

### FACTS ABOUT ORAL SURGICAL PROCEDURES

#### WHAT YOU SHOULD TELL US BEFORE ORAL SURGERY

1. There is a change to your general health recently
2. You have a cold, 'flu or upper respiratory tract infection
3. You take any medicine on a regular basis e.g. diabetic pills, heart medicine, anticoagulants.... etc.
4. You have a bleeding problem
5. You are allergic to any drug e.g. penicillin, aspirin, local anaesthetic...etc.
6. You are pregnant

These are important information we ought to know BEFORE surgery in order to avoid any unexpected complication.

#### WHAT YOU SHOULD EXPECT AFTER ORAL SURGERY

1. The wound will be painful for the first day.
2. For effective control of post-operative discomfort, 800mg of Ibuprofen (Advil or Motrin) should be taken 1 hour BEFORE surgery and thereafter 400mg every 4-6 hours for 1 day.
3. The gum and cheek will be swollen, and occasionally bruise, for about 5-7 days.
4. If anti-swelling drug is prescribed, 8mg should be taken in the morning on the day of surgery, 6mg in the 2<sup>nd</sup> day and 4mg in the 3<sup>rd</sup> day and this will effectively prevent any post-operative swelling.

#### WHAT ARE THE POSSIBLE COMPLICATIONS OF ORAL SURGERY

1. The surgical wound may become infected. (To prevent this, make sure you rinse your mouth frequently with warm salt water for the first week after surgery).
2. Adjacent fillings may be dislodged and adjacent teeth may be fractured.
3. There may be sinus perforation after upper molar extraction.
4. Tuberosity (Bone behind upper wisdom teeth) may fracture after upper wisdom teeth extraction.
5. The roots of the tooth being extracted may fracture and you will be informed after the surgery should we decide to leave them behind undisturbed to prevent damage to surrounding vital structures such as nerves and blood vessels.
6. Although rarely happen, some people may experience short or long term paraesthesia (altered sensation) or anaesthesia (numbness) to the lip, cheek and tongue.

### CONSENT

I, \_\_\_\_\_ having read and understand the above information hereby agree to have the surgical procedure(s) performed by Dr. Ricky See under local anesthesia and I.V. Sedation this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(Patient/Parent Signature)