

NON-SURGICAL ENDODONTIC POST-OP INSTRUCTIONS

Patient Name _____ Tooth # _____

1. Your tooth and surrounding gum tissue may be tender for several days as a result of manipulation during treatment and the previous condition of your tooth. Expect tenderness to biting and chewing for several days following treatment. The tenderness is normal and there is no cause for alarm. Avoid chewing crunchy or hard foods on this side until the permanent restoration is in place.

2. Take some type of pain medication before the anesthesia wears off to help alleviate post treatment discomfort. We recommend taking 600mg to 800mg of Ibuprofen (Motrin/Advil). If you have not been prescribed a narcotic pain medication or prefer not to take a narcotic pain medication, you can take 2 500mg Extra Strength Tylenol (Acetaminophen) with the Ibuprofen. Take the Ibuprofen every 6 to 8 hours by the clock for the next 7 days, longer if still having discomfort. Please do not exceed 3200mg/day Motrin/Advil/IBU, 3000mg/day Extra Strength Tylenol!

3. If you have been prescribed a narcotic pain medication (Tylenol #3, Lortab, Norco, etc.), DO NOT drive or operate machinery while taking this medication as it may impair your ability to react quickly. To prevent dizziness and nausea, lie down after taking the pain medication.

4. Take all pain medication with at least 8 oz. of water.

5. If you have been prescribed antibiotics, take "all" of the medication until gone.

6. Occasionally, localized swelling may follow root canal treatment. If you experience visible facial swelling or swelling accompanied by fever, call the office for instruction. Place an ice pack on the area at 20 minute intervals to help reduce the swelling the first 24h.

7. If you have been instructed to do salt water rinses, do as follows: Mix 1 tsp of salt in 8 oz. of warm water. Rinse as often as possible throughout the first day. During the following 2 to 3 days, continue to rinse after meals and before bedtime.

8. ALL FILLINGS PLACED IN THIS OFFICE ARE TEMPORARY. You will need to contact your referring dentist as soon as possible to schedule an appointment for the final restoration AFTER the root canal treatment has been completed.

I HAVE READ AND UNDERSTAND THESE INSTRUCTIONS.

Patient Signature _____ Date _____