



Post-Op Instructions After Periodontal Therapy

Wait until numbness wears off prior to eating:

- Traditional anesthetic may take longer – approximately 3-4 hours

If you experience discomfort:

- OTC pain reliever (preferably ibuprophen if you are not allergic to it)
- Rinse with warm salt water to relieve gum tissue soreness

It is normal to experience the following symptoms following gum tissue treatment:

- Jaw soreness
- Gum tissue soreness
- Bleeding gums
- Hypersensitivity to hot and cold foods/drinks etc. (use caution before you eat/drink following your appointments)
- These symptoms should diminish – usually takes from a few hours up to a week

Proper Home Care is VERY Important!

Follow the instructions provided with the Compliance Kit:

- Brush 2x/day and after any snacks (AM/PM)
- Rinse with Tooth and Gums tonic 2x day (AM/PM)
- Floss daily at least 1x before you brush (PM)

Use an electric toothbrush (not the manual one provided with the kit) – We HIGHLY recommend the Sonicare Brand as studies have been shown it to be the superior toothbrush for the treatment of PERIODONTAL DISEASE.

Brush heads should be replaced at least every 3 months

Other aids may be recommended to help improve your oral hygiene

The success of your treatment is highly dependent on:

- Properly maintaining good oral hygiene at home (brushing/flossing etc)
- **Completing** your course of initial gum tissue treatment (usually 2-3 visits) and returning for regular hygiene visits thereafter

After Completion of Gum Tissue Treatment:

Patients who return regularly for periodontal maintenance with the hygienist at the recommended interval rarely have to have scale and root plane procedures repeated (gum tissue treatment) – we are committed to providing excellent care to maintain your oral health, but ultimately it is your responsibility to keep your appointments and do your part at home.

In some cases, you may require more frequent visits for periodontal maintenance – every 3-4 months rather than every 6 months. Feel free to check with our financial coordinator if you have any questions regarding insurance benefits/fees – we make our recommendations for treatment based on your individual needs, NOT what the insurance company will or will not cover.

Please feel free to contact us if you have any questions or concerns regarding your treatment.

Patient Sign: _____ Date: _____

Patient Print: _____

Witness Sign: _____

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