

Office  
Anesthesiology  
& Dental  
Consultants, PC

PO Box 2577  
Glen Ellyn, IL 60137  
Phone: 630-620-9199  
Fax: 877-620-5899

Zakaria Messieha, DDS  
Dentist Anesthesiologist

Pager: 312.996.2242 (5789)  
Email: ga4dds@yahoo.com

## Post-Anesthesia Instructions

- 1) Buckle-up in the car on the way home. Child safety seats should be placed within the visibility of the parents to monitor the child during the ride.
- 2) Plan on a day of rest after receiving anesthesia.
- 3) Do not plan on conducting any strenuous activities or any that require full alertness for the rest of the day. This includes but is not limited to driving, operating dangerous machinery or leaving home alone.
- 4) Children should not be allowed to ride their bikes, play in the street or do other activities that can put them at the risk for injury after anesthesia.
- 5) Resume your regular medications as instructed by your physician and by the anesthesiologist. Insulin and diabetes medications should be taken with food or a carbohydrate-containing drink.
- 6) If you were given pain medications with codeine or a similar narcotic by your Dentist/Surgeon, maintain a log of the time you took each dose since residual amnesia from the anesthetic can cause you to forget some of your activities on the day of the procedure. This can put you at the risk of unintentionally overmedicating.
- 7) Maintaining adequate hydration is very important. Advance your diet as tolerated throughout the day while observing the post-surgical instructions given to you by the Dentist/Surgeon.
- 8) If there is nausea and vomiting which persists until the evening contact your physician for possible need of anti-nausea medications or intravenous fluids.
- 9) If you have any questions or concerns, please contact Office Anesthesiology and Dental Consultants at the above listed numbers or e-mail. In the case of an emergency make sure you call 911 and have immediate medical assistance.
- 10) Follow your post-surgical follow-up instructions as directed by your Dentist/Surgeon.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_