

Dentistry — Discharge Advice after a Tooth Extraction

THE CASE NOTES

Patient: Mr Brendan Walsh, 32 years old; no systemic conditions; not on anticoagulants

Procedure: Simple extraction of lower right first molar (46) under inferior alveolar nerve block; socket clear; no sutures required

Immediate aftercare (first 24 hours): Bite on gauze pad for 20–30 minutes; do not rinse, spit, or use a straw for 24 hours (dislodges clot); soft diet; no smoking or alcohol for 48 hours

Pain management: Paracetamol 1 g every 4–6 hours (max 4 g per day); ibuprofen 400 mg every 6 hours with food if tolerated and more pain relief needed; mild throbbing is normal for the first 2–3 days

Swelling: Ice pack to cheek (20 minutes on, 20 minutes off) for first 6 hours; some swelling and bruising is normal, peaks at 48–72 hours

Oral hygiene after 24 hours: Gentle warm salt water rinses three times daily starting tomorrow; brush teeth normally avoiding the socket

Warning signs — contact the clinic: Heavy bleeding not settling after 20 minutes of firm pressure; severe increasing pain after day 3 (dry socket); pus, fever, or significant swelling after 48 hours

Task: Write a discharge advice letter to Mr Walsh explaining how to care for the extraction site and what warning signs to watch for.

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WHAT TO INCLUDE

- + **No rinsing, spitting, or straws for 24 hours and why (clot protection)**
Blood clot loss leading to dry socket is the most common and preventable complication. Explaining the reason makes the patient more likely to follow the instruction.
- + **Pain management: paracetamol dose, with ibuprofen as an addition if needed**
The patient will manage pain at home. The correct analgesic and dose prevents underdosing or overdosing. Stating 'take paracetamol' without a dose and frequency is insufficient.
- + **The three warning signs requiring contact: heavy bleeding, severe pain after day 3, pus or fever**
Heavy bleeding and dry socket are the two most common complications requiring re-treatment. Fever/pus signals infection. The patient must know exactly when normal discomfort becomes something to act on.

WHAT TO LEAVE OUT

- **The anaesthetic technique and extraction mechanics**
The patient does not need clinical procedure detail post-operatively. They care about what happens now they are home, not what was done in the chair.
- **Long-term tooth replacement options**
A consultation-specific decision belonging in a follow-up appointment. One sentence — 'we can discuss tooth replacement options at your follow-up' — is enough.

OET Case Notes

Dentistry · Beginner · Discharge letter · to Patient

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CRITERION IN FOCUS · GENRE & STYLE

A post-extraction patient advice letter uses a reassuring but informative tone. The patient is typically anxious after a procedure; the letter should acknowledge that some discomfort is normal before describing the precautions. Listing prohibitions without any normalising context creates alarm. Balanced professional communication — normal first, precautions second, red flags last — is the Genre & Style standard.

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