



Expectations Following Tooth Removal

Tooth removal, like any other surgical procedure, can have a number of post-operative symptoms. The following list of symptoms may occur, in varying degrees of severity, depending upon the specific procedure and degree of difficulty involved in the extraction.

Swelling: Your face may swell and be sore, and you may have difficulty opening your mouth. The swelling subsides over 2 to 3 days but can be relieved by using an ice pack for 20 minutes at a time several times a day for 1 to 2 days postoperatively.

Pain: The pain you experience will vary depending upon a number of factors, including underlying pain thresholds. Pain can be controlled with medication such as Nurofen or Panadol every 3 or 4 hours. Nurofen is also helpful in minimizing swelling. If greater pain occurs, contact DentalCareXtra.

Bleeding: Minor bleeding can occur for 24 hours after any tooth removal. This can be controlled by biting on a rolled-up gauze pack placed over the extraction site. (The Dentist will provide you with a pack at your appointment). If bleeding continues, contact DentalCareXtra. It is possible to get bruising inside the mouth and/or on the face and neck but this is rare and if it occurs, it will subside over the following week.

Infection: Bone, gum, and or facial infection may occur following tooth removal. Mouth rinsing with Chlorhexidine can help prevent this. If you suspect infection has occurred, contact your Dentist immediately.

Numbness and Altered Taste: There is a possibility of altered sensation (numbness, burning, itching, and altered taste) of the lips, teeth, chin, cheek, or tongue after the extraction. The exact duration may be indeterminate and may (in rare cases) be irreversible.

Dryness and Cracking: Of lips and corners of the mouth may occur and can be relieved by applying a lanolin type or paw-paw ointment to these areas postoperatively. Cleaning of the remaining teeth is essential. If necessary, use a child's toothbrush.

Root Fracture: May occur during tooth removal. Where possible, the fractured root shall be removed at the time. In some circumstances, the fractured root tip may be left in situ and monitored, or a second appointment or referral may be required.

Bone Fragments: It is not uncommon for small hard fragments (splinters, shards, chips) of tooth or bone to work their way to the gum surface in the days following an extraction. This is nothing to worry about, and if sharp and annoying, your dentist can easily remove these.

Weakened Jaw/Bone Fracture: Removal of impacted teeth can cause a temporary weakening of the jawbone. Contact sport should be avoided following tooth removal for at least four weeks. Should the jaw fracture at the time of surgery (unusual), the fracture will be stabilized and may require referral to a specialist.

Sinus: Penetration of tooth roots into the sinus or a hole in the floor of the sinus may be created upon removal of an upper posterior tooth. Usually, this does not cause a problem, and healing will occur uneventfully. Where roots do enter the sinus, retrieval is required and may be carried out at a subsequent appointment or require referral.

Sutures: May be used and will either be dissolving or non-dissolving, which require removal after seven to 10 days post-placement.

Delayed Healing or Dry Socket: Delayed and painful healing of the extraction site can occur. If your condition deteriorates after 3 to 5 days, contact DentalCareXtra immediately for prompt attention.

Allergy: Reactions to drugs, medication, or anesthetics can occur. If you feel or sense an adverse reaction, stop taking the medication, and contact DentalCareXtra.

This information is to assist patients in providing informed consent before tooth removal procedures. If you have any queries on any of the above or wish to discuss them in greater detail, do not hesitate to discuss them with your Dentist before your treatment.

If any problems occur or you are concerned about your progress, please contact us.

The Dentist has answered all of my questions, and I fully understand the above statements in this consent form.

Home Care Following Tooth Removal

Observing the following instructions will promote uneventful healing of the extraction site:

Bleeding: If there is any sign of bleeding, place fresh gauze as provided, over the extraction site, and apply constant pressure (usually by biting) for at least 20 minutes, then discard.

Replace the pack with a fresh one if bleeding hasn't stopped. Some "oozing" is to be expected and can occur for two days, but if concerned at all – contact DentalCareXtra.

Eating: Avoid eating until the anesthetic effect (numbness) has worn off.

Extraction site: Avoid the following for at least 24 hours to prevent loss of the blood clot;

1. Vigorous mouth rinsing.
2. Hot food and drinks.
3. Hard and crusty food
4. Alcohol consumption and smoking.
5. Excessive exercise.

Pain: Analgesics such as Nurofen or Panadol may be used if required, either as directed by your Dentist or as per the instructions on the packet. DO NOT use analgesics containing *Aspirin*. If another medication has been prescribed, this should be taken as directed.

Home Care: An ice pack can be applied to the affected side of the face for 20 minutes at a time several times a day during the first 24 hours.

Rinsing: Warm salt-water mouth rinses should be commenced the day after an extraction (A teaspoon of salt in a glass of warm water, three times a day for five days). A chlorhexidine mouthwash can be used if preferred, e.g., Difflam C or Curasept.

Immediate Denture: If a denture has been fitted, leave it undisturbed until the following day when it can be removed, and normal cleaning procedures followed.

Oral Hygiene: Continue to brush remaining teeth. The use of a toothbrush with a small head will assist the gentle brushing of teeth around the extraction site.

If you have any questions regarding these in-home instructions, Please call us.



Tooth Removal Consent

I authorize Dr. _____ to perform the removal of tooth/teeth _____

For myself/child _____ date of birth _____

Alternatives to the above procedure have been discussed and offered to me, including:

- No treatment
- Restoration of the tooth (including root canal therapy if required)
- Other _____

Important Note: For a child under 12 years old, a space maintainer is required to maintain the teeth in the appropriate position and to prevent bite collapse and crowding and minimize the need for orthodontic treatment.

The Dentist has explained the effect and nature of the proposed treatment to me. Where further or alternative measures might be necessary during or as a consequence of the procedure, these will be discussed with me.

I consent to the administration of local anesthetic and antibiotic therapy as required for the treatment. As with any treatment involving the body, there are some inherent risks and limitations. I have been informed of possible risks and complications involved with the procedure, drugs, and anesthesia.

Such complications include, but are not limited to:

- Pain.
- Swelling.
- Bleeding and/or bruising.
- Infection / dry socket
- Numbness and altered taste sensations of the lip, tongue, chin, cheek, or teeth.

The duration of these symptoms will vary

- Injury to the surrounding teeth or restorations.
- Bone fractures/fragments.
- Root fractures.
- Sinus penetration during the extraction of upper tooth.
- Delayed healing.
- Allergic reactions to drugs or medications used.

The Dentist provided me with greater detail on the above complications verbally and gave me a handout titled 'Expectations Following Tooth Removal.'

I understand that smoking, consumption of alcohol, and excessive exercise within 24 hours of the procedure may delay healing.

To my knowledge, I have given an accurate report of my physical and medical health history.

I have read and understood the 'Expectations Following Tooth Removal' information sheet provided.

Patient/Guardian Signature: _____ Date: _____

Dentist Signature: _____ Date: _____