

# IMPACTED TEETH REMOVAL

Here you can find:

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✓ **FAQ: Frequently Asked Questions**

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## ✓ **GENERAL DESCRIPTION**

Wisdom teeth or third molars are the most common teeth that become impacted, but they are not the only ones to become impacted. IMPACTED means the teeth are stuck for some reason and given all the time in the world they will not fully erupt. Impacted teeth that are close to the surface of the gum carry the risk of infection and may cause bone loss of adjacent teeth. Impacted teeth that are deep in the bone can develop cysts and tumors. Rarely cancers can develop associated with impacted teeth. But not all impacted teeth need to be removed. It depends on the age they are discovered among other factors. Dr. Heffez will be able to tell you if your impacted teeth should be removed.

## ✓ **FAQ: IMPACTED TEETH**

**What are the greatest risks of removing impacted wisdom teeth?**

For the lower wisdom tooth the greatest risk is injury to two nerves: the nerve that goes to the tongue (Lingual Nerve) and the nerve that goes to the lip, chin, gum, and tongue (Inferior Alveolar Nerve). Both rarely occur because care is taken in the removal of the teeth by cutting them up into little pieces and each piece is gently removed from the socket.

For upper wisdom teeth the greatest risk is creating an opening in the sinus. If this occurs, it is usually caused at the time of surgery.

For a detailed review of the risks, read the **CONSENT FORM**. If you have any questions, ask Dr. Heffez.

### **How long will it take for me to return to school or work?**

If a wisdom tooth is removed as a teenager, the recovery is very quick. Usually you are fine the next day but feel a bruise inside your mouth and have limited mouth opening or stiffness. The soreness will last 5-7 days depending on the severity of the impaction. If you are in your 30's, the recovery is longer. You can still return to work after 1-2 days, but you will not feel 100% for about 2 weeks.

### **What food can I eat after the surgery?**

Usually, you will be on liquid food for the first day and then, soft food the remainder of the week.

### **Should I have all my four wisdom teeth removed at one time?**

Usually, all four wisdom teeth, if indicated to be removed, are removed at one sitting. Remember not all wisdom teeth may need to be removed. If a wisdom tooth carries a high risk for injury to a nerve in your jaw, then Dr. Heffez may choose to do one side at a time. If all wisdom teeth are removed at one sitting, there will be only one recuperative phase and one anesthetic.

### **If there is a tumor or cyst suspected will the tissue be biopsied?**

Yes. The tissue will be submitted for **BIOPSY**.

### **Should I have my wisdom teeth removed while awake or while I'm asleep?**

Dr. Heffez always uses local anesthesia, that is, he numbs your jaw. If you are awake you will NOT feel any pain but you may feel the pin prick of the anesthetic needle, pressure of extracting the teeth, hear the noise of the drill and the working conversation of Dr. Heffez and the assistant. If you feel these distractions will bother you, then an **INTRAVENOUS ANESTHESIA** is offered. With this technique you 'wake up' without being aware of the difficult parts of the procedure.

### **Why am I charged different prices for impacted teeth?**

Impacted teeth are classified according to the amount of work required to remove them. If the teeth are covered with bone, require sectioning or cutting into small pieces and removal of bone, they are considered **FULL BONY** impacted teeth. Impacted teeth are classified according to difficulty: bony, partial bony, and soft tissue impacted.

### **Why do we have wisdom teeth?**

Even the ancient Egyptian mummies had wisdom teeth. Most people develop wisdom teeth. A few people are lucky not to develop these teeth. These teeth frequently become impacted because the teeth and jaw are not properly matched. This may occur due to the genetics governing the size of the teeth and jaw in your parents.

**Are impacted teeth covered under medical or dental insurance?**

Full bony impacted teeth are usually covered under medical insurance, but each insurance plan is different. We will check your insurance by providing a pre-estimate or calling the company.

**✓ CONSENT FORM**

**PATIENT IS TO INITIAL EACH PARAGRAPH AFTER**

**READING**

**PATIENT'S NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

This is my consent for Dr. Leslie B. Heffez and/or any oral and maxillofacial surgeon who is working with him/her to perform the following treatment/procedure/surgery:

as previously explained to me, or other procedures deemed necessary or advisable as necessary to complete the planned operation.

I understand that the purpose of the procedure/surgery is to treat and to possibly correct my diseased oral/maxillofacial tissues. The doctor has advised me that, if this condition persists without treatment or surgery, my present oral condition will probably worsen in time, and the risks to my health may include, but are not limited to, the following: swelling, pain, infection, cyst formation, periodontal (gum) diseases, dental caries, malocclusion. pathologic fracture of jaw, premature loss of teeth, and/or premature loss of bone.

I have been informed of possible alternative methods of treatment, if there are any.

Dr. Leslie B. Heffez has explained to me that there are certain inherent and potential risks in any treatment plan procedure and that in this specific instance such operative risks include, but are not limited to: (initial items applicable)

1. Postoperative discomfort and swelling that may necessitate several days of home recuperation.
2. Heavy bleeding that may be prolonged.
3. Injury to adjacent teeth and fillings.
4. Postoperative infection requiring additional treatment.
5. Stretching of the corners of the mouth with resultant cracking and bruising.

6. Restricted mouth opening for several days or weeks.
7. Decision to leave a small piece of root in the jaw when its removal would require extensive surgery
8. Breakage of jaw.
9. Injury to the nerve underlying the teeth, resulting in numbness or tingling of the lip, chin, gums, cheek, teeth, and/or tongue on the operated side. This may persist for several weeks, months, or, in remote instances, permanently.
10. Opening of the sinus (a normal cavity situated above the upper teeth) requiring additional surgery.
11. Loss of taste.
12. Other

I agree and understand I am not to have and/or have not had anything to eat or drink for \_\_\_\_\_ hours before my surgery.

I consent to administration of such local and/or general anesthesia as deemed necessary by Dr. Leslie Heffez and/or his/her designated assistants to accomplish the proposed procedure.

I certify that I have not taken any street drugs or non-prescribed medication within the last 24 hours, including, but not limited to cocaine, heroin, and marijuana.

I realize that by not revealing this information, I place myself under significant risk for the surgical procedure and the anesthesia.

Medications, drugs, anesthetics, and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs; thus, I have been advised not to operate any vehicle, automobile, or hazardous devices, or work while taking such medications and/or drugs; or until fully recovered from the effects of same, I understand and agree not to operate any vehicle or hazardous device for at least twenty-four (24) hours after my release from surgery or until further recovered from the effects of the anesthetic medication and drugs that may have been given to me in the office or hospital for my care. I agree not to drive myself home after surgery and will have a responsible adult drive me or accompany me home after my discharge from surgery.

I understand that certain anesthetic risks, which could involve serious bodily injury, are inherent in any procedure that requires a general anesthetic.

If any unforeseen condition should arise in the course of the operation, calling for the doctor's judgment or for procedures in addition to or different from those now contemplated, I request and authorize the doctor to do whatever he/she may deem advisable.

No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences there exists a risk of failure, relapse, selective retreatment, or worsening of my present condition despite the care provided. However, it is the doctor's opinion that therapy would be helpful, and that a worsening of my condition would occur sooner without the recommended treatment.

I have had an opportunity to discuss with Dr. Leslie B. Heffez my past medical and health history including any serious problems and /or injuries.

I agree to cooperate completely with the recommendations of Dr. Leslie B. Heffez while I am under his/her care, realizing that any lack of same could result in a less than optimum result.

I understand that any tissue specimen taken for a biopsy will be submitted to a pathologist for examination and diagnosis. I also understand that I will be billed separately for this.

**I CERTIFY THAT I HAVE HAD AN OPPORTUNITY TO READ AND FULLY UNDERSTAND THE TERMS AND WORDS WITHIN THE ABOVE CONSENT TO THE OPERATION AND THE EXPLANATION REFERRED TO OR MADE, AND THAT ALL BLANKS OR STATEMENT REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPHS, IF ANY, WERE STRICKEN BEFORE I SIGNED, I ALSO STATE THAT I READ AND WRITE ENGLISH**

Date  
Patient, Parent, or Guardian  
Doctor  
Witness

## **✓ CONSENTIMIENTO**

Usted esta en su derecho de que se le sea dada la informacion pertinente con relacion al tratameineto de implantes propuesto para que asi usted con la suficiente informacion pueda tomar la decision de continuar o no con la cirugia y subsecuente restauracion de los mismos.

Lo que se le pedira que usted firme es una confirmacion de que nosotros discutimos la naturaleza del tratamiento propuesto, los riesgos asociados a el y los tratamientos alternativos que se pudiesen hacer.

Paciente: \_\_\_\_\_ Fecha: \_\_\_\_\_

**POR FAVOR COLOQUE LAS INICIALES EN CADA PARRAFO DESPUES DE LEERLO. SI TIENE ALGUNA PREGUNTA, FAVOR PREGUNTELE A SU DOCTOR ANTES DE ESCRIBIR SUS INICIALES.**

1. Yo autorizo al Dr.(s) \_\_\_\_\_, y cualquier otros agentes, asistentes, o empleados escogidos por el/ellos para que realicen la cirugia y el tratamiento restaurativo que aparece indicado luego de los estudios diagnosticos y/o evaluaciones realizadas previamente.
2. El procedimiento necesario para tratar esta condicion se me ha sido explicado y yo entiendo la naturaleza del procedimiento que sera:
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3. Yo entiendo que se haran incisiones dentro de mi boca con el proposito de colocar una o mas estructuras radicales endoseas (implantes) en mi maxila/mandibula para servir de anclaje debido a la perdida de la raiz de uno o mas dientes o para estabilizar corona (s), puentes o dentaduras. Yo entiendo lo que el doctor me ha explicado con respecto al tratamiento conserniente al numero y localizacion de las incisiones y el tipo de implante que se utilizara. Yo entiendo que la corona (s), puente o dentadura que posteriormente sera adherida al implante sera hecha y colocada por el/la Dr. \_\_\_\_\_ y que el cargo sera por separado para dicho trabajo.

4. Yo tengo conocimiento de que el implante debe permanecer cubierto por tejido gingival por un periodo de tiempo de por lo menos 3-12 meses antes de que este pueda ser usado y que una segunda cirugia es necesaria para descubrir la cabeza del implante. No garantia puede haber o se me ha dado de que el/los implante durara por un periodo de tiempo especifico.

Entiendo tambien que no se me devolvera el dinero en el evento de que falle, pero si sucediese, el procedimiento quirurgico se realizara nuevamente al costo. Tambien se me ha explicado que una vez el implante es insertado, el plan de tratamiento debe ser efectuado y completado en el tiempo establecido. Si en este periodo de tiempo no se llevase a cabo la continuacion del tratamiento, el implante podria fracasar.

5. La colocacion del implante podria requerir procedimientos quirurgicos adisionales realizandose simultaneamente en el momento de la cirugia de implantes o posterior a ella.

Estos procedimientos incluyen:

\_\_\_\_\_ Ingerito oseo utilizandose material sintetico \_\_\_\_\_(nombre del material).

\_\_\_\_\_ Ingerito oseo utilizandose hueso autogeno (propio) tomado de \_\_\_\_\_( sitio).

\_\_\_\_\_ Ingerito oseo utilizandose hueso congelado en seco.

\_\_\_\_\_ Cirugia Gingival (encia).

\_\_\_\_\_ Colocacion de una membrane para promover cicatrizacion osea.

\_\_\_\_\_ Remocion de una membrane para promover cicatrizacion osea.

6. Se me han sido explicadas las alternativas a la cirugia de implantes, incluyendo sus riesgos. Yo he tratado o considerado estos metodos alternativos de tratamiento y sus riesgos, pero yo tome la decision de proseguir con el tratamiento de implante y su respectiva protesis para ayudar a reemplazar mis dientes faltantes. Alternativas a una protesis soportada por implantes incluyen: Coronas o puentes convencionales, puentes en resina, dentaduras parciales removibles, dentaduras completas o Ningun tratamiento.

7. Mi doctor me ha explicado que hay ciertos riesgos potenciales e inherentes y efectos secundarios en cualquier procedimiento quirurgico y que en este caso en particular tales riesgos incluyen, pero no son limitados a, son los siguientes:

- A. Incomodidad postoperatoria e hinchazon que podria requerir varios dias en casa para recuperarme.
- B. Sangrado prolongado o abundante que podria requerir tratamiento adisional.
- C. Dano o lesion a dientes adyacentes o a raices adyacentes.
- D. Infeccion postoperatoria del hueso, encias o senos maxilares que requieren tratamiento adisional.
- E. Estiramiento de las comisuras labiales que podria ocasionar fisuras y moretones, que podrian sanar lentamente
- F. Apertura bucal restringida por varios dias, algunas veces relacionada a la inflamacion y dolor muscular y algunas otras veces relacionada al estres en la articulacion de la mandibula (ATM).
- G. Lesion a las ramificaciones de los nervios en la mandibula obteniendose como resultado adormecimiento o cosquilleo del menton, labios, nariz, mejillas, encias o lengua del lado de la cirugia. Esto podria persistir por varias semanas, meses o en raras oportunidades permanentemente. En algunos casos el implante debe ser removido.
- H. Comunicacion con el seno maxilar (cavidad que normalmente se encuentra localizada por encima de los dientes posteriores superiores) necesitandose asi tratamiento adisional.
- I. Si intensionalmente se entra al seno maxilar (procedimiento de levantamiento del seno maxilar con ingerto) ciertos medicamentos y tiempo adisional para la recuperacion podria necesitarse.
- J. Fractura de la mandibula.
- K. Inhabilidad para completar la cirugia debido a limitaciones anatomicas.
- L. Remocion prematura del implante, ingerto oseos o de material membranoso.
- M. Otros.

8. Como cualquier otra protesis, hay posibles complicaciones que se me han sido explicadas. Estas incluyen, pero no estan limitadas a, son las siguientes:

- A. Riesgo a inapropiada acomodacion del puente.
- B. Riesgo a oclusion inadecuada.
- C. Riesgo a falla del material y/o protesis.
- D. Perdida de dientes permanentes.
- E. Perdida de la protesis y/o del implante si se desarrollase enfermedad dental debido al cuidado inapropiado en casa o por alguna otra razon.
- F. Perdida del implante y/o protesis si se desarrollase alguna enfermedad sistematica.
- H. Desgaste o rompimiento de las partes que componen el implante y/o protesis. Si se produjera algunos de estos riesgos previamente mencionados podria haber la posibilidad de necesitarse un procedimiento quirurgico para remover el implante y utilizarse otra forma alternativa de tratamiento.

9. Se me ha sido explicado que durante el curso del procedimiento condiciones inesperadas podrian revelarse por las cuales se necesitaria extender el procedimiento original o realizarse un procedimiento diferente al establecido inicialmente, y que se menciona en el parrafo #2. Yo

autorizo a mi doctor/a y a su equipo de trabajo a realizarme lo que ellos consideren es necesario y deseable segun su juicio profesional.

10. Yo doy consentimiento para la administracion de \_\_\_\_\_Anesthesia en relacion con el procedimiento mencionado anteriormente. Si se utiliza anestesia por via intravenosa, podria presentarse molestia en el sitio de la inyeccion o a lo largo de la vena. Irritacion podria restringir la movilidad del brazo o de la mano y requerir tratamiento adicional.

11. Se me ha precabido con respecto a que ciertos medicamentos, drogas, anesteticos y prescripciones que se me recetaran podrian causar mareos, falta de coordinacion y perdida de percepcion lo que se incrementaria con el uso de alcohol y otras drogas. Se me ha aconsejado de no manejar ningun tipo de vehiculo o maquinaria peligrosa y no regresar a trabajar mientras este tomandome dichos medicamentos, o hasta que me recupere completamente de los efectos del mismo. entiendo que el periodo de recuperacion puede tomarse alrededor de 24 horas o mas despues de que me haya tomado la ultima dosis del medicamento. Si se me han dado medicamentos sedativos durante mi cirugia, yo estoy de acuerdo con que no conducire a casa por mi mismo y tendre a una persona adulta responsable que me llevara a casa y me acompanara hasta que me recupere completamente de los efectos de la sedacion.

12. Yo tengo conocimiento de que **no** debo comer o beber nada por lo menos 6 horas antes de la cirugia. **SI LO HAGO PONDRIA EN RIESGO MI VIDA.**

13. Se me ha explicado y he entendido que resultados perfectos no se pueden garantizar.

14. Se me ha aconsejado evitar el uso de tabaco y/o alcohol ya que esto afectaria el implante y la protesis y podria limitar el exito del tratamiento. Yo me comprometo a seguir las instrucciones de mi dentista con respecto a la higiene oral en casa. Yo me comprometo a seguir las instrucciones de mi dentista con respecto a que debo tener citas para el seguimiento y tratamiento una vez la protesis haya sido colocada.

15. Yo he leído el boletín informativo titulado: **Implantes Dentales; Guia informativa.**

16. Yo certifico que hablo, leo, y escribo Espanol y he leído y entendido en su totalidad esta forma de consentimiento para cirugia; y que todos los espacios fueron llenados previos a que yo colocara mis iniciales y firmara esta forma.

**FAVOR PREGUNTE A SU DOCTOR SI TIENE ALGUNA DUDA CON RESPECTO A ESTA FORMA DE CONSENTIMIENTO PARA CIRUGIA.**

Firma del Paciente: \_\_\_\_\_ Fecha \_\_\_\_\_

Firma del Representante Legal \_\_\_\_\_ Fecha \_\_\_\_\_

Firma del Testigo \_\_\_\_\_ Fecha \_\_\_\_\_

Firma del Doctor \_\_\_\_\_ Fecha \_\_\_\_\_



## ✓ **POSTOPERATIVE INSTRUCTIONS**

### **CARE OF THE MOUTH FOLLOWING IMPLANT/ BONE GRAFTING PROCEDURES**

1. **Bleeding:** Bite on a gauze pad for **ONE HOUR** then discard. **EXPECT SOME OOZING FROM THE SURGICAL SITE FOR 24-48 HOURS.** If bleeding continues, fold gauze tightly, place over bleeding area and maintain firm biting or finger pressure for 30 minutes. A tea bag, wet or dry, is an excellent substitute for a gauze pack. Avoid frequent pack changes, rinsing or physical exertion until bleeding has ceased.
2. **Do Not Rinse** your mouth today. **DO NOT** use straws for drinking. Starting tomorrow, rinse gently every three to four hours using warm salt water. **AVOID VIGOROUS RINSING - DO NOT BALLOON YOUR CHEEK WHEN RINSING.** Do not brush the teeth in the area of the surgical site(s).  
Continue with salt water rinses until your doctor instructs otherwise.
3. **Diet:** No eating or drinking for one hour. **STAY ON A FULL LIQUID DIET (NO CHEWING) UNTIL INSTRUCTED OTHERWISE BY YOUR DOCTOR.** If you eat any solid food you will jeopardize the final result. It is important that you drink at least 2 quarts of fluid per day. Liquid supplements, (Boost, Meritene, Nutrament, etc.), available at your pharmacy, and baby foods are excellent food sources for those few days, if needed. Two weeks of uneventful healing are required for best success.
4. **No smoking or alcoholic beverages** for two weeks.
5. **Anesthesia:** Patients who have received a general anesthesia should:
  - A. NOT drive a vehicle or operate any machinery within the same day of surgery,
  - B. NOT undertake any responsible business matters within the same day of surgery,
  - C. NOT drink any alcohol on day of surgery,
  - D. NOT take any medication without approval.
6. **Pain:** Pain is to be expected and may be severe for the first few hours. **One MUST:**
  - A. Take the prescribed medication before the anesthetic wears off, and the pain becomes evident, usually one hour following the procedure.
  - B. Take the medication to relieve pain. If dizziness or weakness is experienced you should lie down.
  - C. Approximately 45 minutes should be allowed for you to become aware of the effect of pain medication.  
Call if you have any questions concerning any reactions.
7. **Swelling:** Swelling is to be expected and may reach its maximum up to three days after surgery, but it is no cause for alarm.  
Swelling may be reduced by:

- A. Applying an ice bag or chopped ice to the operated area 15 minutes on and 15 minutes off as possible during the first 48 hours. After 48 hours substitute a hot water bottle or hot towel in the same manner until swelling has receded. **CHECK THE TEMPERATURE OF THE HOT PACK ON YOUR WRIST BEFORE PLACING THE PACK ON YOUR FACE, IN ORDER NOT TO BURN YOURSELF.**
  - B. Keep your head slightly elevated when lying down (i.e. extra pillow or two).
8. Bruising may occur, especially at the chin area. Sometimes the bruise is a deep purple. The bruise, if it occurs, can take up to 3 weeks to disappear. This should not be cause for alarm and should disappear within 10 days. You may have a slight earache or sore throat. Should this become worse after several days, call the office.
9. Occasionally following oral surgery, unrelated complications may occur (tonsilitis, flu or cold). This is due to the fact the patient's resistance may be low prior to or following surgery. If you feel run down or have not eaten or slept for several days, it is wise to avoid crowds, drafts and get as much rest as possible. **EVEN, IF YOU FEEL WELL AND STRONG, DO NOT WORKOUT OR PERFORM AEROBIC EXERCISES UNTIL YOUR DOCTOR ALLOWS YOU TO.**
10. Nausea rarely occurs and may be avoided by taking pain medication with a glass of milk. If nausea is severe, stop taking the prescribed medication and switch to an acetaminophen based (Tylenol) medication. If pain is severe, call the office.
11. Antibiotics (Penicillin, etc.): **YOU MUST TAKE THESE ANTIBIOTICS AS PRESCRIBED** and for the exact length of time indicated on the bottle. Antibiotic medication may decrease the effectiveness of birth control pills. Therefore, patients taking birth control pills who have been prescribed antibiotics should use an additional method of contraception during the remainder of the contraceptive cycle.
12. **FOR IMPLANTS IN THE UPPER JAW NEAR YOUR SINUS DO NOT BLOW YOUR NOSE. AVOID SNEEZING. USE THE MEDICATION AS PRESCRIBED BY YOUR DOCTOR.**
13. Stitches are removed in 7 - 14 days without pain. Usually they will work loose and fall out on their own. This is of no concern.
14. Complete and partial dentures should **NOT** be worn at any time following surgery. **DO NOT USE THESE APPLIANCES UNTIL THE DOCTOR ALLOWS YOU TO. YOU MAY SERIOUSLY DAMAGE THE SURGICAL AREA.**
15. Tightness of the jaw muscles may cause difficulty in opening the mouth. This should disappear within 3 days. Application of a warm towel may be of some benefit.
16. Your lips should be kept moist with a cream or Vaseline following surgery to avoid cracking.

17. IF ANY UNUSUAL SYMPTOMS OCCUR OR IF YOU HAVE ANY QUESTIONS CONCERNING YOUR PROGRESS. PLEASE CALL THE OFFICE.

18. You must keep your appointment with your doctor because any opening in the tissues must be immediately closed to avoid infection.

**AFTER HOURS DR. HEFFEZ TEL. # 224-707-0039**

**For any emergency do not try to use the web page to diagnose yourself. Go the nearest Hospital emergency room and have the doctors contact Dr. Heffez on his ER TEL #.**

**✓ POSTOPERATIVE INSTRUCTIONS: SPANISH**  
**POR FAVOR SIGA LAS INSTRUCCIONES AQUÍ MENCIONADAS PARA SU**  
**COMODIDAD Y SEGURIDAD DESPUÉS DE UNA EXTRACCIÓN U OPERACIÓN**  
**ORAL**

1. Descanse bastante. Si se encuentra acostado, mantenga la cabeza elevada sobre una almohada.
2. Es normal que sangre un poco. Mantenga mordida la gaza que le han puesto en la boca, por aproximadamente 30 minutos.
3. Si la sangre persiste, muerda de nuevo otra gaza limpia por otros 30 minutos. Para acelerar la coagulación se puede morder una bolsita de té, humedecida y envuelta en gaza. Esto puede hacerse dentro de una hora más.
4. No se enjuague la boca hasta la mañana siguiente porque esto puede causar que se rompa el coagulo de sangre. Para enjuagarse la boca, use agua tibia y salada. Esto se prepara disolviendo ½ cucharadita cafetera de sal en un vaso de agua tibia; esto se hace 3 veces al día a la mañana siguiente de la extracción.
5. Inflamación o hinchazón es normal después de la extracción. Se puede aliviar aplicando hielo envuelto en un lienzo (toalla) sobre la cara en el lado afectado por 20 minutos; descanse 20 minutos y vuelva a repetirlo durante las 24 horas. Si después de 24 horas todavía sigue la hinchazón aplique lienzos de agua tibia sobre la cara en el lado afectado.
6. No fume hasta que la anestesia le haya pasado por completo. Si es posible no fume para que no corra el riesgo de que se cicatrize.
7. Si tiene dolor, tome una aspirina o Tylenol cada 3 horas o medicina que le hayan recetado y siga las instrucciones de la receta.
8. Tome su medicina que normalmente toma, siguiendo su horario normal y desde luego las que le fueron recetadas por el cirujano oral.

9. Mantenga una dieta comfortable. Algunas veces una dieta suave es necesaria, pero en su mayoría, la persona sigue su alimentación normal.
10. Tome bastantes líquidos.
11. Los musculos de la mandíbula (quijada) le pueden molestar después de una operación; para aliviar el dolor use lienzos de agua tibia.
12. En algunas ocasiones aparecen marcas amarillas, negras, o azules en la piel. También los lienzos de agua tibia ayudan a eliminar esto.
13. Por favor no deje de asistir a su próxima cita después de su extracción o para quitarle las puntadas. Llame al teléfono (312)996-7460 si es necesario cambiar la hora de la cita.
14. Si tiene algun problema o no está seguro de algo, llame a la clínica de cirugía oral al teléfono (312)996-7460. Si esto ocurre antes de las 9 de la mañana o después de las 4 de la tarde llame al teléfono (312)996-7000 y pregunte por el residente cirujano dentista que esté en turno para recibir ayuda inmediata.

**DR. HEFFEZ TEL. # 224-707-0039**