

Jeremy M Miller, DDS
Sedation Dentistry

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Oral Surgery Post-Op Instructions

DO NOT DISTURB THE SURGICAL SITE: For the next few days, and especially the first 24 hours, it is very important to allow your body to form a good clot and start the natural healing process. Aggressive swishing, sucking through a straw, and smoking can all dislodge the clot, causing "dry socket" which is extremely painful. Keep anything sharp from entering the wound. Avoid chewing directly on the surgical site.

BLEEDING: When you leave the office, you might be biting on a gauze pad to control bleeding. Ensure that the gauze keeps firm pressure on the surgical site for at least 30 minutes. Don't change it during this time; it needs to remain undisturbed while a clot forms in the extraction socket. After 30 minutes you may remove it or replace it with another gauze pad. Do this for an hour or so then discontinue. Small amounts of blood in the saliva can make your saliva appear quite red. This is normal and may be noticed the rest of the day after the procedure. If you suspect greater than normal bleeding, please contact Dr Miller at the number above.

SMOKING: Smoking should be stopped following surgery for at least 3 days. Healing and success of the surgery will be substantially reduced by the cigarette smoke chemicals in your body. Also the suction created when inhaling cigarettes can dislodge the clot. Smokers are at greater risk of developing a painful "Dry Socket".

PAIN: Some pain, discomfort, bruising, nausea, soreness of the gums and jaw are normal after surgery.

SWELLING: Avoid lying flat. Lie with your head elevated above your heart. Use ice occasionally if needed 20 minutes on, 20 minutes off.

BRUSHING: Do not brush your teeth for the first 8 hours after surgery. After this, you may brush your teeth gently, but avoid the area of surgery for 3 days.

RINSING: Avoid all rinsing or swishing for 24 hours after extraction. After 24 hours you may begin gentle rinsing with a saltwater solution (1/2 teaspoon salt + 8 ounces warm water). Avoid commercial mouth rinses.

DIET: Eat soft foods for the first two days. Avoid foods that are crunchy like chips, small like rice, or hard like nuts. Maintain a good, balanced diet. Return to normal regular meals as soon as you are able after the first two days. Drink plenty of water. Avoid alcohol for 48 hours.

ACTIVITY: After leaving the office, rest with your head elevated above your heart and avoid strenuous activities for the remainder of the day. Keeping blood pressure lower will aid healing and reduce pain and bleeding.

FOLLOW-UP APPOINTMENTS: You may need to return to the office to have sutures removed, or just for a brief follow-up healing check.

Please feel free to call Dr. Miller **(614)580-8960** with any questions or concerns.

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Consent for Anesthesia

Patients Name: _____

This is my consent for Dr. Jeremy Miller to perform the oral dental procedures on my examination chart, as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned operation.

I also agree to the use of local anesthesia, IV conscious sedation and/or analgesia (pain control) depending upon the judgment of the dentists/physicians involved with my care.

I have been informed that occasionally there are complications of the treatment, drugs and anesthesia including: Pain, infection, swelling, bleeding, discomfort, numbness, tingling of the lip, tongue, chin, gums, cheeks, teeth pain, numbness, tingling and thrombophlebitis (inflammation of the vein), from intravenous injection, injury to and stiffening of the neck and facial muscles, referred pain to the ear, neck and head, nausea, vomiting, allergic reaction, bone fractures, bruises or delayed healing.

Medications, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination which can be increased by the use of alcohol or other drugs: thus I have been advised not to operate a vehicle or hazardous devices, or work while taking such medications and/ or other drugs, or until fully recovered from the effect of the same. I understand and agree not to operate a vehicle or hazardous device for at least 24 hours or until fully recovered from the effects of such medications, drugs or anesthetics.

I acknowledge the receipt of pre-operative instructions and understand that I should have nothing to eat or drink at least 8 hours prior to receiving anesthetics. In addition, I acknowledge the receipt of and understand post operative instructions and have been given a specific appointment date to return to the office.

I acknowledge that my health history has revealed the following conditions:

1. _____
2. _____
3. _____
4. _____

Because of these conditions, it has been thoroughly explained to me and I completely realize that any surgical procedure may, therefore, be classified as a risk procedure. The risk involved is defined as a greater possibility of experiencing morbidity (the relative incidence or disease) and mortality (the proportion of death to population), during the surgical procedure, than a person in good health. These complications which occur during surgery may involve more than the average amount of post-operative discomfort, increased pain and swelling and delayed healing. I fully acknowledge that these possible complications have been explained. With clear knowledge of all of these possible complications,

I may request further explanation of the risks involved and possible outcome of the procedure. When the patient is a minor or incompetent to give consent, signature should be of a person authorized to consent for the patient.

Signature of Patient or Guardian _____ Date _____

Signature of Escort _____ Emergency #: _____ Date _____

Signature of Doctor _____ Date _____

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Post Operative Instructions for Sedation

1. Sedation anesthetic medication will stay in the persons system for up to 24 hours. Therefore, patients need to have hands on care for 6-8 hours after sedation appointment.
 - No driving or operation heavy machinery for 24 hours
 - The patient may be disoriented and stagger while walking, so someone must assist them while walking.
 - Patient will think they are fine and appear to be fine, but can be unstable.
 - Patients will probably sleep more when they get home. To assist in adequate breathing, keep their head elevated and do not allow them to sleep with chin dropped towards chest.
2. Patients are at risk for dehydration after sedation. To prevent this, encourage sips of clear liquids once patient is alert. Examples of clear liquids are water, apple juice, and flavored waters. The patient will get some fluids through the IV during the appointment.
 - Please eat before taking any medication, soft bland diet can be taken. Crackers, toast, bananas, and applesauce are good examples.
 - Continue the soft bland diet until the next day.
 - Avoid heavy greasy foods the day of the sedation. These will increase the risk of nausea and vomiting.
3. Patients will have bandages where the IV was placed; Remove this bandage 30 minutes after leaving the office. Bruising around the IV site is normal and will go away in a couple of days.
4. Instructions for contacting us with questions and concerns:
 - a. Please feel free to call Dr. Miller on his cell phone (614)580-8960
 - b. Please call your dental office, if you cannot get a hold of Dr. Miller
 - c. Go to emergency room if for some reason you cannot reach a doctor at either of these numbers.

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Pre Operative Instructions for Sedation

Patients Name: _____

Please Read And Follow These Instructions Carefully:

- **Do not eat or drink ANYTHING within 6 hours of the scheduled appointment. You may have clear liquids until within 2 hours of the scheduled appointment.**
- In order to ensure your safety, all patients undergoing sedation or general anesthesia **must be accompanied to the office by a responsible adult who can drive them home.** The escort must be present before surgery is started, and must remain in the office so he/she will be available to assist you home when you are ready to leave the office.
- If you think you may have a chance of being pregnant, take a pregnancy test within 24 hours of surgery. Anesthesia is teratogenic, which means it can cause severe birth defects and put you and your child at risk. Sedation cannot and will not take place.
- Prepare all medications, ice packs, etc prior to going in for your procedure.
- Bring any special prescribed medications (including inhalers or angina medications) with you to your appointment. Take pre-medication one hour prior to appointment if indicated.
- Do not wear makeup, jewelry or have colored nail polish to the appointment.
- Please wear loose fitting clothing with **short** sleeves for easy placement of the blood pressure cuff and ECG monitors.
- If you wear contact lenses, please remove them before coming into the office.
- Patients who have been sedated or put to sleep may not drive or operate machinery for 24 hours; patients should also refrain from making important decisions during that time.

If for any reason you cannot keep your appointment, please call *at least 48 hours* before appointment.

Please feel free to call Dr. Miller on his cell phone **(614)580-8960** with any questions or concerns.

Signature of Patient or Guardian: _____ Date _____

Escorts Signature: _____ Emergency # _____ Date _____

Doctor's Signature: _____ Date _____

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Consent for Extraction

Patients Name: _____ Date of birth _____

Tooth/Teeth #: _____

Extraction is necessary because of:

Un-restorable Infection Decay Broken Tooth/Teeth Other reason: _____

Extraction Treatment:

I understand that I will be given a local anesthetic injection for extraction. Extraction involves the complete removal of a tooth from the mouth. Some extractions may require cutting into the gums and removing supporting bone and/or cutting the tooth into sections prior to removal.

Alternatives to Extraction:

- Root canal Crown Filling Other Tooth cannot be restored
- I understand that non-treatment may result in, but not be limited to: infection, swelling, pain, periodontal disease, malocclusion (damage to the way the teeth hit together) and systemic disease/infection.

Risks of Extraction:

- Post-operative infection or inflammation
- Swelling, bruising, and pain
- Damage to adjacent teeth or fillings
- Possibility of a small fragment of root or bone being left in the jaw intentionally when its removal is not appropriate (such fragments may work their way partially out of the tissue and need to be removed later)
- Delayed healing (dry socket) necessitating several post-operative visits
- Damage to sinuses requiring additional treatment or surgical repair at a later date
- Fracture or dislocation of the jaw
- Damage to the nerves during tooth removal resulting in temporary, or possibly partial or permanent numbness or tingling of the lip, chin, tongue, or other areas

I have provided an accurate and complete medical and personal history to the best of my ability. I will follow any and all treatment and post-treatment instructions as explained and directed to me. I realize that in spite of the possible complications and risks, my recommended extraction is necessary if no there are no alternatives and or it is my choice.

Patient Signature: _____ *Date:* _____

Dentist Signature: _____ *Date:* _____

Witness Signature: _____ *Date:* _____