

# W. PETER NORDLAND, D.M.D., INC.

PERIODONTAL PLASTIC SURGERY  
MICROSURGERY  
REGENERATIVE AND RECONSTRUCTIVE SURGERY  
IMPLANT SURGERY  
850 PROSPECT STREET, LA JOLLA, CALIFORNIA 92037  
TELEPHONE (858) 459-7374

[www.oralplasticsurgery.com](http://www.oralplasticsurgery.com)

## PRE SURGERY INSTRUCTIONS

1. **Arrangements must be made for someone you know to drive you home following your surgery.** This will allow us to properly sedate you during your surgery. **Please ask your ride to be at our office to pick you up 30 minutes before your surgery is scheduled to be finished.** There should also be someone available to assist you for the first few hours after surgery so that post-operative instructions can be followed. **Please have your ride come in with you when you check in prior to surgery so we can give them your postoperative instructions.**
2. Expect discomfort anywhere from 2-4 days after surgery. You may wish to take a day or two off from work.
3. You are having intravenous (IV) medication, **do not eat or drink anything for 4 hours prior to your surgery.** Please, *No alcohol* the night before and no caffeine the day of surgery.
4. Hypoglycemic patients should eat a light meal (high protein) 2 hours before surgery.
5. All diabetics should follow their normal medication schedule and diet unless Dr. Nordland and your physician have discussed modifications.
6. If you are a smoker, please stop smoking at least 4 weeks prior to your scheduled surgery date.
7. **Please wear a short-sleeved top.**
8. Contact lenses should not be worn during surgery.
9. Please advise us of any changes in your medical history. If your physician has prescribed you any medications recently please let us know as well.
10. **Do not take Ibuprofen, Vitamin E, Ginkgo-Biloba, Omega-3, Fish Oil, Aspirin or any product containing aspirin for one full week prior to your surgery.** Tylenol is acceptable. If you have questions regarding your medications or herbs.
11. Take all blood pressure medications as directed using as little water as possible.
12. **Do not start taking the medications prescribed by Dr. Nordland. Bring your prescribed medications with you on the day of surgery and we will administer them to you.** **If you need to premed, please do so with very little water.**
13. If you wear partial dentures or a retainer, please bring them with you on the day of surgery so we can determine if they can be used following surgery.
14. There may be a dressing placed for 2-7 days. We recommend soft or semi-soft foods for the week following surgery.
15. During the surgical procedure, the tissue may be repositioned against the tooth depending on the type of surgery. You may notice some recession or food impaction and your teeth may have hot and cold sensitivity from 1 week to 3 months. Every effort will be made to achieve the best cosmetic results, especially in the front areas of your mouth.
16. If you have questions, please call us at (858) 459-7374. Dr. Nordland's home telephone number for emergencies is **(858) 459-7384.**

All of the above items have been explained to me by \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(staff's initials) (date) (patient's initials)