

## INSTRUCTIONS FOR PATIENTS FOLLOWING ANESTHESIA

**DISMISSAL FROM THE OFFICE:** The patient will be awake but sleepy at the time of discharge from the office. A responsible adult should accompany the patient home and one should stay with the patient the remainder of the day.

**ON THE WAY HOME:** The patient may go back to sleep on the car ride home. This is quite natural after a sedation appointment. Gently awaken the patient only when necessary after arriving at home.

**AT HOME:** When at home, direct the patient to be in a place that will allow him to sleep in a bed or recliner. A minimum amount of mobility for the first few hours is best to avoid postoperative nausea. Do not allow patient to lay flat on their back. Have them elevated with a few pillows or laying on their side or stomach. Sitting/laying in a recliner is recommended.

**DRINKING AND EATING:** Upon awakening, the patient may want something to drink. It is recommended the patient should not have anything to eat or drink for at LEAST one hour. After that time, begin with water, if the patient tolerates that well, then the patient can have non-fatty food as tolerated.

**NAUSEA:** Nausea is a common side effect after anesthesia and surgery. We have done our best to minimize that, but the patient may become nauseated. The nausea or vomiting should be temporary. If this persists for more than four hours, contact our office.

**PAIN:** The patient can usually expect some pain after surgery. The pain medicine recommended or prescribed by the operating dentist should be taken if necessary. If no pain medicine is prescribed, Ibuprofen 600-800 mg (3-4 pills) every 6 hours as needed for pain is recommended.

**PROBLEMS:** If the patient is having a problem related to the surgery, contact the operating surgeon for advice. If the patient is having a problem you feel is related to the anesthesia, contact Dr. Ford at the office.

Questions: Contact Ford DDS Anesthesia Services, Inc. - Dr. Frank E. Ford, D.D.S., Anesthesiologist:  
(972) 296-0101 (office), (817) 422-4132 (cell)

I acknowledge receiving a copy of these post-operative instructions and understand the instructions provided.

**Patient Name** \_\_\_\_\_

**Parent/Guardian (Print)** \_\_\_\_\_

**Relationship to Patient** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_