

**ADVANCE ORAL AND MAXILLOFACIAL SURGERY**

**Steven A. Saxe D.M.D.**

**1570 S. Rainbow Boulevard**

**Las Vegas, NV 89146**

**(702) 258-0085 (24 hours)**

**Instructions for Osseointegration-Implant Installation**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**INSTRUCTIONS:**

To control bleeding, packing (gauze sponge) will be placed in your mouth. Bite gently on the packing to create firm even pressure. This packing should remain in place for one hour. If bleeding continues after packing is removed, insert a tea bag and apply pressure for one hour until bleeding stops. Apply ice to face for 24hrs constantly, after 24hrs heat may be applied, as needed (ie. heating pad, hot water bottle, etc.) Swelling and bruising of your face should gradually resolve in a week to ten days. For comfort and to help reduce swelling, you may wish to sleep with your head elevated on two pillows. To avoid injuring your mouth, use a spoon or other eating utensils with care. Do not bite on anything hard as this may damage your implants. Avoid sucking fluids through a straw and **DO NOT SMOKE**. The sutures that have been placed will dissolve within 2-4 weeks.

To keep your mouth clean and promote healing, use warm salt water mouth rinses (½ teaspoon of salt dissolved in 4oz.(½ cup) of warm tap water after each meal, snack and at bedtime and a soft toothbrush may be used. To avoid irritation of the mouth, do not use commercial mouthwash. If prescribed, begin using *Peridex* mouthwash instead of salt water one week after surgery. If *Peridex* is not prescribed, after 5 days switch to using ½ hydrogen peroxide and ½ water for a mouth rinse 3-4 times daily.

**DO NOT WEAR YOUR DENTURE** until the surgeon instructs you to do so because it must be adjusted to avoid pressure on the implants. In some instances, it may be permissible to wear a denture on the unoperated jaw. Mouth discomfort may persist for several days. If the prescribed pain medication does not relieve your pain, notify the oral surgeon.

Do not participate in sports or vigorous exercise or return to strenuous work until approved by the oral surgeon.

**DIET:**

Begin with soft foods.( ie. pasta, mashed potatoes.)

**IF THE FOLLOWING OCCURS PLEASE CONTACT DR. SAXE IMMEDIATELY:**

Bleeding not controlled by gauze packing or tea bag, increased swelling, persistent pain or an open area over the implants site(s).

**PRESCRIPTION INSTRUCTION:**

\_\_\_\_\_  
\_\_\_\_\_

**FOLLOW UP APPOINTMENT**

Date:\_\_\_\_\_ Time:\_\_\_\_\_

Instructions given by:\_\_\_\_\_

**SIGNATURE OF PERSON RECEIVING INSTRUCTIONS X**\_\_\_\_\_