



Ralph M. Green, D.M.D.

Oral & Maxillofacial Surgery

3809-B POPLAR LEVEL ROAD • LOUISVILLE, KENTUCKY 40213 • (502) 459-4273
3935 DUPONT CIRCLE, SUITE D • LOUISVILLE, KENTUCKY 40207 • (502) 897-0424

PRE-OPERATIVE INSTRUCTIONS TO SURGERY PATIENTS

If you are to have oral surgery under general anesthesia or sedation, the following items are important for you to understand:

BEFORE SURGERY

A responsible adult who can sit with you in the recovery room and then drive you home, must be present before the surgery begins and remain in the office during your surgical procedures. You may be somewhat drowsy from the anesthetic for a few hours, and you should be escorted at all times until you are safely home.

Please wear loose fitting clothing, preferably short sleeves.

Most importantly -- **ABSOLUTELY NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE SURGERY!**

NO FINGERNAIL POLISH, CONTACT LENSES OR NECK JEWELRY!

DURING SURGERY

First, your vital signs will be taken - pulse, blood pressure, etc. . . This is done routinely.

The anesthetic will be given through a vein in your arm. The effects are very rapid, and soon you will feel sleepy. You will also be given more oxygen to breathe.

Once you are asleep, a local anesthetic will be administered so that when the procedure is over, you will feel no discomfort.

AFTER SURGERY

You will be allowed to rest in the recovery room for a while until you feel strong enough to leave. Someone may sit in the recovery room with you at this time.

You will have some gauze sponges in your mouth, which you should bite on until you get home. You will be given more to replace them as need be.

You will be given a prescription for post-operative discomfort, as well as an appointment for suture removal, if necessary.

You will also be given written and oral instructions for your post-operative care.

If you have any questions, please call the office at any time.



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POST-OPERATIVE INSTRUCTIONS TO SURGERY PATIENTS

Following any oral surgery procedure, there are several important instructions for you to follow to insure proper healing and to avoid problems. **Please read and follow these items carefully.**

1. **BLEEDING** ~ Some bleeding is expected, and this may continue for up to 24 hours. **BITE ON GAUZE FOR ONE HOUR.** Change to fresh gauze **each hour** as long as oozing continues. Be sure the gauze is placed directly over the site of bleeding, and firm biting pressure is applied. A moistened tea bag may be substituted for gauze if oozing persists after 4 to 5 gauze changes. Blood tinged saliva often appears as excessive bleeding, but rarely is this significant.
2. **PAIN** ~ Following any oral surgical procedure, one may experience pain and discomfort when the local anesthetic has worn off. If significant discomfort is anticipated, pain medication will be prescribed (otherwise Tylenol or ibuprofen will suffice). If the patient is awake and alert, medication may be taken about 2 hours after surgery as the numbness is wearing off. Some liquids should be taken with the medication and repeat doses taken as prescribed. Drowsiness often is caused by narcotic pain medication, so **caution** must be observed by the patient in his/her activities.
3. **SWELLING** ~ This also is a normal event following surgery and will reach a maximum in about 72 hours. Head elevation on 2-3 pillows will help minimize the swelling. Ice packs should be applied for the first 24-48 hours. Then warm washcloth compresses or heating pad may be applied intermittently for the next several days. Care must be taken not to freeze or burn the skin during this time.
4. **NAUSEA** ~ Many patients will experience nausea and vomiting soon after surgery. This is due to either the general anesthetic, the pain medicine, or a small amount of swallowed blood. Clear liquids such as ginger ale, 7-Up, soup broth should be taken in small sips and this may need to be repeated if vomiting continues. If nausea has not decreased by the following day, notify our office.
5. **ORAL CARE** - Do not spit, rinse mouth, use a straw, or brush teeth until the next day after surgery. Gentle oral rinsing with one teaspoon of salt in a small glass of **warm water** should be done 6-10 times a day for about one week. A clean mouth promotes good healing. The teeth must be kept clean by brushing with a soft toothbrush 2-3 times daily. Avoid the surgical site, but clean the teeth in the area carefully. **SMOKING IS PROHIBITED** for 48 hours after surgery, because smoking will **delay healing** and increase the chance of infection.
6. **DIET** ~ Proper nutrition is important to assure rapid and effective healing. Immediately after surgery, the patient should have **liquids only** (warm soup, juice, milk, soft drinks) for **12 hours**. No chewing until the numbness has entirely gone. Soft foods (cooked vegetables, scrambled eggs, or other food of similar consistency) may then be given. Beginning the next day, the diet may then be advanced gradually to regular foods as the patient tolerates. Sharp foods (potato chips, popcorn) should be avoided for at least one (1) week. It is likely that the patient will be unable to open his/her mouth fully. This is due to the swelling and will resolve as the swelling resolves and the more the jaws are exercised.
7. If excessive bleeding continues after several attempts of biting on gauze or if you are experiencing excessive pain that your prescription isn't controlling or if swelling increases and becomes painful after the first 48 hours, call our office.



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OFFICE FINANCIAL POLICY

It is the policy of this office to make complete payment arrangements at the time of the office visit. This may be handled in one of the following ways:

1. If you are here for a consultation, payment for the office visit and any x-rays is expected today. The fee for any indicated surgery will be discussed with you.
2. If you have dental insurance, or medical insurance that covers Oral Surgery, your portion of charges (the co-payment) is expected at the time services are performed. We will call your insurance company to verify your coverage and collect information regarding your anticipated coverage benefits. We will refund any overpayment to you or send you a bill for any underpayment.
3. If you do not have dental insurance, payment in full is expected at the time of surgery, unless prior arrangements are made with the office manager. In addition to cash and checks, we also accept Visa and Mastercard, or other monthly payment options.
4. We welcome and encourage frank discussion of services and fees prior to treatment in order to avoid misunderstandings.

This is to certify that I, _____, accept full responsibility for all charges incurred by (patient) _____ for diagnostic/surgical treatments performed by Dr. Green and/or associates, as is necessary in their judgement.

All amounts not paid within ninety (90) days after the day of treatment will be considered in default and subject to certain delinquency charges, which I agree to pay. It is understood by me that the delinquency charges will be computed by applying a rate of one (1) percent per month, which is an annual rate of twelve (12) percent, to the unpaid balance beginning ninety (90) days after treatment, until paid. It is understood by me that should my account be turned over for collection, then I will be responsible for collection costs, including reasonable attorney's fees.

**** I authorize release of all medical/dental records necessary to process an insurance claim and hereby assign benefits to Ralph M. Green, D.M.D.

Name of Bank

Signature

Routing Number Account Number

-or-

Date

Credit Card Number

Social Security Number

Exp. Date CVV