



## Care of Mouth After an Extraction

1. If PRF was not used, keep pressure on gauze until the bleeding stops. If heavy bleeding continues after 3-4 hours, call the office.
2. Immediately after a tooth is extracted, you may experience some discomfort and notice some swelling.
3. To reduce swelling, place an ice pack over the surgery site (15 minutes on and 15 minutes off) for up to 24 hours after surgery. If pain and/or swelling increases after 3 days, call the office.
4. Reduce strenuous activity for 24 hours.
5. Drink plenty of fluids and limit diet to soft foods for 2-3 days. Avoid eating until your numbness is gone.
6. Avoid alcoholic beverages, hot liquids, and drinking through a straw for 24 hours.
7. Avoid smoking for 24 hours.
8. Avoid rubbing your tongue over the surgery site. Doing so will interfere with healing.
9. Brush and floss as normal, but avoid touching the surgery area with your toothbrush. Avoid using a Water Pik and an electric toothbrush for 2 weeks.
10. Beginning the day after surgery, use a warm salt-water rinse following meals for the first week to flush out particles of food from the surgical area. (Mix ½ teaspoon of salt in a glass of warm water.) Avoid rinsing vigorously (you can slosh side to side.) You will be provided with medication for discomfort that is appropriate for you. In most cases, a non-narcotic pain regimen will be given consisting of one *Acetaminophen 500mg* (Tylenol) and two *Ibuprofen 200mg* (Advil) taken every 4 hours. These two medications, taken together, will be as effective as a narcotic without any of the side effects associated with narcotics. If a narcotic has been prescribed, follow the directions carefully. You may take Ibuprofen with the narcotics, but not the Tylenol. If you have an allergic reaction to any medication, such as a skin rash or hives, stop the medication and call the office. If you have any questions about these medications, interacting with other medications you are presently taking, please call the office.

Companion Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If patient uses sedation, companion must sign.)

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