JACKSONVILLE
SURGICAL ARTS
ORAL AND MAXILLOFACIAL SURGERY

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PRE-OPERATIVE INSTRUCTIONS

Maxillary Sinus Lift (Sinus Floor Elevation) Prior to Dental Implants

ABOUT YOUR PROCEDURE

You are scheduled for a maxillary sinus lift (also called sinus floor elevation) — a bone grafting procedure to increase the amount of bone in the upper jaw (maxilla) in the area of the premolars and molars. The maxillary sinus is an air-filled cavity located above the roots of the upper back teeth. When these teeth are lost, the sinus can expand downward and the bone beneath it thins, leaving insufficient bone for dental implant placement.

During a sinus lift, the surgeon carefully lifts the membrane lining the floor of the sinus and places bone graft material beneath it. Over several months, this graft matures into solid bone that can support dental implants.

Because this procedure involves the sinus — a part of your respiratory system — there are specific precautions that differ from other dental surgeries. Please read the following instructions carefully and contact our office with any questions.

SINUS HEALTH

⚠ **VERY IMPORTANT**

The health of your sinuses before surgery is critical to the success of this procedure. Please inform our office immediately if you experience any of the following symptoms before your scheduled surgery:

- Nasal congestion or stuffiness
- Sinus pressure, facial pain, or headache
- Thick nasal discharge (yellow or green)
- Postnasal drip or a bitter taste in the back of your mouth
- Difficulty breathing through one or both nostrils
- Recent cold, flu, or upper respiratory infection
- History of chronic sinusitis, recurrent sinus infections, or sinus surgery
- Seasonal allergies that are currently active
- History of nasal polyps

If you develop a cold, sinus infection, or significant nasal congestion in the days before your procedure, please call our office immediately. Your surgery may need to be postponed until the sinus is healthy, as performing a sinus lift on an inflamed or infected sinus significantly increases the risk of complications.

If you have a history of sinus problems, you may be referred to an ear, nose, and throat (ENT) specialist for evaluation and clearance before your surgery can proceed.

ALLERGIES AND SEASONAL CONSIDERATIONS

- If you have seasonal allergies (hay fever), your surgery should ideally be scheduled outside of your allergy season. If this is not possible, please inform our office so that appropriate allergy medications can be started before surgery.
- If you have been prescribed a nasal steroid spray (such as Flonase, Nasonex, or Nasacort) or an antihistamine to prepare for surgery, begin using it as directed — typically 2–3 weeks before your procedure.
- Continue any prescribed allergy medications through the day of surgery unless otherwise instructed.

BEFORE YOUR APPOINTMENT

Inform our office of any changes to your medical history, including new diagnoses, hospitalizations, or surgeries since your last visit.

Provide a complete and updated list of all medications you are currently taking, including:

- Prescription medications
- Over-the-counter medications (including aspirin, ibuprofen, naproxen)
- Vitamins, herbal supplements, and nutritional products
- Blood thinners (warfarin, Eliquis, Xarelto, Plavix, or others)
- Nasal sprays (prescription or over-the-counter)
- Inhalers

BONE-AFFECTING MEDICATIONS

⚠ **VERY IMPORTANT**

If you take or have ever taken any of the following medications, please inform our office immediately:

- Bisphosphonates (Fosamax, Boniva, Actonel, Reclast, or Zometa)
- Denosumab (Prolia or Xgeva)
- Romosozumab (Evenity)
- Any medication prescribed for osteoporosis, bone cancer, or bone metastases
- **Heart Conditions Requiring Antibiotic Premedication:** If you have a prosthetic heart valve, a history of endocarditis, certain congenital heart conditions, or a heart transplant with valve problems, please confirm with our office that your antibiotic prescription has been arranged.
- **Steroids:** If you take oral steroids (such as prednisone or dexamethasone) or use a steroid inhaler, please inform our office, as supplemental dosing may be necessary.
- **Diabetes:** If you are diabetic, please inform our office. Good blood sugar control is important for graft healing. Contact our office for specific instructions about adjusting your insulin or diabetes medication, especially if fasting is required for sedation.

MEDICATIONS — WHAT TO CONTINUE AND WHAT TO AVOID

Continue taking all regular medications unless specifically instructed otherwise by your doctor or our office.

- **Blood thinners:** Do NOT stop taking blood thinners unless specifically directed by the prescribing physician in coordination with our office. Sinus lift procedures can generally be performed safely in patients on anticoagulant or antiplatelet therapy when coagulation parameters are within acceptable ranges.
- **Anti-inflammatory medications:** Unless otherwise directed, avoid aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve), and other NSAIDs for 3 days before your procedure, as they may increase bleeding. Acetaminophen (Tylenol) is acceptable.
- **Herbal supplements:** Stop taking fish oil, vitamin E (high dose), ginkgo biloba, garlic supplements, turmeric, and other herbal products that may increase bleeding at least 7 days before your procedure.
- **Pre-operative antibiotic:** If you have been prescribed an antibiotic for this procedure, begin taking it as directed — typically starting the day before surgery or 1 hour before your appointment.
- **Pre-operative steroid:** If you have been prescribed a steroid (such as a Medrol dose pack or dexamethasone), begin taking it as directed — this may start the day before surgery.

ORAL HYGIENE PREPARATION

Reducing bacteria in your mouth before surgery helps lower the risk of infection and post-operative sinusitis.

- If a chlorhexidine (Peridex) mouth rinse has been prescribed, begin using it as directed — typically starting 2 days before your procedure. Rinse twice daily for 30–60 seconds.
- Brush and floss all teeth thoroughly in the days leading up to your appointment, paying special attention to the upper teeth near the surgical area.
- If you have any teeth with active infection (abscess, deep decay, or gum disease) near the sinus, these must be treated before the sinus lift can be performed. Odontogenic infections are a significant source of sinus contamination.
- Rinse with chlorhexidine mouth rinse the morning of your procedure.

YOUR EXISTING DENTURE OR REMOVABLE PROSTHESIS

- **You will NOT be able to wear a removable denture or partial denture over the grafted area for at least 2 weeks after surgery, and possibly longer.** Any pressure from a prosthesis on the surgical site can disrupt the graft and compromise healing.
- After the initial healing period, your denture may be carefully adjusted and relined with a soft material so it can be worn without placing pressure on the graft. This will be determined at a follow-up appointment.
- **Plan ahead:** if the surgery is in a visible area, discuss temporary cosmetic options with our office before your procedure.

THE DAY BEFORE YOUR PROCEDURE

- Do not consume alcohol for at least 24 hours before your appointment.
- Get a full night of rest.
- Fill any prescriptions provided by our office (antibiotics, pain medication, steroid, nasal decongestant spray, medicated mouth rinse) so they are ready for use after your procedure.
- Purchase soft foods for your recovery. You will need to eat a **soft diet for at least 1–2 weeks.** Good options include:
  - Yogurt, applesauce, pudding, smoothies (**no straws** — the sucking motion creates negative pressure that can harm the graft)
  - Lukewarm soup and broth (not hot for the first 48 hours)
  - Mashed potatoes, scrambled eggs, oatmeal
  - Protein shakes and nutritional supplement drinks (such as Ensure or Boost)
  - Pasta, soft bread, and other foods that require minimal chewing
- If you have been prescribed an oral sedative to take the night before your procedure, take it as directed.
- If you have been prescribed a steroid or antibiotic to begin the day before surgery, take it as directed.

THE MORNING OF YOUR PROCEDURE

- **If receiving local anesthesia or nitrous oxide only:** Eat a light meal 1–2 hours before your appointment. Avoid heavy or greasy foods.
- **If receiving oral sedation:** Do not eat or drink anything for at least 6 hours before your appointment, unless otherwise instructed. Take the prescribed sedation medication as directed.
- **If receiving IV sedation or general anesthesia:** Do not eat solid food for at least 8 hours before your appointment. Clear liquids (water, apple juice without pulp — no milk) may be consumed up to 2 hours before. Do not drink anything within 2 hours of your appointment.
- Take your pre-operative antibiotic and/or steroid as directed.
- Rinse with chlorhexidine mouth rinse the morning of your procedure.
- Wear comfortable, loose-fitting clothing with short sleeves or sleeves that roll up easily.
- Remove contact lenses, jewelry, watches, and nail polish.
- Leave valuables at home.
- Arrive at the time instructed by our office.

TRANSPORTATION

- **Local anesthesia or nitrous oxide only:** You may drive yourself to and from the appointment.
- **Oral sedation, IV sedation, or general anesthesia:** You MUST have a responsible adult drive you to and from your appointment. Your driver must remain in the office or be immediately reachable during your procedure. You will not be permitted to drive, take a taxi alone, or use rideshare services unaccompanied. A responsible adult must stay with you for several hours after you return home.

SMOKING AND TOBACCO

- Do not smoke, vape, or use any tobacco or nicotine products for at least 2 weeks before your procedure.
- **Smoking significantly increases the risk of sinus lift complications,** including wound dehiscence (wound opening), graft infection, and post-operative sinusitis. Studies have shown that smokers have a 16-fold increased risk of wound dehiscence after sinus augmentation.
- Avoiding all tobacco and nicotine products for a minimum of 8 weeks after your procedure — and ideally permanently — is strongly recommended.
- If you need help quitting, please ask our office or your primary care physician about smoking cessation resources.

SINUS-SPECIFIC PRECAUTIONS

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PLEASE READ CAREFULLY

Because this procedure involves the maxillary sinus, there are important precautions that are unique to this surgery. Understanding these before your procedure will help you prepare:

After surgery, you must avoid anything that creates pressure changes in your sinus.

THIS INCLUDES:

- **Do NOT blow your nose for at least 2–3 weeks after surgery.** If your nose is congested, use the nasal decongestant spray prescribed by our office. If you must clear your nose, gently dab or wipe — never blow forcefully.
- If you need to sneeze, **sneeze with your mouth OPEN.** Do not try to stifle or hold in a sneeze. Sneezing with your mouth closed creates intense pressure in the sinus that can damage the graft or tear the sinus membrane.
- **Do NOT use a straw for at least 2 weeks.** The sucking motion creates negative pressure.
- **Do NOT play wind instruments or brass instruments** (trumpet, saxophone, flute, etc.) for at least 4–6 weeks.
- **Avoid scuba diving and swimming** (especially underwater) for at least 4–6 weeks.
- **Avoid air travel** for at least 2 weeks after surgery, if possible. Cabin pressure changes during takeoff and landing can stress the sinus. If air travel is unavoidable, use a nasal decongestant spray 30 minutes before takeoff and landing, and discuss this with our office in advance.
- **Avoid strenuous physical activity** (heavy lifting, running, aerobics, bending over) for at least 7–10 days. These activities increase blood pressure and can cause bleeding or swelling in the sinus.
- **Do NOT spit forcefully.** Let saliva or blood drool gently into a tissue or gauze.

WHAT TO BRING

- Photo ID and insurance card
- Complete list of current medications
- Any prescribed pre-medications (antibiotics, sedatives, or steroids) if not yet taken
- Your inhaler, if you have asthma
- Your current denture or removable prosthesis (bring it even if you will not be able to wear it immediately)
- A responsible adult driver (if receiving sedation or general anesthesia)

IF YOU ARE FEELING ILL

If you develop a fever, cold, sore throat, cough, nasal congestion, sinus pressure, nausea, vomiting, or any new illness before your appointment, please call our office immediately. This is especially important for sinus lift surgery — even a mild cold can cause sinus inflammation that significantly increases the risk of complications. Your procedure may need to be rescheduled until you are fully recovered.

WHAT TO EXPECT

- The procedure typically takes **1–2 hours** per sinus, depending on the technique used and the complexity of your case.
- **Lateral (open) sinus lift:** The surgeon creates a small window in the side wall of the upper jaw to access the sinus. The sinus membrane is carefully lifted, and bone graft material is placed beneath it. The window is covered with a protective membrane and the gum tissue is sutured closed.
- **Transcrestal (closed) sinus lift:** A less invasive approach performed through the implant site itself. The sinus floor is gently elevated and graft material is placed through the implant preparation site. This technique is used when less bone augmentation is needed.
- Your surgeon will discuss which technique is planned for your case.
- You may experience mild to moderate swelling, bruising (which may extend to the cheek or under the eye), and discomfort for 3–5 days. Some patients experience minor nosebleeds or blood-tinged nasal discharge for 1–2 days — this is normal.
- Mild nasal congestion is common for 1–2 weeks after surgery as the sinus adjusts.
- You will receive detailed post-operative instructions and prescriptions after your procedure, which may include:
  - Antibiotics (typically for 7–10 days)
  - Pain medication
  - Nasal decongestant spray (such as oxymetazoline/Afrin — use only as directed, typically no more than 3–5 days)
  - Chlorhexidine mouth rinse
  - Steroid medication (to reduce swelling)

HEALING TIMELINE

- **First 2 weeks:** Sutures in place. Soft diet. No nose blowing. No strenuous activity. Use nasal decongestant and chlorhexidine rinse as directed. Expect swelling, mild bruising, and moderate discomfort.
- **2–3 weeks:** Sutures removed (typically at 10–14 days). Gradual return to gentle brushing near the site. Most swelling and discomfort resolved.
- **1–3 months:** Continued healing. Avoid hard or crunchy foods on the surgical side. No removable prosthesis over the graft unless approved by your surgeon.
- **6–9 months:** The bone graft matures and integrates with your existing bone. Your surgeon will evaluate the graft with clinical examination and imaging (such as a CBCT scan) to determine when it is ready for implant placement.
- **Implant placement:** Once the graft has healed sufficiently, a separate appointment will be scheduled for dental implant placement.

IMPORTANT REMINDERS

- **Sinus health is essential.** Report any signs of sinus problems (congestion, pressure, discharge, fever) to our office immediately — both before and after surgery.
- **Do not blow your nose.** This is the single most important sinus-specific instruction. Forceful nose blowing can displace the graft, tear the sinus membrane, or force graft material into the sinus cavity.
- **Do not disturb the surgical site.** Do not touch, poke, or press on the area with your tongue, fingers, or any objects.
- **Do not wear a removable prosthesis over the graft** unless specifically approved by your surgeon.
- You will have multiple follow-up appointments to monitor healing. Please keep all scheduled appointments.
- If you notice any of the following, contact our office immediately:
  - Increasing pain or swelling after the first 3–4 days
  - Pus or foul-tasting drainage from the surgical site or nose
  - Fever
  - Feeling of air or liquid passing between your mouth and nose (oroantral communication)
  - Persistent heavy nosebleeds
  - Worsening nasal congestion, facial pressure, or headache after the first week
  - Numbness that does not improve
- If you fail to follow these instructions, your procedure may need to be postponed for your safety, or the graft may be at increased risk of failure.
- If you have any questions or concerns before your appointment, please do not hesitate to call our office.

We look forward to caring for you and building a strong foundation for your future dental implants.