



Post-Operative Guide: Dental Implants

Section 1: The first 24 hours

What to expect

Pain: The amount of pain you feel after the implant placement has a lot to do with the number of implants and the number of other procedures (Extractions, bone grafting, etc.) done at the same time. The more procedures done at once, the more painful the healing is going to be. If the pain increases significantly a few days (3 to 7 days) after the implant was placed, please call for instructions.

Bleeding: You will bleed in the first 24 hours after surgery. This is totally normal. Keep in mind that when blood mixes with saliva it may appear as if you are bleeding more than you are. Don't sweat it if you're still bleeding a little bit when you go to bed, just put a towel over your pillow and get some shut eye.

Swelling: You are probably going to experience some degree of swelling after surgery. The amount of swelling you have will depend on the number of implants placed and the size of the bone graft if one was placed. The swelling is usually greatest in the first 4 days and should start to decrease by 7 to 10 days. If the swelling increases significantly a few days (3 to 7 days) after the implant was placed, please call for instructions.

Sutures: If sutures were placed directly after surgery, you might feel them with your tongue. Do your best to leave the little guys alone. Messing with them is ultimately going to screw with the healing of the site. The time it takes your sutures to dissolve has everything to do with the type of suture used and how your body reacts to them. The sutures may start to come out anywhere from two days to two weeks after surgery. If non-dissolving sutures were used, our office will need to remove them anywhere from two to six weeks after the day of your surgery.

Strict No-Can-Do's

- (1) Do not rinse with anything for the first day after surgery.
- (2) Do not spit, suck through a straw, or touch the surgical site (don't even pull your cheek or lip to look at it!) for the first 7 days after surgery.
- (3) Do not rub or apply excess pressure to your face to massage the area if bone grafting was done. The bone needs to heal without ANY outside pressure for 3 months.
- (4) Do not smoke or drink alcohol for the first 3 days after surgery.



- (5) Do not exercise, mow the lawn, vacuum the house, shovel snow, or play sports for the first 5 days after surgery. These activities tend to increase the risk of bleeding. For the first 24 hours, you should be a couch potato!
- (6) Do not eat or drink hot foods/beverages (warm is ok) for the first 7 days after surgery.
- (7) Do not consume spicy foods, chips, popcorn, carbonated drinks, or acidic juices (Orange, Grapefruit, etc.) for the 14 days after surgery.

Things you should do

Pressure: If gauze was placed by one of our assistants, bite down gently, but firmly, making sure they stay in place – no talking! Do not change them for the first hour unless the bleeding is not controlled. The packs may be gently removed after one hour. If active bleeding persists, place enough new gauze to obtain pressure over the surgical site for another 30 minutes. The gauze may then be changed as necessary (typically every 30 to 45 minutes). It is best to moisten the gauze with tap water and loosely fluff for more comfortable positioning.

Cold Packs: As you leave the office and when you arrive home, use a cold pack on your face next to the operated area to keep down the swelling. Keep the cold pack on for 20 minutes, then off for 20 minutes. You can repeat this cycle for the first 36 hours.

Medications: Take all the medication given or prescribed as directed. You may have started some of them just before the surgery. Take all the medications with food unless otherwise stated.

Oral Hygiene: Do not rinse your mouth for the first 24 hours. Starting the day AFTER surgery, you may start to brush and floss your teeth. Be extremely careful around the area where surgery was performed. If you are uncomfortable brushing the surgical site then just don't do it! The area will be just fine for the next 2 weeks. Do NOT use the Water-pik or water-flossing devices, they are traumatic to the healing process. Rinsing with the prescription mouthwash, Listerine or warm salt water will help to clean the treated area. To make the salt water rinse; mix one teaspoon of salt with half a glass of warm (NOT hot) water. CAUTION: do NOT rinse vigorously. Instead, place the mouthwash in your mouth and gently rock your head from side to side, bathing the surgical site in the mouth rinse.

Diet: Most patients find it difficult to sit down and eat a normal meal after dental surgery. It's not difficult to see why - chewing, chomping, smacking and sucking can aggravate the treated area resulting in pain. It could also re-open the surgical site which could result in an infection and serious healing complications. We suggest you eat soft foods, take smaller bites and chew only in the areas where there is no dressing or sutures. Avoid highly seasoned foods and sharp foods such as nuts, popcorn or chips. It's important to maintain a nutritious diet while you heal. The patient who maintains a healthy diet of soft foods generally feels better, has less discomfort and heals faster.



Diet Suggestions for the first 24 hours:

**(All food must be consumed at a cool or cold temperature. Nothing warm in the 1st 24hrs!)*

Beverages:

- Fruit smoothies, Protein shakes, Iced tea, Milk, Milk shakes (no straws!), Nutritional Supplement drink (e.g. boost, muscle milk, ensure), Water

Main Courses:

- Cold pasta, Cold Soup, Cold Mashed Potatoes

Desserts:

- Applesauce, Cold pudding, Jell-O, Mousse, Yogurt

Section 2: Days 2-14

What to expect

Pain: Sometimes the second day is as bad if not worse than the first. Hang in there, you're going to get through this. Again, the amount of pain is directly associated with the difficulty of the surgery and number of additional procedures performed at the same time. Pain usually is the worst for the first 3 days and should be gone by 10 to 14 days. If the pain and/or swelling increase significantly a few days (3 to 7 days) after the surgery, please call for instructions.

Bleeding: You may still have a little bit of bleed from the surgical site. This should mainly be in the form of oozing and the appearance should be pink from mixture with your saliva. If you still have heavy bleeding by the end of day 2 give the office a call. Minor bleeding may be evident for the first few days - it will be evident just after you rinse.

Swelling: You may experience additional swelling from what you saw in the first 24 hours. The swelling may continue to get worse the second day. This should level off on day 3 and slowly begin to decrease by day 4 or 5. Again, the amount of swelling will be directly associated with the difficulty of the surgery and the number of additional procedures performed at the same time. The swelling is usually greatest in the first 5 days and should start to decrease by 7 to 10 days. If the swelling increases significantly a few days (3 to 7 days) after surgery, please call for instructions.

Bruising: The development of a black, blue-green or yellow discoloration is the result of blood spreading under the tissues. It's quite normal for a bruise to form in the first 2-3 days after surgery. The size and length of time you have the bruise will be directly related to the size and complexity of the procedure. Most bruises go away in 7 days; however, some may persist for up to 14 days after surgery.



Things you should do

Warm Packs: After the first 24 to 36 hours the cold packs can be switched to warm packs, although this is not required. Gentle pressure is all you need. Make sure it's not hot!

Diet: Your diet after the first 24 hours will be a little different from the first 24 hours. The rule of thumb is as follows: If you can pinch through it easily, you're allowed to eat it! We suggest you continue eat these soft foods, take smaller bites and chew only in the areas where there is no dressing or sutures

Diet Suggestions for Days 2-14:

**(In addition to the list for the first 24hrs, you can also enjoy the following suggestions. Any of your options for day 2-14 can be consumed either warm or cold – NEVER HOT!)*

Beverages:

- Apple Cider, Coffee, Tea – Green, Black, or Herbal

Breakfast:

- Scrambled eggs, Omelets, Oatmeal, French Toast, Pancakes, Waffles, Soft Cereals

Lunch and Dinner:

- Soups, Pasta, Fish fillets (steamed or baked), Frittata, Stews, Crock-pot meals, Slow cooked meats, Slow cooked veggies, Mac and Cheese, Meatloaf

Section 3: Day 15 and on

What to expect

Pain and Swelling: You should no longer be experiencing major pain into the third week of healing. If you feel an increase in pain or swelling please give the office a call to discuss your symptoms.

Sutures: If resorbable sutures were used they will probably be dissolved by now. If non-resorbable sutures were used they will likely be removed at your two-week post-operative appointment (Sometimes we leave them in longer). If you feel a suture might still be present after the sutures were supposed to be removed, please call the office to have it evaluated.

Things to avoid

Continue to avoid using the water-pik close to the surgical site for the first month after surgery. Continue to avoid rubbing or applying excess pressure to your face to massage the area if bone grafting was done. The bone needs to heal without ANY outside pressure for 3 months.



Things you should do

By the second week you should be feeling close to your old self (hopefully better!). Discontinue using the prescription oral rinse. Continue to take caution brushing and flossing around the surgical site, but don't be afraid to make sure things are clean back there!

Diet

It's always a good idea to continue to take smaller bites and chew only on the opposite side of where your surgery performed. If surgery was performed on both sides, make sure to strictly follow the soft food diet recommendations listed for Days 2-14 after surgery. Continue this diet until your 3 to 4-month healing evaluation appointment with our office.

Implant Integration

The time it takes for the implant to fuse with the bone (Osseointegration) varies based on your overall health, the amount of grafting performed, and the type of natural bone you have in your jaw. Generally, implants will take anywhere from 3 to 6 months to completely fuse with the jawbone

Uncovering your Implant

Sometimes implants are covered with your gums and left to heal under your gums. If your implant(s) were covered they will need to be uncovered before your tooth can be placed on the implant. Our office will have set up a date to uncover the implant based on the time we think the implant will need to fuse with your bone. Uncover the implant involves a small second stage surgery where an opening is made through the gums, just above the implant. A Healing Cap will then be screwed onto the implant. It will be positioned so that it sticks up slightly higher than your gums. The purpose of the healing cap is to "Heal" your gums with an opening for your crown to be placed into.

Your Final Crown

After the Healing Cap has been placed you will need a minimum of two weeks to heal before designing your final crown (sometimes longer). The gums need to be stable before your final crown can be placed.



Section 4: What's Next?

Maintaining your Results

While implants are the closest thing to replacing natural teeth, they are NOT the same. Implants do not form the same tight connection to your gums like your teeth do. This puts them at risk for trauma and gums disease if they are not properly maintained. The following is a list of things you can do to reduce the risk of disease around your implant:

- (1) Brush your teeth, and your implants twice per day for two minutes at a time. Make sure you are not just brushing the crown on top of the implant – brush the gum line. Remember, the bacteria that infect your implant will sneak into the gap between your implant and your gums. If they get too deep you will no longer be able to reach to them to clean them out!
- (2) Floss your teeth, and your implants once per day. Flossing an implant is completely different than flossing a tooth. Implants are circular, which allows you to floss them as if you were polishing a shoe or drying off with a towel. Ask our staff for specific instructions.
- (3) See your dentist every 3 months if you have a history of periodontal disease and every 6 months if you do not have periodontal disease. If you aren't sure of your history of periodontal disease the follow is a list of ways you might be able to tell: (1) You've had Scaling and Root Planing in the past (This is the same thing as a "Deep Cleaning"), (2) You've have gums surgery in the past, (3) Your past cleaning required you to be numbed, (4) Your dentist had you scheduled to clean your teeth every three months, (5) You've lost teeth because they became loose, (6) Your parents lost their teeth to gum disease.

Implant Disease is Sneaky

Just because it doesn't hurt, don't mean there's nothing wrong! Remember, there aren't nerves in implants, which means, you won't be able to feel pain or discomfort in the initial stages of dental implant disease. Instead, the infection will smolder under your gums until it turns into a much bigger problem. Unfortunately, by the time you DO notice pain it will be too late and irreversible damage may have already occurred. So, what's the solution? See your dentist and your periodontist on a routine basis. We want to catch implant disease early, before irreversible damage has been done!

Eliminating Risk Factors

You've just made a financial investment in dental implants. Therefore, you probably want to protect your investment by reducing or eliminating anything that might put your implant in



jeopardy. The following is a list of risk factors that have been shown to be associated with early dental implant loss or dental implant disease:

- (1) Periodontal Disease
- (2) Smoking (this includes cigarettes, cigars, pipes, marijuana, and vaporizers)
- (3) Poorly controlled Diabetes (this includes both type I and type II Diabetes)
- (4) Cardiovascular Diseases (this includes High Blood Pressure, Stroke, Aneurysm, Atherosclerosis, Heart Valve Disease, and Acute Coronary Syndrome)

In the case of an emergency you can reach either Dr. John Thousand or Dr. Bob Thousand on their cell phones:

Dr. John Thousand Cell: 303-250-4091

Dr. Bob Thousand Cell: 904-669-9661