

PRE-OPERATIVE INSTRUCTIONS FOR DENTAL SURGERY

**** VERY IMPORTANT INFORMATION – PLEASE READ CAREFULLY ****

**** COMPLETE ATTACHED “MEDICAL HISTORY UPDATE FORM” **
& RETURN IT TO YOUR DENTIST PRIOR TO SURGERY**

1. If you have any concerns or questions about the surgery, please contact Dr. De Simone at 972/978-3940 or by email at mark@desimonedds.com.
2. I will be reviewing your medical history with you immediately prior to the surgery. Please be sure you are familiar with that information—especially with the name(s) and dosage(s) of any medications you are taking. If you feel your history is relatively complicated, we will need to decide if a consultation with your physician is necessary before the procedure is performed.
3. Patients who are minors (under 18 years of age) must have a legal guardian present to both fill out the “Medical History Update Form” and to sign the “Disclosure and Consent Form.”
4. It is important to avoid smoking for at least one week before the surgery and one week following the surgery.
5. **Keep in mind that it is best to allow for some flexibility around your appointment time on the day of your surgery. It is best not to “squeeze in” an appointment for surgery on an already busy day.**

If you are having IV (intravenous) conscious sedation:

1. To reduce the chances of nausea, do not eat or drink anything (including water) for at least six hours prior to your appointment.
 - If your surgery is in the morning, do not eat or drink anything between bedtime and your scheduled appointment.
 - If your surgery is in the afternoon, a light breakfast before 7:00 a.m. is encouraged.
 - Unless specified by your dentist, all medicines taken on a routine basis should be continued without interruption. Please swallow with a minimal amount of water.
 - **If you are diabetic, please contact your dentist for more specific instructions.**
2. **A responsible adult, over 18 years of age, should accompany you to the office at the time of your appointment and should remain in the office during the entire procedure. Following the sedation, this responsible adult should be physically capable of assisting and accompanying you home and should remain with you for the next 24 hours.**
3. If receiving intravenous sedation, you should wear clothing, which is not restricting to the neck or arms. You should wear loose-fitting tops on which the sleeves can be rolled up to the shoulder. Also, please be sure to wear shoes that are securely fastened; no flip-flops or loose-fitting sandals, please.
4. Following the sedation, you should refrain from driving an automobile or engaging in any activity that requires alertness for the next 24 hours.
5. There are important differences between general anesthesia (being completely asleep) and IV conscious sedation. If you have any questions about the IV conscious sedation process, please feel free to contact Dr. De Simone at 972/978-3940 prior to the procedure.

**NOTE: Additional pre-operative information can be found at www.desimonedds.com.
I recommend you preview the “Disclosure and Consent Form” on the website,
or you can request a copy from your dentist.**

MARK A. DE SIMONE DDS
— General Dentist Providing Oral Surgery Services —

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MEDICAL HISTORY UPDATE FORM

Name Last First Middle Date

Ht Wt Date of Birth / / Dentist's Name

If you are completing this form for another person, what is your relationship to that person?

For the following questions, circle yes or no, whichever applies. Your answers are for our records only and will be considered confidential. Please note that during your initial visit, you will be asked some questions about your responses to this questionnaire, and there may be additional questions concerning your health.

- 1. Are you in good health? Yes No
2. Has there been any change in your general health within the past year? Yes No
3. My last physical examination was on
4. Are you now under the care of a physician? Yes No
5. The name and address of your physician is:
6. Have you had any serious illness, operation, or been hospitalized in the past 5 years? Yes No
7. Are you taking any medicine(s), including non-prescription medicine(s)? Yes No
8. Have you ever taken Aredia, Zometa, Fosamax, Actonel, or Boniva? Yes No
9. Do you have or have you had any of the following diseases or problems?
a. Damaged or artificial heart valves, heart murmur, or rheumatic heart disease
b. Cardiovascular disease, angina, heart attack, heart trouble, stroke
c. Osteoporosis
d. Cancer requiring IV chemotherapy
e. Asthma or hay fever
f. Fainting spells or seizures
g. Diabetes
h. Hepatitis, jaundice, or liver disease
i. AIDS or HIV infection
j. Thyroid problems
k. Respiratory problems, bronchitis, etc.
l. Sleep apnea or snoring during sleep
m. Stomach ulcer or hyperacidity
n. Kidney trouble
o. High or Low blood pressure
p. Sexually transmitted disease
q. Epilepsy/other neurological disease?
r. Problems with the spleen
10. Have you had abnormal bleeding? Or required a blood transfusion?
11. Do you have any blood disorder such as anemia?
12. Have you been treated for a tumor?
13. Are you allergic or have you had a reaction to:
a. Local anesthetics
b. Penicillin or other antibiotics
c. Sulfa drugs
d. Barbiturates, sedatives, sleeping pills
e. Aspirin
f. Iodine
g. Codeine or other narcotics
h. Other
14. Are you pregnant?
15. Do you have any menstrual problems?
16. Are you nursing?
17. Are you taking birth control pills?

I certify that I have read and understand the above. I acknowledge that my questions, if any, about the inquiries set forth above have been answered to my satisfaction. I will not hold my dentist, or any other member of his/her staff, responsible for any errors or omissions that I may have made in the completion of this form. If your medical history is complex or if you feel you would like to provide us with additional information, it would be helpful for us if you would use the back of this form to write out a chronological narrative of your medical history.

Signature of Dr. De Simone

Signature of Patient (or Patient's Guardian)

** RETURN THIS COMPLETED FORM TO YOUR DENTIST PRIOR TO SURGERY **

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DISCLOSURE AND CONSENT – DENTAL AND ORAL SURGERY

TO THE PATIENT: *You have the right, as a patient, to be informed about your condition and about the recommended surgical, medical, or diagnostic procedures to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you can give or withhold your consent to the procedure.*

I voluntarily request Mark A. De Simone, DDS, PC and such associates, technical assistants, and other health care providers as they may deem necessary, to treat my condition which has been explained to me as:

Non-restorable, periodontally-involved, and/or impacted teeth _____

I(we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me(us), and I(we) voluntarily consent and authorize these procedures under local anesthesia supplemental by: ___ Nitrous Oxide ___ IV Sedation ___ Oral Sedation

Surgical extraction of teeth _____

I(we) understand that my doctor may discover other or different conditions which require additional or different procedures than those planned. I(we) authorize my doctor and such associates, technical assistants, and other health care providers to perform such other procedures which are advisable in their professional judgment.

I(we) understand that no warranty or guarantee has been made to me as to result or cure. I(we) have been given both oral and written post-operative instructions, and I(we) agree to personally contact Dr. De Simone in the event I(we) have a problem. I(we) will follow his instructions until that problem has been satisfactorily resolved. I(we) realize that in the event I(we) develop certain complications, I(we) may miss school or work schedules or I(we) may incur additional, unexpected expenses, including, but not limited to, expenses for other dentists, doctors, or medical facilities.

I(we) understand Dr. De Simone is not employed by my dentist but is an independent contractor and will receive a portion of the fee paid to my dentist for these services. I(we) have chosen Dr. De Simone from the alternatives I(we) have been offered to perform my dental surgery. I(we) understand that Dr. De Simone is a general dentist.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I(we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, pain, swelling, bleeding, bruising, allergic reactions, cardiac arrest, brain injury, and even death. I(we) also realize that the following risks and hazards may occur in connection with this particular procedure:

- _____ 1. Temporary or permanent nerve injury resulting in altered sensations or numbness of the lips, chin, tongue, teeth, and/or gums.
- _____ 2. Damage to adjacent teeth and/or dental restorations.
- _____ 3. Soreness at injection sites and/or along veins, as well as discoloration of the injection sites, face, and/or jaws.
- _____ 4. Opening of the sinus requiring additional treatment.
- _____ 5. Jaw fracture, muscle spasms, and/or limited opening of jaws for several days or weeks.
- _____ 6. Small root fragments remaining in the jaw due to an increased possibility of surgical complications.
- _____ 7. Jaw joint (TMJ) tenderness, soreness, pain, or locking, which may be temporary or permanent.
- _____ 8. Other _____

I(we) understand that IV conscious sedation (“twilight sleep”) and other forms of supplemental sedation involve additional risks and hazards, but I(we) request the use of IV conscious sedation and/or other forms of supplemental anesthesia to assist in the relief and protection from pain during the planned and additional procedures. I(we) realize the IV conscious sedation and/or other forms of supplemental anesthesia may have to be changed possibly without explanation to me(us). I(we) understand this is not general anesthesia (being completely asleep), and that it is unlikely, but I may have unpleasant memories of the procedure.

I(we) understand that certain complications may result from the use of any IV sedative or other form of anesthesia, including respiratory problems, drug reactions, paralysis, brain damage, or even death. Other risks and hazards which may result from the use of IV sedation or other sedatives or anesthetics range from minor discomfort to injury of the vocal chords, teeth, and/or eyes.

I(we) have been given an opportunity to ask questions about my(our) condition, alternative forms of anesthesia and treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I(we) believe that I(we) have sufficient information to give this consent.

I(we) certify this form has been fully explained to me(us), that I(we) have read it or have had it read to me(us), that the blank spaces have been filled in, and that I(we) understand its contents

DATE: _____ TIME: _____

Signature of Patient or Other Legally-responsible Person
--

 Patient's Name (Please Print)

WITNESS: _____ DATE: _____

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SUPPLEMENTAL DISCLOSURE & CONSENT**INFORMATION FOR PATIENTS REGARDING POSSIBLE CHANGES IN SENSATIONS
OF THE LIP, CHIN, OR TONGUE FOLLOWING DENTAL SURGERY.**

Dental surgery, like any other surgery, has certain inherent risks and limitations that may occur despite the experience and skill of the doctor. Following your surgery, it is possible that you may experience either temporary or permanent changes in the sensation or feelings of your lip, chin, or tongue. Permanent changes in sensation of the affected areas are extremely rare.

WHAT CAN CAUSE IT?

Because the nerves that supply these regions are close to the area where the surgery is performed, the nerves may not function normally for a while afterwards. These nerves affect sensation only and not movement.

The most common cause of this type of injury is from the pressure that can occur during either the removal of a tooth root or by the placement of an implant in the lower jaw. Occasionally, hooks or curves on the root may tear some of the nerve fibers. Another possible cause of injury is during the administration of the local anesthesia (numbing medicine). X-rays are helpful but cannot tell us the exact location of the important structures. When the nerve is especially close to the site of the surgery, it could be nicked or cut. Additionally, the incidence and severity of nerve injuries increases with age. This is particularly true for lower wisdom teeth. Further, sometimes sensation is affected without knowing exactly what caused it.

HOW LONG WILL IT LAST?

The likelihood that a change in sensation will occur and how long it will last can depend on many factors, including position of the tooth, the nerve, or the difficulty of the procedure. The duration of the condition is unpredictable and different in each case. It may last a few days, weeks, or months, and in very rare instances, may be permanent. In the majority of cases, the sensory loss gradually returns to normal although you may not be aware of any immediate improvement. Nerve tissue is the slowest tissue in the body to heal, and it can be weeks or months before you notice significant improvements. Nonetheless, it is important for you to stay in touch with us, so we may advise you of your specific circumstances.

HOW CAN I TELL IF I AM GETTING BETTER?

During nerve recovery, you may notice changes such as tingling, as if a local anesthetic is wearing off. Other sensations may also be present. Do not be alarmed; this is often a positive sign. It is important for you to help us in recording any changes in your symptoms so that we may better answer your questions and advise you as to your prognosis.

WHAT IF IT DOESN'T GET BETTER? CAN ANYTHING BE DONE?

If there has been absolutely no improvement in six weeks, then depending on your case, microsurgical repair could be considered. We can further counsel you on this possibility, and you will be referred to a specialist who is experienced and knowledgeable in this area.

IN SUMMARY

Remember, in the overwhelming number of instances of altered sensation, all or most of the normal sensation will return. If residual symptoms do remain, the risks involved with surgical repair may not be warranted, in that spontaneous, post-operative recovery may take up to two years to occur. By keeping in close contact with us, we are better able to advise you throughout your recovery process to insure optimum results.

DATE: _____

TIME: _____

Signature of Patient or Other Legally-responsible Person

Patient's Name (Please Print)

WITNESS: _____

DATE: _____

POST-OPERATIVE INSTRUCTIONS FOLLOWING DENTAL SURGERY

THINGS TO EXPECT:

- Bleeding:** Bleeding or "oozing" for the first 12 to 24 hours.
- Swelling:** This is normal following a surgical procedure in the mouth. It should reach its maximum in two-to-three days and should begin to diminish by the fifth post-operative day.
- Discomfort:** The most discomfort that you may experience may occur for a few hours after the sensation returns to your mouth. It may gradually increase again for 2-3 days, then begin to diminish over the next few days.

THINGS TO DO IMMEDIATELY FOLLOWING SURGERY:

- Bleeding:** Place gauze over extraction sites and maintain pressure by biting for at least one hour. Repeat as needed. Keep head elevated, and rest. Do not suck or spit excessively. (Also, please refrain from blowing into musical instruments.)
NOTE: Some "oozing" and discoloration of saliva is normal. If bleeding persists, replace the gauze with a clean folded gauze placed over the extraction site, and maintain the pressure until the bleeding stops.
- Swelling:** Place ice or cold compresses on the region of surgery for ten minutes every half-hour for the first eight to 12 hours.
NOTE: Ice bags or cold compresses should be used only on the day of surgery.
- Smoking:** Avoid smoking during the healing period.
- Discomfort:** Take medications as directed for **PAIN**. Mild-to-moderate pain can be relieved by non-prescription Advil, Aleve, or Orudis. For more severe pain, take the prescription pain medication as directed. Remember that these medications can take up to 30 minutes to one hour to take effect. If you are using any of these medications for the first time, exercise caution with the initial doses (start with ½ a pill).
- Diet:** A nutritious liquid or soft diet will be necessary for the first weeks after surgery. Healing will occur in weekly increments; therefore, it is best to **gradually** (in weekly increments) return the diet and/or other mouth/oral activities back to normal.
- Physical Activity:** For the first 24 to 48 hours, one should **REST**. Patients who have sedation should refrain from driving an automobile or from engaging in any task that requires alertness for the next 24 hours.

THE DAYS AFTER SURGERY:

1. Brush teeth carefully.
2. Beginning 24 hours after the surgery, rinse mouth with **WARM SALT WATER** (or prescription mouth rinse). Continue rinsing three-to-five times per day for seven days, then begin irrigating per dentist's instructions (see #7 below).
3. If **ANTIBIOTICS** are prescribed, be **SURE** to take **ALL** that have been prescribed, **AS DIRECTED**.
4. Use **WARM, MOIST HEAT** on face for swelling, if any. Continue until the swelling subsides. A warm, wet washcloth or heating pad will suffice.
5. If **SUTURES** were used, they will dissolve on their own.
6. **DRY SOCKET** is a delayed healing response, which may occur during the second to fourth post-operative day. It is associated with a throbbing pain on the side of the face, which may seem to be directed up toward the ear. In mild cases, simply increasing the pain medication can control the symptoms. If this is unsuccessful, please call Dr. De Simone.
7. **RETURN TO YOUR DENTIST'S OFFICE** five-to-seven days after the surgery for irrigation instructions.
8. Additional post-operative information can be found at www.desimonedds.com.

CONTACT THE DOCTOR IF:

1. Bleeding is excessive and cannot be controlled.
2. Discomfort is poorly controlled.
3. Swelling is excessive, spreading, or continuing to enlarge after 60 hours.
4. Allergic reactions to medications occur, which are causing a generalized rash or excessive itching.

CONTACT EMERGENCY MEDICAL SERVICES ("EMS") OR CALL "911" IF:

Patient loses or has lost consciousness or if patient is wheezing or short of breath.

**** BE SURE TO CHECK THE WEBSITE FOR ADDITIONAL INFORMATION ****

— www.desimonedds.com —

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POST-OPERATIVE DO's & DON'Ts

DO's

1. Do change the gauze every 20-30 minutes until bleeding slows. After a few hours, there will still be some red on the gauze; however, if patient is not still **actively** bleeding, stop using gauze so as to prevent the dry gauze from pulling out the newly-formed blood clot (which will be the consistency of Jell-O). **NOTE: When changing gauze, take 2-3 pieces of gauze and fold into a square. Place rolled part of gauze in each corner of mouth, covering extraction site(s). DO NOT place gauze inside the hole of an extraction site.**
2. Do eat a post-surgery milkshake, protein shake, smoothie or Frosty from Wendy's, and eat only cold and creamy foods until numbness wears off. Eating hot foods or soups while still numb can dislodge blood clots and burn the mouth.
3. Do eat liquid/mushy foods for 5-7 days. Liquid/mushy foods are foods you can swallow without chewing, such as: smoothies, mashed potatoes, pudding, yogurt, Ensure, and milkshakes.
4. Do use a spoon for eating...**NO STRAWS.**
5. Do expect your mouth to be numb for 6-18 hours after surgery.
6. Do eat 15 minutes prior to taking pain medication and antibiotics in order to help prevent nausea.
7. Do expect discomfort and swelling to peak on the third and fourth days.
8. Do return to your general dentist's office in five-to-seven days for your post-op appointment.
9. Do call Dr. De Simone at 972.978.3940 if things are not improving week by week.
10. **DO BEGIN** using irrigation syringe five-to-seven days after surgery. Use prescribed mouth rinse or Listerine Zero in irrigation syringe. **Curved tip of syringe must go in the incision, which is located behind the back teeth between the teeth and the cheek, or in the visible hole left behind from extraction site. Solution from irrigation syringe should be pushed with enough force to empty it within 5-7 seconds.** It may help to take Advil or Ibuprofen 30-40 minutes before patient starts irrigation. Patients will typically start with prescribed mouth rinse, and then switch to Listerine Zero once prescription is empty. **Bleeding after irrigation is normal.** Use syringe every day after each meal for each extraction site for six-to-eight weeks to remove food from the holes. Holes will slowly close-up and get shallower over time.

Important: Pain will peak three days after surgery and will plateau 48 hours after that.

NOTE: Each extraction site is its own individual surgery, so there will likely be one site that hurts more while healing than the others (typically a lower/bottom site). If any of your surgery sites don't feel close to normal within 10 – 14 days then please Call Dr. De Simone at 972.978.3940.

Helpful how-to's for taking medications:

Stagger between Advil and Tylenol every six hours. Take Advil, and wait three hours... then, take one-to-two extra strength Tylenol tablets...then, wait three hours and switch back to Advil...then, wait three more hours, and switch back to Tylenol.

Advil (Ibuprofen) 600 mg = 3 over-the-counter pills

Do NOT take more than 3200mg of Advil/Ibuprofen per day

PLUS

Tylenol (Acetaminophen) 500-1000 mg = 1-2 extra strength pills

Do NOT take more than 3000 mg of Tylenol/Acetaminophen per day

OR

Stagger between Norco and Advil

DON'Ts

1. **Don't hesitate to call Dr. De Simone at 972.978.3940 if things are not improving week-by-week and if surgery sites don't feel close to normal within two weeks.**
2. Don't change-out gauze all day long. **NOTE: See #1 in Do's section above.**
3. **Don't sleep, eat, or drink with gauze in your mouth. THIS IS A CHOKING HAZARD!**
4. Don't leave the patient alone for the first 24 hours – especially with gauze in his/her mouth.
5. Don't allow patient to drive the day of surgery.
6. Don't smoke or dip for seven full days. Don't drink alcohol for 24 hours.
7. Don't blow your nose, or hold in a sneeze for seven full days.
8. Don't miss or skip your post-op appointment five-to-seven days after surgery.

POST-OPERATIVE VIDEOS ONLINE:

- ① Visit www.desimonedds.com
- ② Click-on "Watch Our Videos"

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ACKNOWLEDGMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of Mark A. De Simone DDS's Notice of Privacy Practices effective 3/1/17.

Patient's Name (please print)

Signature of Patient

Date Signed

I am a parent or legal guardian of (patient's name). I have received a copy of Mark A. De Simone DDS's Notice of Privacy Practices effective 3/1/17.

Parent or Legal Guardian's Name (please print)

Relationship to Patient: Parent Legal Guardian

Signature of Parent or Legal Guardian

Date Signed

I authorize the doctor and his staff to contact me by: phone email mail (check all that apply)

If the patient or the patient's parent/legal guardian did not sign above, staff member must document when and how the Notice was given to the individual, why the acknowledgment could not be obtained, and what efforts were used to obtain the signature.

Notice of Privacy Practices effective 3/1/17 given to individual on (date)

In Person Email Mail Other

Reason patient or patient's parent/legal guardian did not sign this form:

- Did not want to sign
Did not respond after more than one attempt
Other

Staff Member's Name (please print)

Title

Signature of Staff Member

Date Signed