

HOME CARE INSTRUCTIONS FOLLOWING SEDATION AND ORAL SURGERY

You have been asked to help care for a patient who has had significant oral surgery. The patient is sedated and has local anesthesia in the operated area.

SEDATION:

The patient is drowsy but super aware of sounds and lights. A quiet, dim atmosphere will be the most comfortable.

Please convey the patient carefully. Get help, if necessary, to provide steadiness in walking. Let the patient know if there are steps to be made up or down. When one is sedated, the world appears flat.

POSITION:

The patient should recline with the head and shoulders slightly elevated (at about 30°). This reduces the blood pressure in the operated area, allow better drainage, and helps to minimize swelling. You should plan to remain in the vicinity of the patient.

NAUSEA AND VOMITING:

The sofa or bed should be covered with easily removed linens or towels and a small supply of towels, facial tissues, and a basin should be handy. The relaxed patient will tend to drool blood-tinged saliva, and occasionally, nausea and vomiting is seen. Several things may contribute to the problem: apprehension and nervousness, swallowed blood, narcotics by mouth. It is not abnormal for the patient to experience an episode or two of vomiting. If vomiting is repeated, please contact us.

GAUZE PRESSURE PACKS:

The patient will be biting on gauze pressure packs. You should accomplish the first pack change about the time you have the patient situated. Prepare for the change by washing your hands. Place a small bowl on a large plate. Moisten one 4x4" or two 2x2" gauze pads for each area operated. Fold these as small as you can, wring them out, and place them on the plate with a small glass of water. An open, moistened gauze pad or two is also helpful. The patient should open wide. The soiled packs should be removed and placed in the bowel. The moist opened gauze may be used to wipe up any extra drainage. The folded packs are then placed as far as possible back in the cheek area behind the teeth. The patient is then instructed to close the mouth and apply pressure. A sedated patient doesn't apply pressure very well and repeatedly dozes off to sleep. This is no big problem but does allow a bit more bleeding than might be expected in unsedated patients. Gauze pack changes are usually only necessary at hourly intervals. After 2-3 hours, the packs can be left out. Some seepage will continue but the patient should simply drain the mouth into facial tissue periodically. Rarely, the bleeding may continue to be a problem and the gauze pressure should be prolonged. Biting on moist tea bags may also be helpful in controlling moderate bleeding; but, if you have continued concern, please call your surgeon.

PAIN:

The patient should be kept as relaxed and pain-free as reasonably possible. That is why we are suggesting that you give the oral pain medication early, before the local anesthetic wears off. Local anesthesia is profound, however, that in spite of taking the strongest available oral pain medications, the patient will likely experience some discomfort in 2-3 hours. Reassurance and an early second dose of medication may be required. Time a dose at bedtime for the best chance of sleeping through the night. Don't operate machinery when taking strong pain medication.

RINSING:

The patient should not rinse the mouth today. Drinking cool fluids is good for the patient after control of initial bleeding; but do not use straws or otherwise allow suction to be applied to the wounds. Smoking is absolutely forbidden today and should be avoided during the healing process.

ICE PACKS:

The amount of swelling a patient experiences can be reduced if ice packs are applied to the involved area of the face. These should not be direct ice but ice bags or plastic bags with ice wrapped in a towel. The towel may then be pinned comfortably about the patient's head.

TOMORROW:

Starting in the morning, have the patient rinse the mouth every hour or so with warm salt water (about ¼ tsp per cup). The teeth may be brushed regularly, avoiding the surgical areas. Gently massaging these with a clean finger is acceptable. During the week after surgery, gradually return to regular brushing and flossing.

ANTIBIOTICS:

If penicillin or other antibiotics have been prescribed, they should be taken as directed until no pills remain.

RECOVERY:

Things to watch for include:

- 1) Continued increase in swelling after 2-3 days
- 2) Fever
- 3) Increasing pain after 3-4 days
- 4) Difficulty in breathing

It is not unusual to note:

- 1) Moderate continued swelling for 48-hrs after surgery
- 2) Moderate difficulty in opening the mouth
- 3) A bad taste in the mouth, "bad breath"
- 4) Yellowish discoloration of the face adjacent to an area of surgery after 3-4 days.

Do not hesitate to call us if you have problems or questions. Clinic: (757) 877-9325.
After hours, call through the Answering Service (757) 877-9325.