



North Mountain Dentistry

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www.northmountaindentistry.com

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POST-OP SCALING AND ROOT PLANING

| DOB:

Post-Operative Care Instructions

Local Anesthesia

- The numbness from the anesthetic injection 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.
- We recommend waiting until the anesthetic has worn off before eating/drinking.

Home Care

After scaling and root planing, avoid eating anything on the area being treated for two hours or until the dental anesthetic has worn off completely.

- Avoid any hard "chippy" foods such as tortilla chips, potato chips, popcorn, or seeds for the next several days
- To help soothe the area, rinse your mouth 2-3 times a day with warm salt water rinses. Use one teaspoon of salt for every 3 ounces of water.
- If you are prescribed Peridex/Chlorhexidine, use as directed
- Resume your home care regimen of brushing twice a day and daily flossing immediately, but be gentle with the area recently treated. Your gum health must be maintained with proper home care, as instructed, and regular dental visits
- Refrain from smoking for two weeks after scaling and root planing. Tobacco will delay the healing of the tissues.

Pain Management

You may experience some cold sensitivity, this is normal. Any sensitivity should gradually go away in a few weeks.

- You may take a non-aspirin pain reliever for any tenderness or discomfort.
- Take Ibuprofen 600mg (Advil) or Extra Strength Tylenol 500mg unless you are allergic or have medical conditions that prevent taking these medications.
- If needed, you can use desensitizing toothpaste, such as Crest Sensitivity, Colgate Sensitive Pro-Relief, or Sensodyne.
- Avoid toothpaste with "whitening" or baking soda, as this will increase the sensitivity

If any additional questions arise prior to your follow-up appointment, please contact our office at (602) 285-9979.

Patient's signature:

Date:

Doctor's signature:

Date: