

**Hugh W. Oser D.D.S., P.A.**  
**1135 Keller Parkway**  
**Keller, TX 76248**  
**(817) 431-5514**

## **Post Operative Implant Instructions**

The outcome of this treatment depends largely on the part you play in the following instructions. At Hugh W. Oser's office we stand behind our work. However, we need your help. We cannot control the conditions in which the implants are subject to when outside of our office. Therefore, there are a few requirements that must be followed.

The next 3-6 months following the placement of the implant is the most critical phase of the healing process, when the implant is becoming stabilized. It is important that this take place without the implants being subjected to any strain. You should therefore, be extremely careful to maintain a suitable nutritious diet at all times during the healing period. Foods that contain tomatoes, onions, pepper, or spices may be irritating and should be avoided. Do not bite down or chew on the implant site as it could cause the bone not to integrate to the implant. Below are some examples of acceptable foods:

Cooked cereals such as oatmeal, cream of wheat  
Well-mashed fruits, applesauce, yogurt  
Broth, bouillon, soups and stews  
Ground beef, soft broiled  
Baked or broiled fish  
Broiled or stewed chicken (finely chopped)  
Potatoes (baked, broiled or whipped)  
Asparagus, peas, carrots, lima beans, string beans  
Noodles, macaroni and cheese  
Cottage cheese, cream cheese, canned, cooked or stewed fruits  
Fresh vegetable juices and cooked vegetables  
Milkshakes, ice cream, puddings, jello and custards  
A blender may be helpful in processing foods

### **It is also very important that you maintain good oral hygiene**

Brush after every meal and before bedtime  
Floss at least once a day  
Follow any special instructions given to you by our office  
Careful use of a waterpick may help to maintain hygiene  
Do not rinse or spit for the first 24 hours after surgery  
Do not smoke for at least 24 hours  
No smoking is preferred due to a greater chance for implant success  
Use a warm salt water rinse three to four times a day for the first week

**A professional dental cleaning is recommended every three months until otherwise notified by the doctor**

**A post operative check is required every week for the first month and every other week during the second month and then on a monthly basis until otherwise notified by the doctor.**

**Contact Dr. Oser immediately if you should notice any of the following:**

**Pain, Swelling or redness after the first week**

**Loose or cracked temporary**

**Change in implant position or movement**

**Medications**

Medications will be prescribed to you before your treatment. Follow the Doctors instructions. Antibiotics should be taken until finished, being careful not to miss a dose. Apply ice for the first 24 hours after the procedure (apply in 20 minute increments). After the first 24 hours ice is no longer useful, you should then begin to use moist heat. Rest is recommended for the remainder of the day.

It has been explained to me, and I fully understand, that a perfect result is not or cannot be guaranteed. By signing this form I understand that I am responsible for following post operative instructions and ultimately the success of my implant and any additional fees associated with future care for complications if they should arise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_