



Post-Operative Instructions for Sinus Augmentation

Hemostasis / Clot Formation

Gentle pressure with moistened gauze for 20-30 minutes should help stop bleeding; if you take aspirin or other blood-thinners this will prolong that time. Gauze can be replaced with new gauze as needed. If the gauze isn't working, replace it with a damp tea bag. It is normal to have some bleeding/oozing for the first 2-3 days. Physical trauma, hot food, and anaerobic exercise are the most common causes for recommencement of bleeding.

Graft Stability / Immobilization

The factor that leads to the greatest predictability of a graft's healing and overall success is its immobilization. The patient should never touch the surgical sites with their tongue or fingers. If you wear any removable dental appliance that impinges on the recipient graft site, your surgeon may ask you not to wear it for some time following the surgery. If some particulate graft is lost, it is a normal part of the healing process.

Sinus Pressure Considerations

Do not increase intra-sinus pressure: do not plug your nose and try to blow out of it (such as when blowing your nose or equalize the pressure in your ears). If you have to sneeze, do not try holding it in. If you have to blow your nose, do so just with finger-pressure. Some small bleeding from your nose the day of surgery is a normal part of the healing process. If your surgeon prescribes a decongestant, follow the instructions on the prescription.

Swelling

Some swelling is normal following surgery, with it typically peaking on the second or third day following surgery. Swelling can be minimized by cryotherapy. Extra-oral icing of the surgical areas can be performed with an ice pack or a bag of frozen vegetables. When icing, alternate apply cold for 20 minutes on and then 20 minutes off. If anti-inflammatory medications have been prescribed, take them as indicated on the prescription.

Medications and Pain Killers

If antibiotics were prescribed, take them as directed and finish the prescription. If you smoke, do not smoke for at least 3 weeks after surgery. If you are not allergic to ibuprofen, take it per the prescription. In the rare instance ibuprofen is not enough to relieve pain, take codeine every 4-6 hours or as needed; never drink alcohol or drive with this medication.

Diet

A well-balanced soft diet should be employed for the first 2 weeks following surgery. Try to avoid chewing on the surgical sites. Avoid foods that are hot, spicy, have small seeds, or have thin hard husks (such as popcorn). Acidic drinks such as soda and orange juice should also be avoided for the first week. Any cooked meals should be allowed to cool to at least room temperature before eating. Patients are encouraged to eat colder, soft foods (ice cream, yogurt, cottage cheese, and milkshakes – never with a straw) and drink ice water for the first three days following surgery.

Oral Hygiene / Mouth Rinse

Never brush or floss any teeth in the surgical areas for two weeks. Starting the day after surgery, use the prescribed chlorhexidine gluconate (0.12%) rinse at least twice a day (after breakfast and before bed), rinsing for 30 seconds. When rinsing, do not swish vigorously. Spit passively allowing gravity to dump the rinse in the sink. Do not rinse with water, eat, or drink for at least an hour following the prescription rinse. Normal oral hygiene can be used in non-surgical areas.

Activity

Limit your physical activities the first week following the procedure. Increasing your blood pressure / heart rate with strenuous exercise may cause increased bleeding at the surgical sites.

Do not hesitate to call if you have any questions.

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