JACKSONVILLE
SURGICAL ARTS
ORAL AND MAXILLOFACIAL SURGERY

95 JAIDEV RD BLDG 10, #101
ST JOHNS, FL 32259
P: (904) 820-8956 | F: (904) 820-8957

PRE-OPERATIVE INSTRUCTIONS

Pre-Prosthetic Surgery

(Alveoloplasty, Tori Removal, Removal of Hyperplastic Tissue, and Related Procedures)

ABOUT YOUR PROCEDURE

You are scheduled for pre-prosthetic surgery — a procedure to prepare your mouth for a denture, partial denture, or other removable prosthesis. After teeth are lost, the remaining bone and soft tissue may have irregularities that prevent a denture from fitting comfortably and functioning properly. Pre-prosthetic surgery corrects these problems so that your prosthesis can fit securely, distribute chewing forces evenly, and be worn comfortably.

Your procedure may include one or more of the following:

- **Alveoloplasty (ridge smoothing):** Reshaping and smoothing the jawbone ridge after tooth removal to eliminate sharp edges, bony spicules, or uneven areas that would cause pain or sore spots under a denture.
- **Torus removal (torus palatinus or torus mandibularis):** Removal of benign bony growths on the roof of the mouth (palate) or on the inner (tongue) side of the lower jaw. These growths are not harmful, but they can interfere with denture fit, cause chronic irritation, or make it difficult to eat and speak comfortably.
- **Removal of hyperplastic (excess) tissue:** Removal of excess gum tissue, fibrous tissue, or “epulis fissuratum” — folds of tissue that develop from chronic irritation by an ill-fitting denture. This tissue must be removed before a new denture can be made, as it would prevent a proper fit.
- **Removal of bony undercuts or exostoses**: Smoothing of bony prominences along the jaw that create undercuts preventing denture insertion or removal.
- **Vestibuloplasty:** Deepening the area between the lip/cheek and the gum ridge to create more space for a denture to rest and seal properly.
- **Removal of excess or redundant tissue on the ridge:** Trimming of loose, flabby tissue on the ridge crest that would shift under a denture and cause instability.

Your surgeon will explain which specific procedures are planned for your case. In some situations, multiple procedures may be performed at the same appointment.

Please read the following instructions carefully and contact our office with any questions.

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)

BEFORE YOUR APPOINTMENT (CONT.)

- **IMPORTANT ⚠ Bone-Affecting Medications:** If you take or have ever taken any of the following medications, please inform our office immediately, as special precautions are required:
  - Bisphosphonates (Fosamax, Boniva, Actonel, Reclast, or Zometa)
  - Denosumab (Prolia or Xgeva)
  - Romosozumab (Evenity)
  - Any medication prescribed for osteoporosis, bone cancer, or bone metastases

These medications can affect how your jawbone heals and may require modifications to your treatment plan.

- **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 healing after any oral surgery. Contact our office for specific instructions about adjusting your insulin or diabetes medication, especially if fasting is required for sedation.
- **Medications That Cause Gum Overgrowth:** If you take any of the following medications, please inform our office, as they may be contributing to gum tissue overgrowth:
  - Calcium channel blockers (amlodipine/Norvasc, nifedipine/Procardia, diltiazem, verapamil)
  - Anti-seizure medications (phenytoin/Dilantin, carbamazepine, valproic acid)
  - Immunosuppressants (cyclosporine, tacrolimus)

Your surgeon may coordinate with your prescribing physician to discuss whether a medication change is possible, as gum overgrowth may recur after surgery if the causative medication is continued.

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. Most pre-prosthetic procedures can be safely performed while continuing anticoagulant or antiplatelet therapy, with local hemostatic measures used as needed.
- **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, take it exactly as directed — typically 1 hour before your appointment.

YOUR EXISTING DENTURE OR PROSTHESIS

- **Bring your current denture or partial denture** to every appointment, including the day of surgery — even if it fits poorly or is broken. Your surgeon needs to evaluate it and may use it as a reference for planning.
- If your surgery includes removal of hyperplastic tissue caused by an ill-fitting denture, you should **stop wearing the denture for at least 1–2 weeks before surgery** (or as directed by your surgeon). This allows the irritated tissue to shrink and reduces inflammation, making the surgery more precise and improving healing. If you cannot stop wearing the denture entirely, remove it as much as possible and especially at night.
- After surgery, you may or may not be able to wear your existing denture immediately, depending on the procedure performed:
  - **Alveoloplasty with immediate denture:** If an immediate denture has been fabricated, it will be placed at the time of surgery and acts as a bandage over the surgical site. Do NOT remove the immediate denture for the first 24 hours unless instructed otherwise.
  - **Tori removal:** You will typically NOT be able to wear a denture over the surgical area for **2–4 weeks** while the site heals. Your surgeon will advise you when it is safe to resume wearing your prosthesis.
  - **Soft tissue procedures** (hyperplastic tissue removal, vestibuloplasty): You may not be able to wear your denture for **1–4 weeks** depending on the extent of the procedure and the location of the surgical site. Wearing a denture too soon over a healing soft tissue wound can cause wound breakdown and compromise the result.
- **Plan ahead —** you may be without your denture for a period of time. Arrange your schedule accordingly, especially if the surgery involves a visible area.

ORAL HYGIENE PREPARATION

Reducing bacteria in your mouth before surgery helps lower the risk of infection and promotes better healing.

- If a chlorhexidine (Peridex) mouth rinse has been prescribed, begin using it as directed — typically starting 1–2 days before your procedure. Rinse twice daily for 30–60 seconds.
- If you have remaining natural teeth, brush and floss them thoroughly in the days leading up to your appointment.
- If you wear a denture, clean it thoroughly each day before surgery. Remove your denture at night and soak it in denture cleanser. A dirty denture harbors bacteria that can contaminate the surgical site.
- If you are fully edentulous (no remaining teeth), clean your gums, tongue, and palate with a soft toothbrush or damp cloth each morning and evening.
- Rinse with chlorhexidine mouth rinse the morning of 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 (pain medication, antibiotic, medicated mouth rinse) so they are ready for use after your procedure.

- **IMPO**
  - Bi
  - De
  - Ro
  - An

These m
treatme

- **Heart**
- **Stero**
- **Diabe**
- **Medi**
  - Ca
  - An
  - Im

Your su
change
continu

THE DAY BEFORE YOUR PROCEDURE (CONT.)

- Purchase soft foods for your recovery. You will need to eat a soft diet for at least 1–2 weeks, depending on the procedure. Good options include:
  - Yogurt, applesauce, pudding, smoothies
  - 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.

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 as directed (if prescribed).
- 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 1 week before your procedure.
- Smoking impairs blood flow to the surgical site, delays healing, and increases the risk of infection, wound breakdown, and poor tissue quality — all of which can compromise the fit and comfort of your future prosthesis.
- Avoiding all tobacco and nicotine products for at least 2–4 weeks after your procedure is strongly recommended for the best healing outcome.
- If you need help quitting, please ask our office or your primary care physician about smoking cessation resources.

WHAT TO BRING

- Photo ID and insurance card
- Complete list of current medications
- Any prescribed pre-medications (antibiotics or sedatives) if not yet taken
- Your inhaler, if you have asthma
- **Your current denture(s) or partial denture(s)** — upper and lower
- A responsible adult driver (if receiving sedation or general anesthesia)

IF YOU ARE FEELING ILL

If you develop a fever, cold, sore throat, cough, active cold sore, nausea, vomiting, or any new illness before your appointment, please call our office as soon as possible. Your procedure may need to be rescheduled, as illness can increase the risk of complications and compromise healing.

WHAT TO EXPECT

The duration and complexity of your procedure depends on which surgeries are being performed:

- **Alveoloplasty:** Typically 30–60 minutes. The surgeon smooths and reshapes the bone ridge, removes any sharp edges or bony spicules, and closes the gum tissue with sutures. If teeth are being extracted at the same appointment, the alveoloplasty is performed immediately after the extractions.
- **Torus palatinus removal:** Typically 45–90 minutes. The surgeon makes an incision over the bony growth on the roof of the mouth, reflects the tissue, and removes the torus using a combination of surgical handpiece and osteotomes (bone chisels). The thin tissue over the palate is then carefully sutured closed. Expect moderate swelling of the palate and some difficulty swallowing for the first few days.
- **Torus mandibularis removal:** Typically 30–60 minutes per side. The surgeon makes an incision on the tongue side of the lower jaw, reflects the tissue, and removes the bony growth. Because this area is close to the floor of the mouth, there may be significant swelling of the tongue and floor of the mouth for several days. In rare cases, swelling can be severe enough to affect swallowing or breathing — if this occurs, go to the nearest emergency room immediately.
- **Removal of hyperplastic tissue:** Typically 20–45 minutes. The excess tissue is removed with a scalpel, electrocautery, or laser. The wound may be sutured closed or may be left to heal by secondary intention (gradually filling in on its own), depending on the size and location. All removed tissue will be sent for microscopic examination (biopsy) to confirm the diagnosis.
- **Vestibuloplasty:** Typically 45–90 minutes. The surgeon repositions the muscle attachments and deepens the space between the lip/cheek and the ridge. A tissue graft (from the palate or a collagen material) may be placed. A surgical stent or modified denture may be used to hold the tissue in position during healing.

You will receive detailed post-operative instructions and any necessary prescriptions after your procedure.

HEALING TIMELINE

Healing times vary by procedure:

- **Alveoloplasty:** Sutures removed at 7–14 days. Soft tissue healing in 2–4 weeks. Bone remodeling continues for 2–3 months. A new denture or reline is typically planned after the ridge has stabilized (usually 6–8 weeks, or longer if extractions were also performed).
- **Torus removal:** Sutures removed at 7–14 days. Swelling and discomfort typically resolve within 1–2 weeks. Full soft tissue healing in 3–4 weeks. Denture fabrication or adjustment is typically planned 4–6 weeks after surgery.
- **Hyperplastic tissue removal:** Sutures removed at 7–14 days (if placed). Healing by secondary intention may take 3–6 weeks. Denture fabrication is planned after the tissue has fully healed and matured.
- **Removal of hyperplastic tissue:** Typically 20–45 minutes. The excess tissue is removed with a scalpel, electrocautery, or laser. The wound may be sutured closed or may be left to heal by secondary intention (gradually filling in on its own), depending on the size and location. All removed tissue will be sent for microscopic examination (biopsy) to confirm the diagnosis.
- **Vestibuloplasty:** Healing takes 4–8 weeks. The surgical stent or modified denture may need to be worn continuously during the initial healing period. Follow-up appointments are critical to monitor tissue position and prevent relapse.

IMPORTANT REMINDERS

- **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 your denture over the surgical site unless specifically instructed by your surgeon. Premature denture use is one of the most common causes of wound breakdown and delayed healing after pre-prosthetic surgery.
- All tissue removed during surgery will be sent for biopsy. While the vast majority of hyperplastic tissue and tori are benign, microscopic examination is standard practice to confirm the diagnosis and rule out any unexpected findings. Your surgeon will contact you with the results.
- Maintain good oral hygiene, but avoid brushing directly over the surgical site for the first 5–7 days. Use the chlorhexidine rinse as directed.
- Avoid spicy, acidic, crunchy, or very hot foods for the first week, as these can irritate the wound.
- 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
  - Fever
  - Bleeding that does not stop with gentle pressure after 20 minutes
  - Difficulty breathing or swallowing (especially after torus mandibularis removal — seek emergency care immediately)
  - Numbness that does not improve after 24 hours
  - A sharp bony edge poking through the gum tissue

You will have follow-up appointments to monitor healing and plan the next steps for your prosthesis. Please keep all scheduled appointments. 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 preparing a comfortable foundation for your new prosthesis.