



Complete Surgical Instructions

Pre-Operative & Post-Operative Guidance

CRITICAL SAFETY REMINDERS

- Nothing to eat or drink for 8 hours before IV sedation (including water, gum, mints, or coffee).
- Responsible adult driver (18+) required for IV sedation: must drive you to and from the office and remain on-site.
- Call us immediately if you accidentally eat/drink, become ill, or cannot meet the driver requirement.

WHEN TO CALL US IMMEDIATELY (AFTER SURGERY)

- Bleeding that does not stop after repeated firm pressure (gauze/tea bag).
- Fever 101°F or higher, chills, worsening swelling after day 3, pus/drainage, foul odor/taste.
- Severe or worsening pain after day 3-5 (possible dry socket).
- Rash/hives, lip/tongue swelling, difficulty breathing or swallowing (possible allergy).
- Numbness of lip/chin/tongue lasting longer than 24 hours or worsening.

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Text: (303) 994-1083

Email: admin@boulderimplantcenter.com

These instructions are designed to maximize safety, comfort, and healing. Your case is unique; when in doubt, follow these guidelines and call our office for clarification.

PRE-OPERATIVE INSTRUCTIONS FOR SURGICAL PATIENTS

What to bring & what to tell us

- Bring a complete medical history, including illnesses/conditions, medications, supplements, allergies, and complications with previous surgeries/anesthesia.
- Please disclose all medical conditions during consultation and notify us of any changes before surgery.
- By federal law, patients under age 18 must be accompanied by their custodial parent or legal guardian for all appointments (consultation, treatment, and follow-up).

Clothing & jewelry

- Wear comfortable, loose-fitting clothing - preferably short sleeves.
- Avoid long sleeve sweatshirts, sweaters/knits, and turtlenecks (they can restrict access for IV placement and monitoring).
- Remove jackets, contact lenses, and all jewelry/piercings.
- Do not wear eye makeup, lipstick, dark/heavy fingernail polish, or acrylic nails on at least one finger (oxygen monitoring must read accurately).
- Do not smoke for at least 24 hours before anesthesia (48 hours is better; longer restrictions may apply for grafting/implants).

Pre- and post-operative medications

In many cases, prescriptions are provided for medications you will take before and/or after surgery. Fill prescriptions promptly so you do not need to stop on the way home.

- Take medications prescribed by the surgeon as directed. Antibiotics and pain medication are often started right after your procedure.
- Unless instructed otherwise, take your usual morning medications (including blood pressure meds) with a small sip of water.
- Asthma: bring your inhaler on the day of surgery.
- Diabetes: check your blood sugar the morning of surgery and report it. Discuss insulin or medication adjustments with your prescribing clinician.
- Steroid medications: if you take long-term steroids, your prescribing clinician may advise a stress-dose plan; notify us during consultation.
- If you require antibiotic prophylaxis (certain heart conditions or implanted devices), take the prescribed antibiotic 1 hour before surgery as directed.

Medical disclosures & special precautions

You must tell us about these conditions. Some require medical clearance/optimization or may change anesthesia and surgical plans.

- Sleep apnea (moderate/severe), CPAP use, loud snoring/daytime sleepiness.
- Previous anesthesia problems (difficult airway, severe nausea/vomiting, 'hard to wake up', allergic reactions).

- Bleeding history (easy bruising, excessive bleeding, liver disease) or blood thinners (do not stop unless specifically instructed).
- Advanced cardiac disease (heart failure, severe coronary disease, arrhythmias, prior stents/bypass/valve issues) or very limited exercise tolerance.
- Pulmonary disease (COPD, severe asthma), oxygen dependence, frequent wheezing, or shortness of breath with minimal activity.

Cancer / bone healing risks (important):

- Prior or current radiation therapy to the head/neck/jaw.
- Current or prior bone-strengthening medications for osteoporosis or other bone problems (bisphosphonates, denosumab/Prolia, or similar).
- Current or recent chemotherapy or other cancer treatments.
- These conditions may affect bone healing and surgical safety and may require medical clearance or, in some cases, change whether surgery is appropriate.

Recent illness & airway safety

- If you have had flu, COVID-19, bronchitis, pneumonia, or significant respiratory illness within the past 1-2 weeks, notify us ASAP.
- Sedation may need to be postponed due to airway reactivity and increased anesthesia risk.
- Call us if you develop fever, chest congestion, severe cough, or worsening asthma symptoms.

Supplements & herbal products

- Many herbal products increase bleeding risk or interact with anesthesia. Please tell us about all supplements.
- We may recommend stopping herbal supplements about 2 weeks before surgery.

Diabetes medications (tell us if you take these)

- SGLT2 inhibitors (e.g., Jardiance, Farxiga, Invokana, Steglatro) may need to be held 3-4 days before surgery. Do not stop without guidance; call your prescribing clinician and notify us.
- GLP-1 medications (e.g., Ozempic, Wegovy, Mounjaro, Zepbound) can affect stomach emptying. Most patients can continue them, but we may tailor your plan based on your risk and symptoms.

DAY BEFORE SURGERY

- Eat normal, balanced meals and drink plenty of fluids.
- Avoid alcohol and recreational drugs.
- Fill prescriptions (if provided) so medications are ready at home after surgery.
- Prepare soft foods at home (yogurt, applesauce, soup, smoothies, mashed potatoes, eggs).

Anesthesia options

Each surgical procedure requires a particular anesthetic technique based on your needs and the planned procedure.

Local anesthesia (numbing)

- Eat as usual (especially diabetics).
- Take medications as prescribed.
- You may drive and come alone unless instructed otherwise.

Nitrous oxide anesthesia

- No food or liquids (including water) for 4 hours prior to appointment.
- You may be drowsy for a short while afterward and may require an in-office recovery period prior to discharge.

Intravenous (IV) sedation

- No food or liquids (including water) for 8 hours prior to appointment.
- A responsible adult must accompany you, remain on-site, and drive you home afterward. For minors, the adult must be a custodial parent or legal guardian.
- A responsible adult should monitor your recovery at home for the first 24 hours.
- You will be drowsy after anesthesia; driving is not legally permissible for 24 hours.

Day of surgery - preparation

- Wear loose, comfortable clothing. Short sleeves preferred.
- Wear secure shoes (no flip-flops, slides, or backless shoes).
- Hair near IV site: if you have heavy hair where the IV will be placed (arm/hand), shave that area so we can tape/secure the IV; removal is more comfortable.
- Facial hair: if you have a full beard, please trim/shave for a better mask seal if assisted breathing is ever needed.
- Arrive early: delays can occur for safety; plan extra time.

WE MAY NEED TO RESCHEDULE FOR SAFETY

- If you eat/drink within the fasting window.
- If you arrive without an appropriate driver or your driver cannot remain on-site.
- If you are ill or have not disclosed key medical conditions/substance use.

Appointment reminder: Your surgery appointment has been reserved specifically for you. If you need to reschedule, please notify us as early as possible so we can offer the time to another patient.

POST-OPERATIVE INSTRUCTIONS - ORAL SURGERY

Day of surgery - the rules that prevent complications

- DO NOT spit or drink from a straw for the first 3 days (can dislodge the blood clot and cause bleeding/pain).
- DO NOT SMOKE for at least 5 days (1-2 weeks is best; bone graft/implant sites often require at least 2 weeks).
- Rest the day of surgery. Limit activity for 24-48 hours; avoid heavy lifting/bending/strenuous exercise for several days.

Bleeding & gauze

- A small amount of bleeding after surgery is normal. Pressure reduces bleeding and helps form a stable clot.
- Place gauze over the surgical site and maintain firm pressure for 30-60 minutes.
- After 60 minutes, remove and discard the gauze. Inspect for further bleeding.
- If persistent bleeding continues: gently wipe away old clots outside the socket, place fresh gauze directly over the site, and bite with firm pressure for 60 minutes.
- If needed, bite on a moist black tea bag for 30-60 minutes (tannic acid helps clotting). Repeat as needed.
- Swallow saliva normally; do not spit (spitting increases bleeding). Blood-tinged saliva is common and not the same as persistent bleeding.

Swelling

- Swelling is expected and usually peaks at 48-72 hours (day 2-3). Bruising and jaw stiffness can accompany swelling.
- Use cold compresses/ice packs for the first 24-48 hours (20-30 minutes on / 20-30 minutes off while awake).
- Sleep with your head elevated on 2 pillows for the first 2 nights.
- After 48 hours, switch to warm compresses to help swelling and bruising resolve.

Pain control

Start pain control before numbness wears off. Take medications with food to reduce nausea.

- If medically allowed: ibuprofen and/or acetaminophen as directed by your surgeon.
- If a narcotic was prescribed: use only as directed. No driving, machinery, alcohol, or important decisions while taking narcotics.
- Call us if pain is severe, does not improve daily, or worsens after day 3-5 (possible dry socket).

Nausea

- Nausea can occur from anesthesia or taking medication on an empty stomach. Eat a small amount of soft food and take meds with water.
- If nauseous: pause intake for 1 hour, then sip room-temperature clear fluids. Crackers and ginger ale/cola can help.
- Call us if you cannot keep fluids down or nausea persists.

Diet

- First 24 hours: cool/room-temperature liquids and soft foods.
- Advance to more solid foods over the next several days as tolerated; avoid chewing directly on the surgical side.
- Avoid hard, crunchy, grainy, seedy, spicy, or acidic foods that can lodge in sites (nuts, seeds, popcorn, chips, rice, corn).
- Avoid hot foods/beverages until numbness wears off.
- Do not skip meals; nourishment improves comfort and healing.

Soft diet examples: yogurt (no fruit chunks), applesauce, pudding, Jell-O (no fruit pieces), mashed potatoes, soft pasta/mac & cheese, scrambled eggs, lukewarm soups, smoothies, protein shakes.

Oral hygiene

- Do not rinse for the first 24 hours.
- Starting the next day: warm salt-water rinses after meals and before bed for 1-2 weeks (1 tsp salt in 8 oz warm water). Rinse gently.
- Begin gentle brushing the next day. Avoid vigorous brushing near surgical sites initially; resume normal hygiene as comfort allows.
- Avoid commercial mouth rinses for the first week unless prescribed (many contain alcohol).

Irrigation syringe (if provided)

- If provided, do not use for the first 5 days unless instructed otherwise.
- Then use as directed to flush food debris from extraction sites (warm water or salt water) after meals.
- Do NOT irrigate a site with a bone graft unless specifically instructed.

Dry socket (alveolitis)

Dry socket typically occurs 3-5 days after an extraction when the clot is lost. Pain worsens rather than improves and may radiate to the ear or jaw.

- Risk is reduced by: no smoking/vaping, no straws, gentle rinsing only, and good oral hygiene.
- If you suspect dry socket, call us - a medicated dressing may be needed.

IF YOU HAD IV SEDATION

- Do not drive or operate machinery for 24 hours.
- No alcohol, sleep aids, tranquilizers, or non-prescribed drugs for 24 hours.
- Do not sign important documents or make major decisions for 24 hours.
- Have a responsible adult stay with you for the first 24 hours.

EXTRACTION WITH BONE GRAFTING (SOCKET PRESERVATION)

Immediately following surgery

- Keep gauze in place for 30 minutes, then remove and discard. Use fresh gauze with firm pressure as needed until bleeding stops.
- Avoid vigorous rinsing and avoid touching the wound area on the day of surgery.
- Take recommended pain medication as soon as possible - ideally before numbness wears off.
- Restrict activity the day of surgery; resume normal activity when comfortable.

Bone graft-specific notes

- Granules/grains of bone: small particles may come out. This is normal; we place more than enough graft material.
- Membrane: a small membrane may cover the graft; it can be normal if it comes out after the first few days.
- No pressure: do not press on the graft with your tongue/fingers and do not pull your lip to check the site.
- Soft diet: avoid chewing hard foods on the graft site; chew on the opposite side for about 2 weeks.
- No smoking: do not smoke or vape for at least 2 weeks - smoking can cause graft failure.

Sinus bone graft (sinus augmentation) - aftercare

A sinus graft adds bone/graft material to the bottom of the maxillary sinus. Healing depends on avoiding pressure changes.

- Do not blow your nose (often 1-3 weeks as directed). If it runs, let it drip and wipe gently.
- If you must sneeze or cough, do so with your mouth open.
- Avoid actions that create pressure: no straws, no spitting, no smoking/vaping.
- Avoid scuba diving and flying until cleared by your surgeon.
- Avoid heavy lifting, bending over, or strenuous exertion for several days.
- Call us immediately for air or liquid passing between mouth and nose, persistent/worsening sinus congestion, graft particles in mouth/nose, heavy nose bleeding, fever 101°F or higher, or increasing swelling after day 3.

DENTAL IMPLANT POST-OPERATIVE INSTRUCTIONS

The first 2 weeks are the most important

The ultimate success of your implant(s) depends on your active cooperation and participation in care after surgery.

Diet

- Single implants: do not chew on the implant site. Cold soft foods are recommended on the day of surgery. Progress to a normal diet chewing with your natural teeth starting the next day.
- Multiple implants: cool clear liquids day of surgery. Follow a nutritionally balanced liquid-to-very-soft diet for the first 2 weeks to reduce infection risk. After 2 weeks, we will discuss progression to soft foods.

Bleeding, bruising, swelling

- Some oozing is expected for the first few hours; saliva may be tinged with blood for the remainder of the day.
- If persistent bleeding occurs, apply direct pressure with clean gauze or a moistened tea bag for 10 minutes and repeat as needed. Call if it does not stop.
- Bruising can occur and may change colors as it resolves; swelling is minimized with ice for 48 hours and head elevation.

Rinsing & hygiene

- If prescribed, use Peridex/CHX twice daily for 30 seconds, then avoid eating/drinking for 30 minutes.
- Starting day 2: rinse gently with tepid salt water (1 tsp salt in 8 oz water) after meals. Avoid vigorous rinsing.
- Routine dental hygiene should resume for non-surgical areas the evening of surgery as tolerated.

Restrictions

- Sedation: no driving, machinery, or important decisions for 24 hours.
- Smoking delays healing. If you cannot quit, severely limit smoking during the first 2 weeks.
- Upper jaw implants: do not blow your nose for 2 weeks.
- Denture wear: do not wear a denture/partial/flipper until properly adjusted. If worn over implant sites, wear for appearance only (not chewing).

IMPLANT MAINTENANCE (LONG-TERM CARE)

Caring for your implants

- Brush after every meal.
- Use a small toothbrush or interdental brush to clean around abutments.
- Use gauze or special floss (foam-coated) to clean around gums, abutments, and prosthetic teeth.

Fixed vs removable prosthesis

- Removable: remove the prosthesis; brush inside/outside; brush gums and abutments; floss abutments with the prosthesis out.
- Fixed: brush as thoroughly as natural teeth; reach behind to brush the back of abutments; floss around abutments from front, sides, and behind.

Routine check-ups

- At least twice a year, your prosthesis should be checked for fit, repairs, and cleaning of the abutments.
- We will also check implant stability and gum/jaw health.

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