



SHEEPSHEAD BAY ORAL SURGERY, PLLC

Oral and Maxillofacial Surgery

IMPORTANT INSTRUCTIONS REGARDING YOUR ANESTHESIA

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You will always be given local anesthesia for your surgery, but you may choose any of those listed below as a supplement. Each choice requires different preparation on your part, and for your safety it is important that you read and follow the instructions carefully. If you are unclear about anything, please ask your doctor.

For all surgery, please wear comfortable, loose-fitting clothing. Tops/shirts should have sleeves that are easily drawn up above the elbow. Females should remove nail polish before surgery, and apply as little makeup as possible.

LOCAL ANESTHESIA will produce a numb feeling in the area being operated on and a feeling of pressure during surgery. You will be awake and recall the surgery, but there should be no significant discomfort.

1. Have a light meal a few hours prior to surgery.
2. For more extensive procedures you may wish to have someone drive you home.
3. Plan to rest for a few hours after surgery.

ORAL PREMEDICATION: may be a supplement to local anesthesia and is medication taken by mouth to produce relaxation before and during your operation.

1. Take the medication at the time directed before your surgery.
2. Have a light meal a few hours prior to surgery **unless you are also having intravenous or general anesthesia.**
3. It is not safe to drive after taking sedative drugs, and you **MUST** have someone drive you to and from surgery.
4. Plan to rest for the remainder of the day. Do not operate power tools, machinery, etc., for 24 hours after surgery.

NITROUS OXIDE is also known as “laughing gas.” You will be relaxed and somewhat less aware of your surroundings, but will recall most of the surgical event. Nitrous oxide is generally used in conjunction with local anesthesia, but may also be used to supplement the anesthetic choices below.

1. You may have a light meal four (4) hours prior to surgery.
2. It is best to have someone drive you home.
3. Plan to rest for the remainder of the day.

INTRAVENOUS ANESTHESIA

Both of the anesthetics below include local anesthesia (although general anesthesia does not require its use.)



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INTRAVENOUS SEDATION: Medications are given through a vein in your arm or hand, which will cause total relaxation and, although you will not actually be unconscious, there will be very little recall (if any) of the events surrounding surgery.

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1. **Do not eat or drink anything** (including water) for eight (8) hours prior to surgery. **However**, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any pre-medication prescription that we have provided, **using only a small sip of water**.
2. For morning appointments, skip breakfast.
3. For afternoon appointments, eat a light breakfast seven (7) hours before your appointment and skip lunch.
4. Take any regular medications with only enough water to get the pill down.
5. You **MUST** have someone drive you home.
6. Plan to rest for the remainder of the day. Do not operate power tools, machinery, etc., for 24 hours after surgery.

GENERAL ANESTHESIA: Medications are given through a vein which will result in total loss of consciousness, complete lack of recall of the event and usually a longer recovery time. General anesthesia has an excellent safety record as an office procedure, but may, if desired, be provided in a hospital setting. (Your health insurance may not cover you unless there is a bona fide medical reason for hospitalization.)

1. The same instructions offered above for intravenous sedation apply for general anesthesia.

OTHER SPECIAL INSTRUCTIONS:

If you prefer to listen to your own music, feel free to bring a CD or cassette tape player with small earphones (not recommended with general anesthesia).

Our goal is to provide you with a safe, pleasant and effective anesthetic. In order to do this it is imperative that we have your full cooperation. Please feel free to ask or call about any questions concerning your surgery or anesthetic.

Patient: _____ Date _____

Signature: _____ Date _____