

Before & After Care



Dr. H. Ryan Kazemi
Oral & Maxillofacial Surgery

(301) 654-7070
www.facialart.com

4825 Bethesda Ave., #310
Bethesda, MD 20814

Proper before and after care is important in both preparation and healing from your procedure. We want you to have a safe and comfortable experience and a quick and uneventful recovery. This information will provide you with instructions before and after your procedure. You will also find relevant sections on nutrition, medical precautions, and preparing children for oral surgery.

In this guide, you will find:

- IV sedation pre-operative instructions
- Medical precautions
- Preparing your child for oral surgery
- Post-operative instructions
- Nutrition for better healing

IV Sedation Pre-operative Instructions

IV sedation is a common and an often recommended approach for performing routine oral and maxillofacial surgical procedures. This technique provides complete comfort, as you will be asleep during the procedure. The technique is quite safe and recovery is very quick. Should you decide to have IV sedation for your planned surgery, please review the following important pre-operative instructions.

Diet - If intravenous anesthesia will be administered, **do not eat or drink anything, including water, for at least eight hours** prior to your surgery appointment.

Clothing - Wear loose, comfortable clothing with sleeves that can be easily rolled up.

Transportation - Arrange to have someone at least 18 years old accompany you to your surgery appointment and drive you home afterward. You may be drowsy for a while after anesthesia, and driving yourself is unsafe.

Medications - Adhere to any medication schedule that is prescribed by the surgeon prior to surgery. Your surgeon will explain any medication schedule that is needed for your individual case. Any medications taken on a daily basis may be taken on the morning of surgery with a small sip of water.

1. Blood thinners: if you are on Coumadin, it is best to stop it 72 hours prior to surgery (with approval of your physician); if on Plavix or baby Aspirin, there is no need for modification.
2. Asthmatic Patients - please bring your inhaler with you on the day of surgery.
3. Diabetic Patients - if you are insulin dependent, please take 1/2 of your normal dosage the morning of surgery.
4. Steroid Medications- on the morning of surgery, please double your normal dosage of medications.
5. For patients with a heart murmur or prosthetic joint requiring antibiotic prophylaxis, take antibiotics one hour before surgery (please note that guidelines have changed, and most antibiotics are no longer required for many types of heart murmurs. Call us for clarification, or visit our website at www.facialart.com.)



Others - Do not wear contact lenses; do not smoke for at least 24 hours before anesthesia; please do not wear eye makeup, lipstick, or nail polish.

Patients with Medical Conditions

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

Heart murmur: Patients with a 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 for 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. These 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 after a heart attack 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 normally be taken 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 your levels. Patients on aspirin or Plavix may continue the medication as routine although bleeding might be slightly more prolonged. Patients with bleeding disorders should see their hematologist prior to any oral surgery.

Asthma: If 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 normally as possible. 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 may have a decreased production of natural steroids, critical in many regulatory functions of the body. These patients are advised to double their normal dose of steroid supplements on the morning of surgery. It may also be administered intravenously during surgery.

Patients on bisphosphonates: 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 the medication for three months before surgery. For those on the IV form (Zometa, Aredia, and Boniva-IV form), 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 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 are known to enter the milk and potentially affect infants should be avoided. Acceptable drugs can be delivered based on 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 gag reflex may have difficulty tolerating upper wisdom teeth surgery. IV sedation is highly recommended to prevent gag reflex and make the patient comfortable during surgery.

Preparing Your Children for Oral Surgery

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

- **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 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 well and were very happy. You are going to love him like all the others."
- **Create a perception for your child that he or she is in charge:** Children respond well to making a decision and not being forced into it. 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.
- **Discussing laughing gas:** Describe nitrous oxide as "laughing gas that will make you feel comfortable, relaxed, a bit sleepy, and funny."
- **Discussing 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."

Post-Operative Instructions

The healing process is different for every individual. It depends on multiple factors including health, age, healing physiology, tissue health surrounding the surgical site, type of surgery, and post-operative care.

- Bite firmly on gauze; Replace every 30 to 45 minutes until bleeding stops
- Ice for 24 hours; 20 minutes on, 10 minutes off
- Avoid spitting or using straws for 24 hours
- No strenuous activities for 48 hours
- Do not rinse or brush-on evening of surgery
- On the day after surgery, begin oral rinses with water or salt water (saline) every two hours; Continue for at least 10 to 14 days
- Do not smoke for seven to 10 days (First 24 hours for bleeding problems, after that, to avoid healing complications such as dry socket, infections, poor closure)
- Soft diet for three to five days; advance as you feel comfortable

Do Not Be Alarmed By

- Slight bleeding up to six to eight hours or very slight oozing into the next day
- Increase in swelling 36 to 48 hours after surgery
- Bruising of skin over neck or chest areas
- Sutures loosening
- Small openings on incision site
- Radiating pain to different parts of head and neck

Call Your Oral Surgeon Immediately If

- Pain increases after three to five days
- Swelling increases three to five days after surgery with pain and drainage
- Significant bleeding continues more than eight hours after surgery
- Any drainage or infection marked by swelling and increase in pain
- Rashes, hives, itching following use of medications
- Significant opening of incision lines over grafted regions

Swelling: Swelling is expected for more invasive oral surgical procedures. Surgical swelling reaches its maximum in 36-48 hours after surgery. It will gradually resolve over three to five days. To minimize surgical swelling, apply ice to affected facial area for 24 hours. Place ice bag over the face for 20 minutes on and 10 minutes off. If swelling develops three to five days after surgery, this is most likely due to infection. In this case, continue with prescribed antibiotics and call your oral surgeon for instructions.

Pain medication: It is best to start the pain medications while local anesthesia is still in effect. Take medications with plenty of water. For additional pain relief, narcotic pain medication (Vicodin, Tylenol #3) may be supplemented with Ibuprofen (200-400 mg), or Tylenol, staggered every two hours. If nausea develops, discontinue the narcotic pain medication and take only ibuprofen (Advil, two to three tablets). It is normal for discomfort to last up to five to seven days,

gradually decreasing each day.

Increase in pain three to five days after surgery without swelling is most likely due to localized inflammation from inadequate oral rinses. Increase oral rinses aggressively every two to three hours. However, increase in pain with swelling is most likely signs of a developing infection. Continue your antibiotics and pain medications as prescribed and call your oral surgeon for instructions.

Antibiotics: Begin the prescribed antibiotics as soon as possible. Take with plenty of water and food. You must complete the course of antibiotics until finished. Follow the suggested dosage and frequency (at night while asleep, keep it as close as possible to your dosage time); If you develop any hives, rashes, or itching, discontinue antibiotics, take Benadryl (25-50 mg) and repeat every six hours until resolved and call your oral surgeon.

Diet: Drink plenty of fluids such as orange or tomato juice, ginger ale, water, tea, etc. Drink at least six to eight glasses of liquids daily to avoid dehydration. **DO NOT USE A STRAW.** This will cause bleeding by creating suction in the mouth. A soft diet is recommended for three to five days. Chew on the opposite side of the surgical site if possible. A diet high in protein and carbohydrates is best. Homemade eggnog, using fresh milk, eggs, and fresh fruit blended with it, is an excellent source of both. We also recommend soups, soft pasta, soft rice, Jello, soft boiled eggs, yogurt, soft cereals, and mashed potatoes. Avoid hard or crispy foods for five to seven days. If bowel habits are irregular, we suggest you take a mild laxative such as Milk of Magnesia.

Smoking: Avoid smoking for at least 72 hours after surgery to avoid immediate complications such as bleeding. For proper healing, avoid smoking for 10 to 14 days to prevent healing complications such as infection, dry socket, or incomplete closure of the surgical site. Smoking significantly decreases the success of dental implants and bone grafting procedures.

Bleeding: Bleeding gradually diminishes in three to four hours after surgery and often stops completely in four to six hours. Occasionally, it may ooze until the next day. Remove the gauze sponges that have been placed in your mouth one hour after surgery. Replace with a clean gauze and bite or press down with pressure. Repeat every 30 to 45 minutes until bleeding stops.

- If there is continued bleeding after six hours, do the following: Place a folded gauze pad directly over the extraction socket. Bite down firmly and hold for 30 minutes. Sit upright and remain quiet. Repeat every 30 to 45 minutes as necessary. If bleeding continues, dip a caffeinated tea bag in cold water and place directly over the extraction site. Avoid spitting or using straws that cause bleeding by creating suction in the mouth. If you are still unable to control the bleeding, call your oral surgeon.

Nausea: One ounce of carbonated water every hour for four to six hours will usually terminate nausea. Coca-cola syrup may also be taken, two tablespoons every four to six hours. Ginger ale or ginger tea also relieves nausea and vomiting. Follow this with mild tea or clear soup. If nausea persists, antihistamines or a Compazine suppository may be helpful. Call your oral surgeon for more information.

Oral Hygiene: Do not rinse or brush-on the evening of surgery. On the next day begin frequent oral rinses with warm salt water or plain tap water, every two hours, especially after meals. Continue this for seven to 10 days. You can brush your teeth as usual, but avoid the site of surgery or be very gentle in that area. After first 24 hours, you may be more aggressive with oral rinses. A special irrigating syringe may be used to improve cleaning, if necessary. The key benefit of rinsing is washing away of plaque and food. Therefore, salt or regular water equally work well. Avoid the use of alcohol-containing mouthwashes for seven days.

Do Not Be Alarmed With The Following

Loose sutures: Sutures can loosen after the surgery. This is expected in five to seven days but occasionally may occur in two to three days after surgery. Continue with aggressive oral rinses and medications as prescribed, and further evaluation will be done at your routine post-operative visit

Bruising: Bruising after surgery may occur and will present itself as purplish, bluish skin color, gradually changing to brown and yellowish. It gradually resolves in five to seven days as it moves down the neck and chest area.

Opening of incision site: A small opening at incision site (over extraction socket, implant site, biopsy site, grafted site, etc.) Continue with aggressive oral rinses and medications as prescribed. Continue with soft or liquid diet and treat the site very gently.

Bone graft material: If a site has been grafted, on occasion, you might notice loose small granules in the area. This is not a problem. Continue with oral rinses and soft diet.

Whitish tissue: A white film over the surgical site might be either plaque or variation of healing tissue color. Continue with aggressive oral rinses to remove plaque build up.

Bleeding: Bleeding decreases gradually over three to four hours after surgery and often stops completely in four to six hours. Apply pressure by biting down or placing finger pressure on gauze. A tea bag can also be applied over the surgical site with pressure. Occasionally, some slight bleeding may occur up to 12 hours after surgery; continue with the same instructions. If bleeding increases six to eight hours after surgery, call your oral surgeon.

Drowsiness: Drowsiness is often the result of IV sedation or narcotic pain medications. On occasion, it may last several days, along with weakness. You might decide to change pain medication to non-narcotic, over-the-counter medications such as Advil or Tylenol.

Nutrition For Better Healing

Good nutrition has clearly demonstrated beneficial effects on the immune system and healing process. Better nutrition can also help your incisions heal. Your diet and nutritional supplements will provide the raw materials your immune system needs to protect you against infection. These same nutritional elements are what you will use to repair your skin, nerves, blood vessels, muscle, and bone. Getting good nutrition will help you make the best of your surgery. Here are some tips and essential nutrients important for healing:

- Calorie needs: 15 to 20 calories per pound of body weight.
- Drink six to eight cups of water per day to avoid dehydration.
- Drink ginger ale or ginger tea which provide relief from nausea and vomiting.
- A diet high in protein and carbohydrates is best. We recommend vegetable soups because of their stimulating and health qualities, but soups, in general, help restore water balance, which, in turn, helps keep our blood pressure (and salt content) under control.
- Yogurt is a huge source of calcium and boosts body's ability to build bone. Sometimes women who take antibiotics get yeast infections, so eating a cup of yogurt every day helps prevent yeast infections.
- Oatmeal is a source of beta-glucans which reduce the risk of infection after surgical procedures and boosts immunity.
- Beans contain a wider variety of healthy nutrients than most foods, including calcium, potassium, vitamin B6, magnesium, folate, and alpha-linolenic acid. These nutrients work together on several key areas of the body to promote total health.
- Fish is an excellent source of Omega-3 fatty acids, vitamins and minerals that benefit your general health.
- Eat soft pasta, soft rice, Jello, soft-boiled eggs, mashed potatoes, ice cream and smoothies. Smoothies are easy to make and are full of healthy vitamins and nutrients.
- If bowel habits become irregular, take a mild laxative such as Milk of Magnesia. Papaya and lentils can also help to prevent constipation.
- Protein helps with healing, tissue repair, and re-growth. It is found in meat, poultry, fish, eggs, milk, and cheese.
- Carbohydrates provide energy for healing and preventing protein and muscle breakdown. It is found in fruits, vegetables, beans, bread, cereals, rice, pasta, and grains.
- Lipids (fats) helps with the absorption of some vitamins, enhance immune response, and increase energy. It is found in oils, nuts, seeds, avocado, salad dressings, or butter.
- Calcium helps to build and maintain bones and muscle contraction. It is found in milk, cheese, yogurt, soy products, turnip and mustard greens, broccoli, and almonds. Recommended daily dose is 1500 mg.
- Iron helps the formation of hemoglobin and increase its oxygen carrying capacity. It is best when taken with Vitamin C rich foods. It is found in liver, lean red meat, poultry, fish, beans, dark leafy greens, and dried fruits. Recommended daily dose is 15 mg.
- Zinc is important in wound healing and is a component of many enzymes. It is commonly found in meat, liver, eggs, and seafood. Recommended daily dose is 15 mg.

- **Vitamin A** helps wound healing, as well as maintenance of skin. It is found in carrots, sweet potatoes, dark yellow or green leafy vegetables (i.e. spinach and broccoli), milk, cheese, liver, and egg yolk. The recommended daily dose is 5000 IU.
- **Vitamin D** helps in bone healing and calcium absorption. It is found in fortified milk, butter, fortified cereals, liver, fatty fish (salmon), and egg yolk. The recommended daily dose is 400-800 IU.
- **Vitamin E** has antioxidant and disease-fighting properties. It is found in vegetable oils, beef liver, milk, eggs, butter, green leafy vegetables, and fortified cereals. The daily recommended dose is 30 IU.
- **Vitamin K** helps wound healing response and blood clotting. It is found in green leafy vegetables, fatty fish, liver, and vegetable oils. The daily recommended dose is 65 ug.
- **Vitamin C** helps the body with building connective tissue and is an essential nutrient for healing. It is found in citrus fruits, strawberries, tomatoes, peppers, greens, raw cabbage, and melon. The daily recommended dose is 60 mg.

Smoothie Recipes For A Healthy Soft Diet

Banana Fruit Smoothie

- 1 cup orange juice
- 2 cups plain yogurt
- 4 small bananas
- Honey to taste

Mango Pineapple Smoothie

- 1 cup pineapple juice
- 1 cup orange juice
- 1/2 frozen banana (chunks)
- 1 cup pineapple sherbet
- 1 1/2 cups frozen mango slices

Easy Blueberry Smoothie

- 1 cup of frozen blueberries
- 8 oz fat-free yogurt
- Milk to thin

Papaya Smoothie

- 1/2 cup orange juice
- 3/4 cup peeled, seeded and chopped ripe papaya
- Honey to taste
- 1/2 cup ice



**Place ingredients in a blender on high speed for 30 seconds.
Add ice as needed and blend until smooth.**

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 2000 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 D.C. United, the major soccer league team in Washington, D.C. and the US national soccer team for the care of their athletes.

What sets us apart:

- Treatment by board-certified oral surgeon
- Predictable results
- Speedy recovery
- Flexible scheduling
- On-time appointments
- Safe and comfortable atmosphere
- Warm and personable service
- Quick access and response when you need us



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