



MEDICINE HAT
DENTAL
Because We Care

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Dr. Scott Walburger

IVS MEDICAL FORM

This form must be completed by your physician prior to each surgery and faxed to our office.

Patient _____ Gender _____
Age _____ Date of Birth ____/____/____ AHC No. _____

Contact Information

Home No. _____ Work No. _____ Cell. No. _____ Email Address _____

Dear Physician: This patient is to be assessed for fitness to undergo Outpatient Dental Surgery with General Anesthetic or IV Sedation. I would appreciate the form below be filled out to assess the patient for this procedure.

Please fill out completely, including labs and actual EKG

Weight _____ kg	Height _____ cm	BMI _____	BP _____	Pulse _____
Allergies _____				
Medications _____				

Medical History				
CNS _____				
CVS _____	Murmur <input type="checkbox"/> Yes	SBE Prophylaxis <input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/> No		
	Describe _____			
RESPIRATORY _____				
GI / GU _____				

Prior Surgery _____	
PRIOR ANESTHETIC PROBLEMS	Family history of anesthetic problems _____
	Post-op nausea _____
	Any other relevant family history _____
PATIENTS' ASA CLASSIFICATION	<input type="checkbox"/> ASA I ~ Normal, healthy patients <input type="checkbox"/> ASA II ~ Patients with mild systemic disease <input type="checkbox"/> ASA III ~ Patients with severe systemic disease that is limiting but not incapacitating <input type="checkbox"/> ASA IV ~ Patients with severe systemic disease that is a constant threat to life

EKGs ARE REQUIRED ON EVERYONE OVER THE AGE OF 50 YEARS (Actual EKG tracing)

BLOOD WORK: Electrolytes _____ CBC _____ CREAT _____ Other _____ (Lab investigations at MD discretion)

Flexion / Extension C-spine on RA patients.

IF ON BLOOD-THINNERS _____ days off before surgery INR require _____ days before surgery

Premedication: If history of hiatus hernia, reflux, diabetes, or if weight greater than 95 kilograms, please prescribe **RANITIDINE 150 - 300 mg** with a sip of water two hours prior to procedure.

MD's Information: Print Name _____ Clinic Name and Address _____
Telephone No. _____ Fax No. _____ Date _____
Signature _____



IV Sedation Information

PLEASE READ AND RETURN DAY OF SURGERY

You have an appointment booked with Dr. _____ for
 _____ At _____ (AM) (PM)
 Location _____

The following precautions must be adhered to or the services will not be performed.

1. **DO NOT EAT FOOD OR DRINK ANY FLUIDS** including mints, gum, or candy **12 hours before** your appointment. Failing to adhere to these instructions will lead to cancellation of your appointment due to the complications that may arise.

2. **IV SEDATION**

- ✓ Take Tylenol 1 ½ hours before surgery with a small amount of water (3 tablespoons)
- ✓ *If allergic*- DO NOT take anything.
- ✓ ADULTS: 1000mg of Tylenol (3 regular strength or 2 extra strength)

3. Any medicals must be reviewed at our office 1-2 weeks before surgery.
4. **We must talk to you between 9:00A.M. - 11:00 A.M. 2 days before your surgery to confirm your appointment time.**
 Your appointment will be moved to the end of the day if we are unable to contact you. You must be available on short notice the day of surgery as your appointment time may vary. **To contact us, please call the numbers above.**
5. You must arrange for someone to accompany you. They will need to be present during the recovery time and be able to accompany you home. Responsible adults only please.
6. You will not be able to drive or operate any vehicle or machinery including household appliances for 24 hours after your appointment.
7. The use of alcohol and certain other drugs **ONE** day before and **ONE** day after may be life endangering and should be avoided.
8. In your own interest and that of other patients please notify this office if you should develop a cold, influenza, sore throat or other infections immediately before your appointment. Your appointment may be rescheduled.
9. Please remove all tongue rings, choker style necklaces, fingernail polish and contact lenses, prior to your appointment.
10. I am financially responsible to my dentist for the cost of the treatment.

CONSENT FORM

I have received and carefully read the pre-operative and post operative instructions pertaining to dental surgery and the administration of an IV sedation regarding _____ and agree to follow them. I further consent to the administration of the said dental surgery and IV sedation.

I have full decision making authority for the above listed minor or ward of the court.

 (Patient, Parent, Guardian)

 (Date)

 (Witness)



PATIENT CARE INSTRUCTIONS

DAY 1 (Immediately following surgery - up to 24 hours)

If you had an **IV Sedation**, you must not drive or operate any vehicle of machinery, including some household appliances, for 24 hours after surgery.

BLEEDING Firmly place gauze pack **directly over** the surgical site for a **half-hour to an hour**. Repeat if necessary. After a few hours, if the bleeding has not slowed down, firmly place a **dry** orange pekoe tea-bag over the surgical site for **one hour**. Following surgery, elevating your head while sleeping may minimize bleeding. **NOTE** Slight oozing is normal for a few days.

** **DO NOT rinse / swish your mouth for the first 24 hours** - this allows the clot to form in the socket

** **DO NOT use straws or suck, avoid spitting, drinking alcohol, aspirin (unless prescribed), smoking / vaping, sports, physical activity, and lifting anything over 25 pounds for two weeks following surgery.** These activities can dislodge the blood clots. Use a spoon rather than a straw. It is okay to swallow normally, continue drinking fluids and eating soft foods. If you need a letter for missed work or school, our receptionist will issue one for you.

NAUSEA If this occurs, drink flat ginger-ale or snack on soda crackers; talk to your pharmacist about taking Gravol.

PRESCRIPTION Please follow the instructions given to you by your pharmacist. If you were prescribed ibuprofen, you may take the appropriate dosage of extra strength Tylenol at the same time as the ibuprofen to help control discomfort.

SWELLING is normal. To minimize swelling and pain, apply an ice-pack for 15 minutes on and 15 minutes off for the first 48 hours after surgery. (Leaving the ice-pack on for more than 15 minutes can cause frostbite.) If prescribed ibuprofen, take as directed to help reduce swelling.

DIET Begin drinking cool or warm fluids and eating soft food as soon possible.

Suggested diet includes scrambled eggs, yogurt cottage cheese, warm soups, porridge, puddings, over-cooked pasta and pancakes.

** **DO NOT** drink hot drinks or hot soups for two days. (Excess heat can soften sutures.)

** **DO NOT** eat anything hard and crunch for **two months** following surgery (eg. rice, nuts popcorn, seeds.)

DAY 2 (24 - 48 hours following surgery)

Rinse gently with salt water (1 tsp. of salt to one cup of warm water). Continue doing this for the **next two weeks**. **NO MOUTH WASH for two weeks**. Rinse after eating anything and before bed. Regular rinsing will help minimize the occasional odour that occurs with healing. Normal brushing of your teeth is IMPORTANT - good oral hygiene increases healing and prevents infection.

DAY 3 (after 48 hours following surgery)

Warm compresses may now be applied for 15 minutes on and 5 minutes off

Instructions to warm packs - Distribute gel evenly. Place in microwave oven for ten seconds or until desired temperature is reached. Microwave times may vary. **NOTE: Days 3 - 5** You may experience more pain / discomfort; these days are the healing days when your body is trying to repair itself.

DAY 4+ (For Extractions Only - No Bone Grafting)

If you received a curved-tip oral syringe, begin rinsing and **flushing food debris out of the sockets**. Fill the syringe with warm water, insert into the socket (about 2 - 4 mm) and gently flush. Repeat 5 - 6 times per site and 3 - 4 times per day (every time after you eat or have a snack). It is very important to keep the extraction sites clean, especially the lower jaw. Continue this procedure until the sockets are completely healed over. (This can take up to two months.)

GENERAL INFORMATION

- **Sutures are dissolvable:** they usually take two weeks to dissolve, but may fall out after a few days. This is usually not a problem.
- **Dentures** should be left in for 24 - 48 hours. It is recommended to return to the dentist / denturist who made the dentures for an adjustment 24 - 48 hours after surgery. If they are unavailable, a post-op appointment can be made at our office.
- **Uncover and / or Bonding a Tooth:** a periopak (putty-like appearance over surgical site) may have been placed; this should be removed in two weeks by your regular orthodontist / dentist. If they are unavailable, this can be done at our office.
- **Bone Grafting or Site Preservation (with bone).** It is normal for sand-like granules to work their way out of surgical sites in small amounts.

Patient or Legal Guardian must inform the facility of any serious event and / or hospital admission within 10 days following your appointment.



POST – OP INSTRUCTIONS FOR PATIENTS RECEIVING DENTAL IMPLANTS

BLEEDING: Apply pressure to the surgical area by biting firmly on a gauze pack for 1 hour, repeat if necessary. Should any bleeding or oozing occur in the operated jaw apply pressure by keeping a moist tea bag on the surgical site, repeat if necessary. If bleeding does not stop please contact our office.

SWELLING: If able to take Ibuprofen, take the pills for the next 3 days every 4 to 6 hours. An elevated headrest or extra pillow should be used during the first two nights after surgery to reduce swelling in the surgical area. Apply ice to the affected area and continue to do so for the next 2 days (usually 15 minutes on and 15 minutes off cycles.) Swelling reaches its maximum in 48 hours after which warm compresses may be applied (warm wash cloth or heating pad) until area has healed.

EATING: A liquid or soft diet on the day of surgery and the week following is advised as to avoid inadvertent food particles contaminating the wound and disturbing the surgical site. Soft healthy diet is recommended throughout treatment. ***Eg. If able to squish the food between your fingers it can be eaten.*** Pending treatment this can be 4-6 months. Be careful of applying pressure to the surgical site until the area is restored – crown, bridge, denture. Consumption of alcoholic beverages and smoking should be avoided for at least 2 weeks.

RINSING: No rinsing on the day of surgery. The next day you must start to rinse morning and night with the Chlorhexidine rinse one day after surgery. Rinse every 3-4 hours with warm salt water (1 tsp. salt in 1 cup of warm water). Brush and floss other teeth being careful not to disturb the surgical area. Rinse thoroughly after eating. Other mouth rinses and disinfectants should not be used.

BONE GRAFTING OR SITE PRESERVATION (with bone): It is normal for sand-like granules to work their way out of surgical sites in small amounts.

SINUS PRECAUTIONS: No nose blowing for 2 weeks. No drinking through a straw for 2 weeks. If congested, an over the counter decongestant may be taken. If a prescription is given, follow directions as written.

TEMPORARY APPLIANCE: Appliances are worn for esthetic purposes ONLY or to preserve space. Any pressure to the healing sites must be avoided. Chewing with an appliance is limited to soft foods only. Appliance should be removed while sleeping.

DENTURE STABILIZATION: If having implants placed for denture stabilization it is advised to keep your denture out for approximately 2 weeks after surgery. At the post op appointment, soft liners can be placed in the denture to help protect the surgical sight from any irritation that any movement from the denture may cause to the healing area. Your dentist will be making the appropriate adjustments and liners. It is often best to leave the denture out as much as possible.

STITCHES: An appointment should be made 2 weeks following the surgery to remove the sutures and discuss care of tissue around implant. Some stitches may fall out prior to your appointment.

FOLLOWING APPOINTMENTS:

- First follow-up appointment is schedule 2 weeks after surgery to remove any sutures, check healing and to review post op care. If necessary, more check up appointments may be required or allow the area to heal pending our dentists' assessment (often 4-6 months)
- Before the implant is restored, the area is always checked with an x-ray and depending on the component in the implant this may need to be changed. Arrangements can then be made to complete treatment and information forwarded to the restoring dentist/denturist.
- A follow-up appointment is required to check the final crown, bridge or denture placed on the implant within two weeks of the initial placement.
- To comply with the implant Assurance Program, annual appointments over a five-year period will be required to check the health of the implants. Specific exam fees will apply. Regular hygiene appointments can be made with your regular dentist or through our hygiene department.