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#### INSTRUCTION FOR CARE AFTER DENTAL TREATMENT

**To protect the numb lip, cheek, or tongue:** Please make sure that your child does not bite, chew, suck, rub or scratch, or poke their finger at the anesthetized area. The tingling sensation may last for 2-5 hours.

If a cheek, lip or tongue bite occurs, it appears as an oblong or round raised white-gray coated patch on the cheek or along the lip (where the teeth meet) or on the tongue. Use cold compresses to reduce swelling and administer a Tylenol-type medication for discomfort. Switch to an child's Ibuprofen 24 hours after the procedure to help decrease swelling. Do not try to rub off the soft scab. It takes several days for the area to heal. Avoid salty or rough foods. Normally, antibiotics are not necessary, but if the injured area becomes infected or is not getting better after 48 hours, please call us.

**Food:** After the anesthesia has worn off, a regular diet is fine. If the child must be fed before the numb feeling disappears, please provide soft, easy to eat foods, such as applesauce, banana, yogurt, or a milkshake. Avoid chewing gum until normal sensations have returned.

**Pain:** The local anesthetic will be effective for pain control for several hours. Most children have little discomfort from the dental treatment, but usually are upset with the numb feeling. Acetaminophen (Tylenol) medication may be used if the child desires.

**Brushing:** Resume brushing today or use a Q-tip or cotton ball to wipe the area to keep it clean. Resume flossing after 24 hours



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## POST EXTRACTION INSTRUCTIONS

**Bleeding:** The patient needs to bite on the gauze for 20 minutes after leaving the office. More gauze pads are provided. *For very young children*, the parent or guardian will have to press the gauze in place. If the bleeding continues, place one piece of firmly folded gauze in the mouth and have the child bite on the gauze for another 20 minutes. If the bleeding continues, have your child bite on a wet tea bag (the tannic acid promotes clotting).

**To protect the clot:** The child should be encouraged to swallow and not spit for the rest of the day. Don't allow your child to suck liquids through a straw for 24 hours to avoid pulling the clot.

**To protect the numb lip or cheek:** Please make sure that your child does not bite, chew, suck, rub or scratch, or poke their finger at the anesthetized area. The tingling sensation may last for 2-5 hours.

If a cheek or lip bite occurs, it appears as an oblong or round raised white-gray coated patch on the cheek or along the lip (where the teeth meet). Use cold compresses to reduce swelling and administer a Tylenol-type medication for discomfort. Do not try to rub off the soft scab. It takes several days for the area to heal. Avoid salty or rough foods. Normally, antibiotics are not necessary, but if the injured area becomes infected or is not getting better after 48 hours, please call us.

**Healing:** It takes several days for the gum tissue to close over the bony socket. If there was a dental abscess or infection, there may be slight drainage of the infection for a day or so. There may be a stain on the morning pillow.

**Activity:** Keep activity level low today: no swimming or running around for 24 hours.

**Food:** After the anesthesia has worn off, a regular diet is fine but avoid salty or rough foods such as chips, pretzels, or crusty breads. Encourage eating on the untreated side for a day or so.

**Pain:** The local anesthetic will be effective for pain control for several hours. Most children have little discomfort from simple extractions. A Tylenol-type medication may be used.

**Brushing:** Resume brushing today but clean the extraction site with a wet Q-tip or cotton ball.

**Oral Rinses:** If your child is able to "swish and spit", after 24 hours, we suggest rinsing the mouth with warm salt water 3-4 times a day for a few days. Use ¼ tsp. salt in 6 oz of warm water.

**Antibiotics:** Doctor will decide if antibiotics are needed, depending on the reason for the extraction. Parents should watch for signs of infection such as redness, pain, swelling or pus.

**Questions:** If you have any questions, please call us at the Office. We are available after hours through the answering service.

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## CARE OF YOUR SPACE MAINTAINER, STAINLESS-STEEL CROWN and White Crowns

The following information may be useful in helping your childcare for the appliance. The spacer had been carefully fitted to your child's mouth and then cemented in place with a dental adhesive. Under normal circumstances, it cannot be removed except by the dentist.

**GENERAL CARE:** The appliance may be uncomfortable for the first few days. Swallowing or eating may be difficult until the child adjusts. Occasionally, the tongue can be irritated until the child adjusts. Some children benefit from a pain reliever such as Tylenol or Motrin.

**BRUSHING:** Be sure to brush your teeth and appliance after eating. Look in the mirror and make sure that your teeth and gums look clean. The appliance should have a "shiny" silver color, clear of food and plaque (seen as a white film on the appliance).

**DIET CHANGES:** To lessen the risk of damage to the appliance, don't bite down on hard candy, hard pretzels, ice cubes or anything else hard. Pulling sticky food off the wire will bend it and cause damage to the teeth it is attached around. It is best to avoid chewing gum, bubble gum, sticky candy such as fruit roll-ups, skittles, caramel, peanut brittle, star bursts, taffy, tootsie rolls, etc., as they can become entwined in the wires.

Beverages with high sugar or acid content will damage the teeth, so avoid pop, clear pop, fruit flavored waters, or more than one serving of fruit juice per day.

Please remind your child not to "play" with the wires with their fingers, tongue, or other objects like bobby pins: this will cause the wire to bend or break.

**FLUORIDE:** If your child is able to swish and spit, the doctor recommends a fluoride mouth rinse such as ACT, or prescription fluoride toothpaste. Careful use of these agents will reduce the likelihood of decay.

**FUTURE NEEDS:** The space maintainer may need alteration when the permanent tooth erupts. The appliance will be checked every six months at the recall appointment.

**CAUTION:** If some part of the appliance becomes loose or broken, call for an emergency appointment at (248) 478-3232.

**AVOID:** Hard foods, Sticky foods, Foods high in sugar, Content

**HARD FOODS:** May do damage by bending wires, loosening cement under the bands or breaking the little brackets and tubes which are attached.



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**STICKY FOODS:** Damage appliances by bending wires and pulling cement loose.

**FOODS HIGH SUGAR CONTENT:** Avoid whenever possible. If you do eat any of them, brush your teeth immediately. If not convenient to brush, then always rinse your mouth with water after eating very sweet foods such as cake or pie.

**NEVER OK:**

Popcorn, nuts, peanut brittle  
ICE (not even if you're careful)  
Lemons (pure lemon juice can hurt your tooth enamel)  
Corn-on-the-cob  
Corn chips, crisp tacos  
Caramels  
Bubble gum or any type of gum.... a thousand times NO!!!

**OK only if:** Hard crusty bread- break into small pieces and be very careful

Apples- cut into wedges...do not bite into whole apple  
Carrots- cut into curls using vegetable peeler

### Trauma Instructions

**SWELLING:** Apply ice to the area to reduce swelling and pain for 20 minutes on, 20 minutes off. Swelling may increase in appearance during the next 48 hours, and then reduce in size. Other alternatives to ice are:

- 1) A bag of frozen peas or green beans which molds better to small faces; 2) Sucking on a popsicle or eating ice cream; 3) a cold washcloth

**DIET:** Eat soft foods for the first few days. Please encourage eating on the non-traumatized area. Some children avoid eating and drinking because of the discomfort and, as a result, are at risk of dehydration. Make sure your child drinks at least 28-32 oz of fluid per day to avoid dehydration.

**PAIN:** Administer Tylenol at the dose and frequency recommended for your child. If they have a fever, please give the medication for the first day and after as needed.

**BRUSHING:** It is very important to keep the teeth and gums clean to promote healing. Parents should assist their child, using soft toothbrush with a gentle scrubbing motion or wiping with a gauze pad or clean washcloth. If a splint is in place, you will need extra time to clean it and the teeth. Toothpaste is not important.

**ORAL RINSES:** only use a warm saltwater rinse if the doctor has recommended it (1 tsp salt to ½ cup warm water.)

**BLEEDING:** Have your child continue to bite the gauze pads for 20 minutes. Replace them with the additional pads provided. If you run out of gauze pads, please use a clean wash cloth or a damp tea bag (the tannic acid promotes clotting). A small amount of oozing may occur over the next few days as the area heals. Saliva in our mouths may make the bleeding look worse when it mixes with a small amount of blood.

**ANTIBIOTICS:** Are not always indicated. If they are prescribed, it is important to take all of them, even if the area appears healed.

**TETANUS:** If your child's immunizations are not up to date, please see your physician for a tetanus booster within the next 24 hours.

**FOLLOW-UP:** Your child should be re-evaluated in 5-10 days to monitor healing. In 6-7 weeks, a third appointment is necessary to determine the health of the tooth's nerve and blood supply. An x-ray will be taken at this appointment when the teeth are checked. Additional follow-up appointments will be recommended by your child's dentist.

**WATCH FOR:** Any signs of infection such as redness, swelling, pain, or small "pimple" on the gums above the tooth. Call if any of these changes occur. Please check the area once a week.



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**COLOR:** The tooth may change color from shades of gray to dark gray, yellowish, or pink. These are different signs of healing, bruising, or infection. Please call the office if this occurs.

**FUTURE CONCERNS FOR INJURY TO PRIMARY TEETH:** studies show that 13-57% of injuries in primary teeth cause damage to the developing permanent teeth. The highest risk is in children under age 3. Often the damage is a spot (white, yellow, brown, or pitted) which can be masked with cosmetic bonding when the permanent tooth has erupted.

Some traumatized primary teeth may become over-retained (ankylosed) and do not shed normally. At the appropriate age, the teeth may need to be extracted.

**FUTURE CONCERNS FOR INJURY TO PERMANENT TEETH:** Healing of injured permanent teeth depends on the age of the tooth, the extent of the injury and any complicating conditions such as accompanying bone fractures. The best prognosis is for an immature tooth (one whose root has not closed as found in children under age 10). The tooth may heal normally or may become infected (even after a period of apparent healing). Cosmetic bonding of fractured teeth will need to be replaced periodically.

If you have any questions, please call us. We will need to evaluate your child periodically, so to keep you informed of any developments.



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### INSTRUCTIONS CONCERNING HEAD INJURY

**EXCESSIVE DROWSINESS:** Your child may be exhausted by the ordeal surrounding the injury but should be easily aroused methods you would ordinarily employ to awaken your child from a deep sleep.

**PERSISTENT VOMITING:** Children will, in most cases vomit one or more times following a severe head injury. Should vomiting recur more than once or twice, or should it begin after it has ceased.

**EYES:** If one pupil appears larger than the other, or if the child complains of "seeing double" or should you detect any failure of the eyes to move together appropriately.

**MOBILITY:** If your child does not use either arm or legs as well as previously, or is unsteady in walking.

**SPEECH:** If speech becomes slurred or your child is unable to talk.

**HEADACHE:** If severe headache occurs, particularly if it increases in severity and is not relieved by aspirin or Tylenol.

**CONVULSION:** Should a convulsion occur, place your child on one side and where he or she cannot fall, be sure there is ample room for him or her to breathe. Stay with your child until the convulsions begin to subside and notify your physician or emergency room as soon as possible.