gag reflex and make the patient comfortable during surgery.

Length and Number of Visits

The number of visits for certain surgeries may be tailored to your needs. If you cannot take too much time off from work or school, or your teenager has limited time because of school, sports, or other obligations, then you can pick the **All-In-One visit**. This way, you can have your consultation and surgery all on the same day. If you prefer to meet the oral surgeon, learn about the surgery, visit the office to become more comfortable, and discuss treatment options prior to surgery, you can choose the **All-In-Two visit** option.

There are three types of visits:

1. **Consultation:** Typically 20 to 30 minutes. X-rays are taken, an exam is given, your oral surgeon discusses the recommended surgery and anesthesia, consent forms and pre-operative instructions are reviewed, and prescriptions are given. The financial coordinator also discusses fees and payment options.
2. **Surgery:** Typically 20 to 30 minutes for all four wisdom teeth to be removed followed by 30 to 45 minutes of recovery from anesthesia. Additional time may be required for more complex wisdom teeth extractions.
3. **Follow up appointment:** Usually a five-minute visit to evaluate healing, remove sutures if necessary, and give other recommendations for continued healing.

All-In-One Visit

You can arrange your consultation and surgery all on the same day, and dissolvable sutures can be placed so there is no need for a follow-up visit. A telephone or email follow-up is usually adequate. This is suitable if you have limited time, especially for students who have to return to school, have exams, work, or other responsibilities that make it difficult to take time off.

For the All-In-One Visit:

- Necessary forms are completed prior to your visit via website or fax.
- On the day of your appointment, necessary X-rays are taken, a consultation is done, and surgery is completed as planned - all on the same day!
- In 5-7 days, the oral surgeon checks up on your progress by phone or email.

Who is ideal for the All-In-One Visit?

- Healthy patients with no need for special medical precautions.
- Non-complex impacted or non-impacted wisdom teeth (i.e. no major cyst, pathology, or severe and unusual impactions).
- No significant financial assistance necessary (i.e. insurance work up, payment plans, etc.).
- You are comfortable with the information provided online and by phone and have good confidence in the recommended oral surgeon.
- Multiple visits are difficult due to limited time or distance.

All-In-Two Visits

Having the consultation and surgery on the same day may not be for everyone. Some patients might want a separate consultation or follow-up appointment to make sure everything is healing well.

You may consider a separate consultation appointment if:

- You are very anxious and meeting the oral surgeon and the staff might help put you at ease.
- The wisdom teeth are highly complex in nature (e.g. deeply impacted or malpositioned teeth, presence of cysts or other pathology).
- You have a lot of questions or are anxious about the surgery or anesthesia and want to make sure you have thoroughly reviewed them with the surgeon prior to your surgery.
- You have special financial needs including insurance, payment plans, etc.

You may consider a separate follow-up appointment if:

- You are able to return in five to seven days for a routine check.
- Parents have flexibility to bring their teenagers back for suture removal and a quick check-up. No need to accompany patients older than 18.
- The surgery was long or difficult, so the oral surgeon recommends a follow-up to evaluate healing.

All-In-Three Visit

Sometimes, it is best to have the consultation, surgery, and follow up visits on different days. This is recommended for complicated wisdom teeth or when the surgery is combined with other procedures such as dental implants or biopsies. A second follow-up visit may be recommended as necessary.

Preparing Children For Surgery



Your child's experience is largely affected by his or her preconception and what you communicate prior to their visit. Here are best practices in preparing your child.

- **Be honest:** Tell them what the reason for their visit is and explain how going to the dentist will make them feel better. Surprising a child about what to expect can cause anxiety.
- **Be positively suggestive:** Telling a child "you will not have any pain" may automatically suggest to them that there will be pain, otherwise why would you bring it up? It is better to make positive suggestions like: "You will have a happy tooth again," or "You will be able to eat again", or "This will help to bring your adult teeth in sooner," etc.
- **Use non-threatening dialogue**
- **Build a positive image of the oral surgeon or dentist:** Telling a child "they won't hurt you" can suggest the possibility that they might. Instead tell them "Dr. Kazemi is a very friendly guy and he is going to be very gentle while taking care of you."
- **Build confidence through association with mass:** People, including children, feel better when they know a lot of other people are doing the same thing. You can tell your child, "A lot of kids your age have seen Dr. Kazemi and they all have done really well and were very happy. You are going to love him like all the others."
- **Create the perception for your child that he or she is in charge:** Children respond well to making decisions and not being forced. You can do this by telling them, "Dr. Kazemi will ask you a lot of questions, and he won't do anything you don't want him to. You can give him permission for everything he does." We use this communication strategy often, and it has been very successful.
- **Discuss laughing gas:** Describe nitrous oxide as "A laughing gas that will make you feel comfortable, relaxed, a bit sleepy, and funny."
- **Discuss IV sedation:** Describe IV sedation as "Getting very sleepy to remove your sick baby tooth. All it involves is a small and quick pinch in your arm, and the rest is easy."



About Dr. H. Ryan Kazemi

Dr. H. Ryan Kazemi is an oral and maxillofacial surgeon certified by the American Board of Oral and Maxillofacial Surgeons. He received his dental degree from the University of Pennsylvania, School of Dental Medicine in 1990. Following a one-year internship at the Albert Einstein Medical Center in Philadelphia, he pursued surgical training at The Washington Hospital Center in Washington, DC, where he received his certificate in Oral and Maxillofacial Surgery. Dr. Kazemi has practiced in Bethesda, Maryland, since 1997,

providing a full spectrum of oral and maxillofacial surgery procedures with emphasis on extractions, dental implants, bone grafting, and corrective jaw surgery.

Dr. Kazemi is a diplomat of the American Board of Oral and Maxillofacial Surgeons, and an active member of the American Association of Oral and Maxillofacial Surgeons, American College of Oral and Maxillofacial Surgery, Academy of Osseointegration, American Dental Association, and Entrepreneur Organization.

He has served as the founder and president of several dental and implant study clubs in the Washington, DC area. Dr. Kazemi has published and lectured extensively on dental implants, bone grafting, and practice management. His newsletter, *To-The-Point*, is read by more than 2,000 dentists every month. He is also the founder of DDSForums.com, a professional networking site for dentists.

Dr. Kazemi serves on the medical staff for DC United, the major soccer league team in Washington, DC, and the US national soccer team for the care of their athletes.

Our expertise and service allow you to:

- Be treated by a specialty trained and skilled doctor
- Achieve the results you expect
- Have a speedy recovery
- Make appointments easily and efficiently
- Be seen quickly and on time
- Feel safe and comfortable
- Experience warm and personal service



**If you have any questions
please contact us at (301) 654-7070
or visit our site: www.facialart.com**