



Endodontists

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INSTRUCTIONS FOR HOME CARE FOLLOWING SURGICAL ROOT CANAL TREATMENT

Patient Name _____ Phone _____

Email _____

Try to take it easy for the next 24 hours. Be good to yourself. No strenuous activity! YOU DESERVE IT!!!

1. Swelling, minor pain, oozing, and/or skin discoloration may be experienced. This will be temporary. If the surgery was performed in the lower jaw, a tingling of the lower lip is possible due to stretching of the nerve supply in this area.
2. Fever. You may experience slight fever or chills. Do not be alarmed unless it persists for more than 24 hours. Please give us a call if it persists for more than 24 hours or if it rises above 101 F degrees.
3. Ice Packs: In order to keep swelling to a minimum, use of an ice pack on the face over the operated area is recommended. The ice should be used alternately-20 minutes on; 20 minutes off, for the first 6 to 8 hours only following surgery.
4. Do not raise the lip with your fingers to inspect the treated area- you may pull out some of the stitches.
5. Avoid hot liquids and eat only soft foods for the first 48 hours. Use your own judgment after this period, but avoid hard or chewy foods for one week.
6. Do not brush your teeth near the operated area for 5 days after surgery. Be sure to brush the rest of your teeth.
7. Starting tomorrow, use warm salt water rinses (1 teaspoon of salt to a cup of warm water) on the treated area under the lip or cheek. This should be done 4-5 times a day, allowing for 1 minute of rinsing each time. Continue to rinse 3 times a day for a week.
8. Get plenty of rest and ensure normal intake of food, especially liquids such as fruit juices, soups, and milk. Avoid alcohol and smoking.
9. For pain take 400 mg of **Ibuprofen** (Advil, Motrin IB) or similar analgesics (aspirin, Tylenol, etc.) every 4-6 hours unless you need a stronger prescription.
10. It is important that you return for a post operative visit within 2-7 days to remove the stitches and evaluate healing.

If you have any questions or difficulties as a consequence of your treatment, please do not hesitate to call.

For more information about Endodontics contact: www.valleyendopractice.com and/or www.aae.org

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Patient's initials (guardian, if minor) _____ Date: _____