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Your child received dental services in our office today. Please review the instructions and guidance below to ensure your child's mouth heals properly and to minimize any post-operative complications.

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Diet:

- Start with clear liquids (water or diluted juice). If no nausea or vomiting, you can give soft, bland foods (applesauce, noodles, pancakes, plain pasta, french toast, scrambled eggs, etc.). **NO DAIRY for 24 hours!**
- If your child received any local anesthesia, please **DO NOT** give them anything to chew, until they can feel their cheeks and tongue (usually 2-3 hours). We want to prevent your child from biting their lips, cheek, and tongue.
- **24–48 hours:** Resume normal diet as tolerated. Encourage intake of fluids. May eat soft foods.
- **48–72 hours:** (2-4 days) child may do better with softer foods if tenderness or discomfort persists beyond 48 hours

Activity:

- For the next 24 hours quiet play is best. **NO** bike riding, scooters, riding toys, swings, climbing, running, jumping, trampolines, or swimming.
- To prevent injuries/falls—Do not leave child unattended for 24 hours after surgery, as they may be unsteady. Assist to bathroom, using stairs, and walking around to prevent injury.

Bleeding:

- Nose Bleeds are very common after surgery. Do not allow child to blow their nose. This may dislodge a clot that has formed after the breathing tube was removed. If a nosebleed occurs, pinch the end of the child's nose with a tissue for 10 minutes with their head slightly forward.
- Expect some bleeding from teeth/gums, especially around crowns and where teeth were removed. Allow child to bite on gauze or rolled paper towels to slow bleeding.

Pain:

Your child may complain of discomfort after procedure. It is recommended that you alternate Acetaminophen (Tylenol) with Ibuprofen (Motrin/Advil) every 3 to 4 hours for the first 24 hours.

- Your child may have Children's Tylenol at any time after surgery, then every 4 hours as needed for pain.
- Your child received an intravenous version of Ibuprofen in the operating room. **Your child may have Children's Ibuprofen, Advil, or Motrin at _____ p.m.**
- Your child may complain of a sore, scratchy throat for a few days from the breathing tube that was placed while they were sleeping. Cool fluids, ice packs, ice pops, Tylenol, and/or Ibuprofen may help.



Swelling:

- First 24 hours: Your child may have swollen lips and cheeks from the procedure. Swelling may increase for up to 24 hours after procedure.
- 24–48 hours: swelling should begin to resolve. Your child may be more comfortable with their head elevated or when sitting upright. Ice packs may be applied to jaw and cheeks to help with discomfort from facial and lip swelling. Apply ice pack for 30 minutes on, remove for 15 minutes, repeat as needed.
- After 48 hours: Swelling should be improved at this point. If swelling increases after 48 hours and child is in pain, please contact your dentist's office for evaluation.

When to call for medical advice: If your child experiences the following symptoms, please call his/her physician, or go to the local emergency room.

- Persistent nausea or more than 2 episodes of vomiting
- Extreme or unusual pain despite the use of Tylenol and/or Advil.
- Swelling of the face, jaw, lips, eyes that gets progressively worse
- Fever over 100.5 degrees Fahrenheit despite giving Tylenol/Ibuprofen.
- Any difficulty breathing, or any "croupy" sounding cough that gets progressively worse

Extractions:

- Some dentists may use Gelfoam which is dissolvable and safe for children. Gelfoam allows the surgical area to clot. Gelfoam will reabsorb, do not pull out.
- Some Dentists use dissolvable sutures. These will dissolve on their own.
- No straws, bottles, or breastfeeding for 24 hours after extractions to avoid dry socket
- Do not brush around or on extraction site or use mouthwash for 24 hours
- Do not use Orajel or similar products in your child's mouth.
- After 24 hours it is recommended to use warm salt water rinse to keep site clean for up to a week.
- No type of mouth suctioning for 48 hours after surgery

Crowns:

- No sticky, gummy, hard foods, candies, or vitamins until crowned baby tooth falls out.
- Gums will be tender where crowns were placed. A warm soft washcloth or soft toothbrush moved in gentle circle motions may be used to clean area until gums are less tender.
- Crown and baby tooth will fall out as one piece when baby tooth is naturally ready to fall out.
- Treat crowned tooth like a normal baby tooth (floss and brush normally).



Spacers:

- No sticky, gummy, hard foods, candies, or vitamins.
- Will have to return to office to have removed, will be discussed with dentist at follow-up visit.

When to call your dentist: If your child experiences the following symptoms, please call the dentist.

- Extreme or unusual pain despite the use of Tylenol and/or Advil.
- Swelling of the face, jaw, lips that gets progressively worse (especially after 48 hours)
- Fever over 100.5 degrees Fahrenheit despite giving Tylenol/Ibuprofen.

You will receive a telephone call from the surgery center 24 to 48 hours after your child's procedure (excluding Saturday and Sunday) to follow up on your child's post-operative well-being.

If you have concerns/questions specific to your child's dental care, please contact your child's dental office to speak with a dentist.

If you have questions regarding anesthesia or post-operative care, please contact the surgery center where you child's case was performed to speak with a nurse.



Children's Dental Surgery of Bethlehem:	(484) 892-6777
Children's Dental Surgery of Lancaster:	(717) 481-4828
Children's Dental Surgery of Malvern:	(610) 518-4937
Children's Dental Surgery of Philadelphia:	(267) 857-1400

While we hope you've had a positive experience with our team, we know there's always room for improvement. You will receive a survey via e-mail. Please let us know how we are doing by providing feedback.



**Children's
Dental Surgery**

Post-Operative Discharge Instructions

PLACE PATIENT ID LABEL HERE

ACKNOWLEDGEMENT OF RECEIPT OF DISCHARGE INFORMATION

I have received a discharge packet on the day of my child's procedure. I have been given the opportunity to ask questions, as well as contact information in the event of future concerns or questions after discharge.

The best number for the post-operative phone call is: _____

Who will be contacted at this number: _____

Parent/guardian signature: _____