# Post-Operative Discharge Instructions

## Periodontal Flap Surgery

**Patient Name: _____**

**Date: _____**

### 1. Bleeding

Slight bleeding or pink saliva is normal for the first 24 hours. If bleeding is heavy, apply firm pressure with a dampened gauze pad or a moistened tea bag over the site for 30 minutes without interruption.

### 2. Pain Management

Begin taking prescribed pain medication before the local anesthetic wears off. Do not take medication on an empty stomach. If no specific medication was prescribed, Ibuprofen or Acetaminophen may be used as directed on the label.

### 3. Swelling and Bruising

Swelling is a normal part of healing. Apply an ice pack to the outside of the face near the surgical area for 20 minutes on and 20 minutes off during the first 24 hours. After 48 hours, switch to warm compresses if needed.

### 4. Oral Hygiene

Do not brush or floss the surgical site until instructed at your follow-up visit. You may brush and floss other areas of your mouth normally. Use the prescribed antimicrobial mouthwash or a warm salt water rinse (1/2 teaspoon salt in 8oz water) gently twice a day starting tomorrow.

### 5. Diet

Eat soft foods for the first week (yogurt, soup, mashed potatoes, eggs). Avoid hot liquids, spicy foods, and crunchy or seedy foods (popcorn, nuts, strawberries) that can get trapped in the surgical site. Do not use a straw for 48 hours.

### 6. Activity and Habits

Restrict activities to a minimum for the first 24 hours. Avoid smoking and alcohol for at least 72 hours, as these significantly delay healing and increase the risk of infection.

### 7. Sutures and Surgical Dressing

If a "pack" or dressing was placed, do not disturb it. If it falls off after 3 days, it is usually not an emergency. If sutures were placed, they will be removed or checked at your follow-up appointment.

## 8. Emergency Contact

Contact the office immediately if you experience:

- Severe pain that does not respond to medication.
- Uncontrolled bleeding.
- High fever or chills.
- Severe swelling that interferes with swallowing or breathing.

**Follow-up Appointment:** _____

**Office Phone:** _____