

Frequently Asked Questions for Caretakers Following Surgery

When can they eat or drink?

They may begin eating or drinking as soon as the bleeding has slowed (swallowing excessive amounts of blood can lead to nausea). Do not skip meals - eating soft foods and drinking regularly will help recovery. Please ensure the patient does not eat or drink with gauze in his/her mouth.

How long do they need to have gauze in their mouth?

The gauze should be changed roughly every 20-30 minutes, depending on how heavy the bleeding is. Gauze no longer needs to be placed once it appears a pale pink.

How do I make the gauze?

Take one piece of lightly dampened gauze, scrumple it into a ball, or fold it up into a small "pillow". (Hot dog, hot dog, hamburger, hamburger)

How long will they be numb for?

About 6-8 hours. However, this may linger even longer in some cases.

When will the sleepiness wear off?

Everyone metabolizes the drugs used during anesthesia differently, but typically significant drowsiness should be gone by the end of the day.

When can they sleep?

The patient can sleep once the bleeding has stopped enough so that gauze no longer needs to be placed (see above). Please ensure patients sleep slightly propped up (use 2-3 pillows).

How long do they need to sleep propped up?

Through the first three nights following surgery.

Can they wear their retainer?

Yes, as long as it does not feel irritating to the surgical site.

What kinds of food can they eat?

Patients should stick to a softer diet for the first week (pastas, scrambled eggs, yogurt, mashed potatoes, etc.).

When should we start the pain medication?

If you take the first pill before the local anesthetic has worn off, you should be able to manage any discomfort better. Although recovery from anesthesia is different for each patient, ibuprofen (if prescribed) can be taken after the first meal, usually 2-3 hours after surgery. The stronger pain medication, if needed, can be taken 6-12 hours after surgery.

Can I get my prescriptions ahead of time?

- Due to pharmacies' unpredictable inventory and staffing problems, obtaining prescriptions can sometimes be a frustrating process.
- Prescriptions are determined based upon the outcome of the procedure. Therefore, prescriptions are not provided ahead of surgery. Patients are given long-lasting numbing medications during surgery, so prescription pick-up is not urgent. Most prescriptions do not start until the day after surgery.
- Due to DEA regulations, we cannot prescribe narcotics ahead of time due to the risk of surgery cancellations.
- Effective 7/1/23, narcotics must be sent electronically by law. Please provide your pharmacy of choice at surgery check-in so we can ePrescribe your prescriptions upon completion of surgery.
- Once a script is sent in, it cannot be duplicated. Due to inventory shortages, it is important you confirm your pharmacy has the medications in stock and if the pharmacy takes your insurance.
- Most patients can achieve successful pain management with Tylenol and Motrin alone, so filling the narcotic is optional.
- We prescribe medication based on medical necessity. We do not let insurance dictate what we prescribe. It is the patient's responsibility to find out any preauthorization requirement for prescription benefit coverage.