



Festina Lente

Integrative Periodontology and Implant Center

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DENTAL IMPLANT POST SURGICAL INSTRUCTIONS

GENERAL INSTRUCTIONS: Placement of dental implants usually does not create a great deal of pain. General postoperative instructions apply, with the exception of rinsing.

For the first day **DO NOT** rinse your mouth. Remember **DO NOT** rinse with warm salt water or use a water pik device.

Do not pull back on the lips or cheeks to look at the area as this can disturb the surgical site and increase complications. Refrain from applying pressure with your tongue or fingers to the grafted area to allow for proper healing. Do not use tobacco products or drink alcohol as these may delay healing.

FOLLOWING BONE GRAFTING: You may find small granules in and around the grafting site for the first several days. This is normal.

MEDICATIONS: Take all medications the doctor has prescribed for you according to directions

FOOD: Do not eat anything or drink hot fluids until the numbness has worn off to avoid injury from accidental biting or burning. Do not eat by the surgical area for one week. Soft nutritious foods will be necessary for the first few days. Avoid acidic or crunchy foods. Drink plenty of fluids.

ORAL HYGIENE: The doctor has given you a prescription rinse containing chlorhexidine, and antibacterial medicine to assist in the healing and keeping the site healthy. Make sure that you get rid of any toothpaste residue prior to rinsing and then DO NOT eat or drink for 30 minutes after rinsing. This will maximize the potency of the medication.

FOLLOW-UP: You may have sutures that need to be removed. Be sure to keep the follow-up appointment for the suture removal and post-operative check-up. If the sutures become loose or irritating prior to the appointment, please call the office.

If you have any questions or concerns after hours, please don't hesitate to call Dr. Petrov at (425) 218 3388.

I acknowledge that I have read (or have had read to me) and fully understand the above post-surgical instructions.

Signature of Patient, Parent, or Guardian

Date