

Periodontal and Implant Surgeons of Houston

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Pre/postoperative Instructions for Minimal and Moderate Sedation

- A responsible adult, over 18 years of age **must** accompany the patient to the clinic and **remain here throughout the entire procedure**. Following the sedation, a responsible adult **must** escort the patient home, and a responsible adult should remain with the patient until fully awake.
- A parent or legal guardian **must** accompany minors (persons under the age of 18 years of age).
- Unless specifically directed otherwise, patients **must** adhere to the following instructions:
 - No solid food for 6 hours before the start of the procedure
 - No opaque liquids for 6 hours before the start of the procedure (coffee, milk, orange juice, etc.)
 - Clear liquids allowed until 2 hours before the start of the procedure (water, apple or cranberry juice)
 - No food or drink the last 2 hours before the start of the procedure
 - Take all medicines as normally scheduled unless specifically directed otherwise by the dentist (if in the last 2 hours, use a tiny sip of water as necessary)
 - Make every effort to minimize smoking for 12 hours before the start of the procedure
 - At least one fingernail needs to be available (without polish or artificial nail) the day of the procedure
 - Shoes should have low or flat heels.
- For intravenous sedation, patients should wear clothing that is not restricting to the neck or arms. Patients should wear loose-fitting tops on which the sleeves can be rolled to the shoulder. An old tee shirt is ideal.
- Following the sedation, patients should refrain from driving an automobile, drinking alcohol or engaging in any activity that requires alertness until at least the next day or until the patient is fully recovered from the effects of the sedation drugs. This time frame may vary from patient to patient. The dentist will discuss the use of narcotic containing pain medications in the immediate postoperative period.

**FAILURE TO FOLLOW ANY OF THESE INSTRUCTIONS MAY RESULT
IN CANCELLATION OF THE SEDATION APPOINTMENT**

For any concerns or problems following sedation, please contact Doctor _____ who
can be reached at telephone number _____

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