

Dr. Rose L. Wang, D.M.D.
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POST-OPERATIVE INSTRUCTIONS FOR DENTAL IMPLANTS

Do not disturb the wound. Avoid rinsing, spitting, or smoking on the day of surgery. Do not apply pressure to the implant with your tongue or fingers. There will be a metal healing cap over the implant.

Bleeding

Some bleeding or redness in the saliva is normal for 24 hours. If bleeding continues, please call for further instructions.

Swelling

Experiencing swelling after surgery is a normal occurrence. To minimize swelling, apply an ice pack on and off at 15 minute intervals on the cheek in the area of surgery for the first 72 hours.

Diet

Drink plenty of fluids. Avoid hot liquids or food. Diet should consist of soft foods on the day of surgery. Return to a normal diet as soon as comfortable, chewing on opposite side of implant placement.

Pain

If you experience any pain or discomfort you can take over the counter pain relievers or the prescription provided by the doctor depending on your discomfort. As always aspirin is not recommended following any type of surgery.

Medications

Be sure to take the prescribed antibiotics and medications as directed by Dr. Wang. Vitamin C 1500mg. per day is recommended to help promote healing unless allergic.

Oral Hygiene

Good oral hygiene is essential to good healing. 24 hours after surgery, warm salt water rinses (1/2 teaspoon of salt in an 8oz. cup of warm water) should be used at least 4-5 times a day, especially after meals. Brushing your teeth is no problem. Be gentle initially with brushing the surgical area. Peridex prescription will be started after suture removal.

Wearing Your Prosthetic

Partial dentures, flippers, or full dentures should be used as minimal as possible immediately after surgery and for at least 10 days.

It is our desire that your recovery be as smooth and pleasant as possible. Following these instructions will assist you, but if you have any questions about your progress, please call our office at (781) 862-3333.

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I have received a copy of my post-operative instructions and understand what is required for positive integration of my implants.

Patient signature

Date

Printed name of patient

Date