



## Alexandria Old Town Dental

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# POST-OP PULPOTOMY/PULPECTOMY

| DOB:

### *Post-Care Instructions*

**The treatment on your tooth is NOT complete.** The doctor has placed a medicated temporary filling inside your tooth to help with the healing process. It is essential for you to return to our office for further treatment. Do **NOT** eat anything for the first two hours following the procedure as it takes this time for the temporary to get hard. For the rest of the day, eat semi-solid food only. It is advisable to chew on the opposite side until treatment is completed. Under **NO** circumstances should you chew anything hard, gum, candy, or anything that is sticky on the tooth, even if you were not experiencing any discomfort prior to treatment. **This may lead to a fracture of your tooth.** Following these instructions is your responsibility and if your tooth fractures, it is your liability, and you will be responsible for costs for treatment rendered.

### **Local Anesthesia**

The anesthesia used during your procedure will wear off within a few hours. You may experience tenderness, mild swelling, or bruising to the injection site. In rare cases, prolonged numbness can occur. Please contact our office if numbness does not wear off within 48 hours of your procedure.

### **Pain Management**

It is normal for you to experience some degree of discomfort for a few days. This tenderness is normal and is no cause for alarm.

- Discomfort may be alleviated by taking Aleve, ibuprofen (Advil), aspirin, or acetaminophen (Tylenol) as directed.
  - **600 mg Ibuprofen along with 500 mg & Tylenol every 6 hours for 2 days as needed.**
- Warm salt water rinses (1/2 teaspoon of salt in 8 ounces of water) may also help. Should you experience discomfort that cannot be controlled with the above medications or should swelling develop, please contact our office, we are here to help, and happy to do so.

Please call our office (703) 763-1078 if you have any questions or difficulties. If it is after hours, follow the prompts to be connected to our answering service. If you feel that your symptoms warrant a physician, and you are unable to reach my provider, please go to the closest hospital emergency room immediately.

Patient's signature:

Date:

General Dentist's signature:

Date: