

Post-Operative Instructions for Fillings

- **In General:**
 - Continue with oral hygiene to prevent recurrent decay.
 - Any exposed surfaces of teeth are still at risk of decay.
 - If the bite feels "off," return to the office for a bite adjustment.
 - Tooth sensitivity is to be expected and should decrease over time; OTC pain medication is recommended. If tooth sensitivity remains, increases, you experience spontaneous pain, and/or lingering pain to cold return to the office. The tooth may require further treatment including root canal treatment or extraction. This treatment may be referred to a specialist which may not be covered by dental insurance.
 - If the cavity was at or below the gumline, the gum tissue may be sore. Rinse with warm saltwater several times a day and take OTC pain medication as needed.
 - Caution not to bite your cheek, lip, or tongue until the anesthetic wears off. If you are hungry recommend eating soft foods until the anesthetic wears off. If you bite yourself by accident (e.g., cheek, lip) apply Vitamin E oil.
- **Composite**
 - The restoration is set and you may eat.
 - The restoration will stain over time from highly staining foods, drinks, tobacco, and mouthwashes.
 - If the filling was placed on the edge of a front tooth (e.g., class IV) do not bite into anything hard like apples and don't chew your nails, as this will fracture the filling. With these types of fillings, you will likely require replacement in future.
- **Amalgam**
 - Not fully set until 24 hours.
 - No hard or crunchy foods for the first 24 hours until the filling is fully set. Eat soft foods only, as the restoration may crack, fall out, or develop a void.
 - You may experience sensitivity as metal conducts hot and cold faster than tooth structure.
 - You can return to polish the restoration after 24 hours.
- **Indirect pulp cap**
 - The cavity was deep, and a protective layer was placed beneath the restoration. The tooth may require RCT in the future. We will monitor the tooth at future visits for any new signs and symptoms. Call if the tooth causes any pain.
- **Direct pulp cap**
 - The cavity was deep and reached the pulp tissues. The tooth will require RCT and possible a crown.
 - Or
 - The cavity was deep and while cleaning out the tooth there was a very small mechanical exposure of the pulp tissues. A protective material was placed to cover the exposure and then the restoration was placed. The tooth may require RCT in the future. The status of the tooth will be assessed at future visits for any new signs and symptoms. ¹³ Call if the tooth causes any pain.
- **Stepwise caries excavation**
 - For the permanent tooth with immature apices, please return in 6-8 months for removal of the "temporary" filling and residual decay for placement of a permanent restoration. ¹³
 - The status of the tooth will be assessed at future visits for any new signs and symptoms. RCT may be indicated in the future.