

ABOUT YOUR SURGERY

Studies have clearly shown that an informed and prepared patient has fewer post-operative problems, has far less anxiety, requires less anesthetic, and therefore has a safer anesthetic and operative course. Knowing why and how a procedure is performed reduces the fear of the unknown. We are committed to providing the safest and least stressful surgery for you. The next few paragraphs will explain the surgical consultation, what you can expect, explain the procedure, alternatives to surgery, and the risks of surgery.

You have been asked to see a surgeon to evaluate a particular condition that your dentist, physician or you have found. Prior to having any procedure performed, we like to see you ahead of time to thoroughly evaluate your condition, medical history, medications, allergies, perform an exam, and assess other factors which may influence the way in which your particular situation may be handled. During your consultation your doctor may decide to obtain different x-rays, have you seen by another doctor, and explain in detail your condition and various treatment options. Any additional test or x-rays are done to better understand your condition and to take better care of you. In addition, your doctor will explain alternatives to surgery, different procedures, and the risks and benefits of treatment. You will then have an opportunity to ask questions after you have been completely informed. You will also have all of your financial and insurance questions answered the day of your consultation. Based on all information given, you and your doctor can then select the best treatment option for you. You will be given all of your pre-operative and post-operative instructions before surgery so that you can be prepared. The treatment selected will then be explained to you in detail. You may even be given your post-operative medications prior to your surgery so that you don't have to worry about obtaining medications after your surgery. All this is done to provide the least stressful, safest and smoothest treatment for you.

Knowing how a procedure is performed and what you can expect during and after your procedure, significantly reduces the anxiety and the fear of the unknown. During your consultation, the procedure was explained in detail. However sometimes it is helpful to be able to review the procedure. The night before surgery don't have anything to eat or drink after midnight. If your procedure is in the afternoon, you can have a small breakfast, but have nothing to eat or drink at least 8 hour prior to your appointment unless instructed to do so by your doctor. Review the pre-operative and post-operative instructions and write down any questions you may have so that you can ask them before your surgery. Make sure you have someone to drive you, stay with you during the procedure, take you home and take care of you the day of your surgery. Make any special arrangements that you may need for the care of your children, notify your workplace that you may not be in for a few days, and any other activities that you may need to change. Wear comfortable clothes to the office (see pre-operative instructions). Once you arrive, you will be taken to the operative suite where you can ask any questions you may have. Your blood pressure, temperature, and pulse will be taken. The assistant and the doctor will ask you some questions, and then you will be ready for your surgery. A site will then be selected to start your I.V. The I.V. is usually placed in the forearm or hand. There is a small pinch when the I.V. is started. Monitors are placed to insure your safety while under the anesthetic. A small mouth rest is placed in your mouth to aid in access to your mouth while you are asleep. Occasionally your doctor may only deeply sedate you for safety reasons. This is a pleasant twilight sleep and you should not remember the procedure. Medication is then given through your I.V. and you drift off to sleep. Occasionally, as the medication is given, some patients experience a mild burning sensation at the I.V. site. This is normal and passes quickly. Next, an oxygen mask is placed over your nose while you're asleep and occasionally you are given nitrous oxide or "laughing gas" to supplement your anesthesia. Gauze is placed in your mouth to prevent you from swallowing any secretions or any teeth. Local anesthetic is then placed into the operative site. A small incision is placed into the gum and the tooth is removed. Occasionally, teeth being removed need to be cut in pieces to facilitate removal. Some impacted teeth are encased in bone. This bone is removed using a rotary instrument and then the tooth can be removed. The operative site is then irrigated and closed. Often the area needs to be sutured. Usually a single suture is placed. Suture(s) dissolve slowly over the next 2 to 10 days. Gauze is then placed over the surgical area and the mouth rest is removed. You awaken from your anesthetic and are kept at the office until you are alert, able to walk with assistance, and are doing well. When you awaken, you will be numb because local anesthetic was given and you should experience little or no pain. We recommend you take your pain medication prior to the anesthetic wearing off, so that when it does, your medicine is already working. You will be given a follow-up appointment prior to leaving the office. You will be sleepy the rest of the day. You should follow your post-operative instruction closely. Someone from the office will call you in the late afternoon or evening to see how you are doing.

With all surgery you can expect some annoyances. You have a right to be informed about your diagnosis and planned surgery so that you may make a decision whether to undergo a procedure after knowing the risks and complications. Explaining the risks and complication is not meant to alarm or frighten you, it is simply an effort to make you better informed so that you may give your informed consent to the procedure. You will experience some soreness, pain, swelling, mild bleeding, restricted opening, bruising of the face, neck and/or I.V. site, and muscle soreness. Swelling causes the restricted opening and muscle soreness and can be reduced by following the post-operative instruction closely. It is not uncommon to have some heavy bleeding for a few hours after surgery, followed by some oozing over the next day or two. Your post-operative instructions will instruct how to minimize any bleeding, but occasionally may require additional care. The removal of teeth does place stress on the muscle of the jaw and the temporomandibular joint (TMJ) and can create some prolonged muscle soreness and restricted opening. This can be worse in patients with pre-existing TMJ problems. This is usually transient and can be treated conservatively. Patients rarely experience adverse reactions to medications. Usually the reactions are mild and consist of nausea, vomiting, itching, or hives and the medication is stopped and/or changed. Since an operation is performed there is a risk of infection in your mouth and/or the I.V. site. If this does occur, you may be placed on additional medications and require additional treatment. With all extractions, a painful persistent pain can occur called "dry socket". This usually begins 3-7 days following surgery and is characterized by throbbing pain that awakens patients at night, radiates

down the jaw and to the ear, and is not well controlled by your pain medication. This is caused by a dislodged or incomplete clot at the extraction site and is treated by placing a medicated dressing in the socket site. This is 5-7 times more likely to occur in patients who use any form of tobacco. During surgery there is a risk of damaging adjacent teeth, fillings, nearby soft tissues, lip, and bone. After an extraction, the adjacent bone of the tooth next to the extraction can be compromised which can lead to premature loss of the adjacent tooth. This is rare and is usually secondary to bone loss caused by impacted teeth. Sometimes after surgery, patients develop sharp areas of bone which can be uncomfortable. Occasionally, this sharp bone works its way out on its own, but may require an additional procedure to smooth the area down. During the surgery, small portions of the root may fracture. Occasionally, this root tip is left behind to prevent unnecessary damage to nearby vital structures such as nerves, blood vessels, the sinus, and other structures. You will be notified if this happens, and these root tips rarely cause further problems. If they do, they are easier to retrieve at a later date, because your body has already tried to get rid of the root tip (like a splinter that has been in your finger for a while, your body works it almost out for you). Some lower teeth and their roots sit very close to nerves. Due to the proximity of molar teeth and their roots (especially wisdom teeth) to the "jaw nerve", it is possible to injure this nerve during the removal of the tooth. The teeth gums, lip and chin on the affected side could feel numb (like after you have received a local anesthetic injection). The degree of the feeling of "numbness" varies from tingling to full numbness. The lingual nerve ("tongue nerve") runs in close proximity to lower molar teeth and their roots (especially wisdom teeth). It is possible to injure this nerve during the removal of molar teeth. The front part of the affected side of the tongue could feel numb (resembling a local anesthetic injection). Sometimes loss of taste on the affected side may also occur. Although very rare, various degrees of numbness of the "jaw", "lip", "tongue" nerves may occur due to local anesthetic injections. If a numbness does occur, most changes in the normal sensations gradually resolve over a few weeks to several months, some last longer, and although rare, a few may be permanent. Such cases have to be monitored and may need additional treatment. Although unfortunate, patients with numbness have no loss in the movement of their tongue, lip or chin and over time adapt quite well. There are procedures that can be offered to patients to try to restore some function of feeling. This will be up to you and your doctor. Upper teeth are in close proximity to the maxillary sinus. Occasionally during an extraction, the root of a tooth can open up a communication between the mouth and the sinus. This is usually repaired immediately. If this happens, you will be notified and you may be instructed to not blow your nose for two weeks and be given some medication. Rarely a hole between your sinus and mouth forms allowing bacteria from your mouth to enter your sinus and cause an infection. If this happens, you will need an additional procedure to repair this communication. Very rarely, the root tip is displaced into the sinus. If this happens, you may require an additional procedure to retrieve the root tip. There is a risk of jaw fracture during the removal of teeth. This is extremely rare and is usually due to a rare medical disorder in elderly patients with very thin jaws, but can occur during extraction of teeth (especially wisdom teeth). If this happens, you will need further treatment. There are some very rare risks with the administration of anesthetics. The most common side effect is nausea, drowsiness, pain and bruising of the intravenous site, and infection. There are some very rare adverse reactions which include, but are not limited to, heart attacks, stroke, blindness, blood pressure problems, need for hospitalization, brain damage and even death. Because of these rare adverse reactions, based on your medical history, your doctor may feel your case should be performed in a hospital. Even though most of these complications occur very rarely, you need to be informed of them to decide if surgery is right for you and not be surprised if complications arise. Please disclose all diseases and medications to your doctor and answer all questions truthfully. Everything is done to ensure your safety and is kept confidential. You and your doctor will select the best possible treatment for you to minimize the risk of surgery.

You and your doctor will also discuss alternatives to surgery. These options may include, medications alone, referral to another specialist, alternative procedures or possibly no treatment at all. Whatever is decided, please know that you will be involved and informed with every decision and/or treatment.

Hopefully this material and your consultation have provided you with all the information necessary to reduce the anxiety of having surgery performed. If there are any questions regarding your care, please call the office and speak to the doctor or other qualified persons and have your questions answered. We want you to have a safe, stressless, and pleasant surgery, and we will do our best at all times to make healing as rapid and as trouble-free as possible.

We thank you for taking the time to read this material.