Reduction Of Post Surgical Swelling

The reduction of post surgical swelling is an important aspect of post surgical treatment, since reducing post surgical swelling will also reduce post surgical discomfort, soreness, trismus (difficulty in opening and closing one’s mouth) and unsightly discoloration of the patient’s face. Only by addressing the reduction of post surgical swelling prior to surgery as well as after surgery can the most effective and profound results for the patient can be achieved. As with most aspects of life proper planning prior to starting any endeavor ensures the most favorable outcome possible given the specifics of the situation. It is no different in health care. Proper planning of treatment prior to delivering treatment allows for the most optimal results to be achieved for the patient given their specific health conditions and the treatment they require.

For most healthy patients reduction of post surgical swelling starts with having the patient take 600 to 800mg of ibuprofen (Motrin or Advil) one hour prior to treatment. Ibuprofen is not only an effective analgesic (a pain killer) it is also a very effective anti-inflammatory. Having the patient take the ibuprofen prior to treatment gets the drug in the patient’s blood to a therapeutic level before any surgery, thus giving the patient the double benefit of having less post surgical swelling and less post surgical discomfort when the local anesthetic wears off. Following the surgical treatment the patient will usually be instructed to continue to take the ibuprofen every four hours for the next three or four days.

Ibuprofen is the drug of choice for the reduction of post surgical swelling for most patients since it is very effective as both an analgesic (pain killer) and anti-inflammatory without interfering with blood platelets, which are an essential component to blood clotting. Aspirin is also an effective analgesic and anti-inflammatory but it interferes with platelet formation and thus interferes with blood clotting, so it is not a good choice when a patient is undergoing surgical treatment. Having good uninhibited blood clotting is essential when a patient has surgery since it is the first step in controlling bleeding and wound healing, so it is essential to avoid any drugs that will interfere or inhibit the clotting process. Acetaminophen or Tylenol although a good analgesic that does not interfere with blood platelets and therefore blood clotting lacks any significant anti-inflammatory property, so it is not the drug of choice for healthy patients who have no contraindication to ibuprofen. Other anti-inflammatory drugs that might be prescribed are in the steroid family such as glucocorticoids that have a membrane stabilizing affects.

In addition to the pharmaceutical treatment for the reduction of post surgical swelling both pressure and ice therapy should be added. Applying direct pressure where and when possible will also help in the reduction of post surgical swelling by helping to facilitate the blood to clot sooner and therefore reducing swelling. Direct pressure therapy should be applied for the first 30 to 60 minutes immediately following surgery. Ice therapy should also be employed in the reduction of post surgical swelling. Ice therapy is very low-cost, is easy to apply, has very few if no side effects and has wide spectrum of therapeutic action. Ice therapy should be applied to affected area for thirty minutes on then sixty minutes off for the first forty eight to seventy two hours after surgical treatment. Ice therapy reduces blood flow to the affected area by vasoconstriction, which staunches the initial intratissue hemorrhage and thereby limits the extent of the injury. The initial physiological response of the patient’s tissues to ice therapy is a fall in the local temperature that leads to a reduction in cell metabolism. This leads to lower oxygen consumption by the cells and consequently longer survival periods during ischemia (reduced oxygen supply).

Proper planning allows for significant reduction of post surgical swelling and therefore post surgical discomfort, trismus and facial tissue discoloration from hematomas (black and blues). The planning should include pharmaceutical, pressure and ice therapies employed in conjunction with each other to achieve the most optimal outcome for the patient.

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