

FREE KIT · 2026 EDITION · 7 PRINTABLE TOOLS

The Tooth Pain & Extraction Survival Kit

Exactly what to do tonight when a tooth hurts, how to get through the 14 days after an extraction without dry socket, and how to pay less for the fix.

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How to use this kit (read this first)

This is not a textbook. It is a set of tools you reach for at three specific moments: **tonight**, when a tooth hurts and the dentist is closed; **the two weeks after an extraction**, when one wrong move can cost you a blood clot; and **the front desk**, when you are handed a treatment plan you cannot afford. Print the pages you need. Keep the rest on your phone.

The three rules that prevent most dental disasters

- **Pain that wakes you up at night, lasts more than 2 days, or comes with swelling is not "waiting it out" pain.** It is a tooth telling you the nerve or the bone is involved. Book the appointment first, then manage the pain.
- **After an extraction, protect the clot for 72 hours like it is glass.** No straws, no spitting, no smoking, no poking. Almost every dry socket story starts with one of those four.
- **Antibiotics do not fix teeth.** They calm an infection for a few days; the tooth still needs a filling, root canal or extraction. Anyone who tells you otherwise is selling you time, not health.

Go to an emergency department (or call 911) now, not tomorrow, if you have:

- Swelling that makes it hard to **breathe, swallow, or open your mouth**, or swelling spreading under the jaw, into the neck, or up toward the eye.
- Bleeding that soaks through gauze for more than 2 to 3 hours of firm pressure after an extraction.
- Fever above 101°F (38.3°C) with facial swelling, or you feel confused, faint, or very unwell.
- A knocked-out permanent tooth (put it in milk or saliva and get to a dentist within 60 minutes; that is a true emergency where minutes matter).

This kit was researched and fact-checked against published guidance from the American Dental Association (MouthHealthy.org), the National Institute of Dental and Craniofacial Research (NIH), the NHS, and the American Association of Oral and Maxillofacial Surgeons. It is written by a dental-health researcher, not a dentist, and it does not replace an examination. See the full disclaimer on the last page.

1 Tonight's Tooth-Pain Decision Map

Find your main symptom in the left column. The middle columns tell you what is most likely going on and what to do in the next 8 hours. The right column tells you how urgent tomorrow is. When two rows fit, use the more urgent one.

What you feel	Most likely	Tonight	Tomorrow
Sharp zing with cold, sweet or biting that fades in seconds	Sensitivity: exposed root, small cavity, worn enamel, a cracked filling	Sensitivity toothpaste rubbed on the spot and left on; avoid the trigger; lukewarm salt-water rinse.	Routine appointment within 2 weeks
Dull ache that comes and goes, worse when chewing on that side	Cavity reaching the dentin, high filling, cracked tooth, or clenching	OTC pain reliever per label; soft food on the other side; a warm compress if jaw muscles ache.	Appointment this week
Throbbing pain that lingers minutes after hot or cold, wakes you at night	Inflamed or dying nerve (pulpitis). This usually ends in a root canal or extraction	OTC pain reliever per label; sleep with head raised on two pillows; cold pack on the cheek 15 min on / 15 off. Heat often makes it worse.	Call at opening time. Same-day or next-day visit
Constant pain, tooth feels "tall", hurts to tap, gum or cheek swollen, bad taste	Abscess (infection at the root tip or in the gum)	Cold pack on the outside of the cheek; rinse gently with warm salt water; OTC pain reliever per label. Never put heat on it. Do not lance or squeeze anything.	Emergency dental visit tomorrow. ER tonight if swelling spreads, fever, or trouble swallowing
Severe throbbing 2 to 5 days after an extraction, pain radiating to ear or temple, empty-looking socket, foul taste	Dry socket (alveolar osteitis): the clot was lost	Pain reliever per label; keep the area clean with very gentle salt-water rinses; a cold pack helps some people. Nothing you buy will replace the medicated dressing your dentist places.	Call the clinic first thing. Relief after the dressing is usually fast
Piece of tooth broke off, sharp edge, little or no pain	Fractured tooth or lost filling, nerve not yet exposed	Cover the sharp edge with dental wax or sugar-free gum; avoid chewing there; keep it clean. Keep the fragment in milk if it is large.	Appointment within a few days before bacteria reach the nerve

Tooth broke and it hurts to breathe in air over it	Nerve exposed	Temporary dental cement from a pharmacy over the spot; pain reliever per label; avoid temperature extremes.	Same-day or next-day visit
Crown fell off	Cement failed; the stub underneath may be sensitive	Clean the crown, try it on dry. If it seats fully, a rice-grain of temporary dental cement (never superglue) holds it a few days. If not, keep it safe and cover the tooth with cement.	Appointment this week
Bleeding gums, tender, bad breath, no single sore tooth	Gum disease (gingivitis or periodontitis)	Brush gently at the gum line twice daily, floss, salt-water rinse. Bleeding usually improves within 10 days of good cleaning.	Cleaning appointment; ask about "deep cleaning" if pockets are found
Pain behind the last molar, swollen flap of gum, hard to open wide	Erupting or impacted wisdom tooth, often with gum infection (pericoronitis)	Rinse under the flap with warm salt water using a syringe if you have one; soft food; pain reliever per label.	Appointment this week; ask about removal if it keeps coming back
Pain in several upper teeth at once, worse bending forward, stuffy nose	Sinus pressure referring to the teeth	Decongestant per label, steam, stay upright.	See a dentist only if it lasts more than 10 days or one tooth stands out
Jaw aches in the morning, teeth feel sore all over, headaches	Clenching or grinding (bruxism), often stress related	Warm compress on the jaw muscles, avoid chewing gum, rest the jaw. Do not force the jaw open.	Ask about a night guard at your next visit

The 60-second version: lingering, throbbing, night-time, or swelling = nerve or infection = call at opening time. Brief, triggered, no swelling = book a normal visit and manage the trigger.

2 Safe Home Pain Relief (and the 6 things that make it worse)

What actually works tonight

- **Over-the-counter pain relievers taken exactly as the package label says.** For dental pain, dentists most often recommend ibuprofen (an anti-inflammatory) or, if you cannot take it, acetaminophen (paracetamol). Some dentists suggest alternating or combining the two for adults with no health issues; ask them, because kidney, stomach, liver, heart and blood-pressure conditions and pregnancy all change the answer. Never exceed the label maximum, and do not double up on products that both contain the same ingredient (many cold and flu remedies hide acetaminophen).
- **Cold on the outside of the cheek.** A wrapped ice pack or frozen peas, 15 minutes on, 15 minutes off. Cold numbs the nerve and slows swelling. Nothing frozen directly against the skin.
- **Head up.** Lying flat sends more blood pressure to the head and makes a throbbing tooth throb harder. Two pillows or a recliner.
- **Warm salt-water rinse.** Half a teaspoon of salt in a cup of warm water, swish gently for 30 seconds, let it fall out of your mouth (do not spit forcefully after an extraction). It cleans the area and eases gum irritation.
- **Clove oil, used carefully.** A tiny amount on a cotton bud applied only to the tooth or cavity numbs briefly (its active ingredient, eugenol, is in some dental dressings). Undiluted clove oil burns gum tissue, so keep it off the gums and never swallow it.
- **Numbing gel with benzocaine** on a sore gum can help for 20 to 30 minutes. Do not use it on children under 2 and do not use it repeatedly all night; it is a bridge, not a treatment.
- **A drop of dental wax or temporary filling material** from the pharmacy over a sharp edge or an open cavity keeps air and food off the sensitive spot.

The 6 things that make tooth pain worse (people do all of them)

1. **Putting aspirin on the gum.** Aspirin is an acid. It burns a white chemical ulcer into the gum and does nothing for the tooth. Swallow pain relievers, never place them.
2. **Heat on an infection.** A heating pad or hot compress feels good for a minute and then increases blood flow and swelling. Cold outside the cheek only, until a dentist has drained or treated the infection.
3. **Leftover antibiotics.** Taking three days of someone else's amoxicillin hides symptoms, breeds resistant bacteria, and can mask an abscess until it spreads. If you need antibiotics, you need a prescription written for this problem.
4. **Alcohol "to numb it".** Alcohol thins the blood, dehydrates you, interacts badly with acetaminophen and ibuprofen, and makes sleep worse. Rinsing with whisky is a myth.

5. **Chewing on the sore side to "test it".** Every test can widen a crack. Use the other side.
6. **Waiting for the pain to stop before booking.** When a dying nerve finally goes quiet, people cancel the appointment. The infection is still there; it comes back as an abscess weeks later, usually on a Friday night.

A sensible night-time routine: pain reliever per label with food → cold pack 15/15 while you get ready for bed → gentle salt-water rinse → sleep propped up → set an alarm for the clinic's opening time.

3 The 14-Day Extraction Recovery Calendar

Most guides stop at day 7. Healing does not. The socket closes over by about two weeks, the bone fills in over months, and the mistakes that cause complications cluster at very specific moments: the first night, day 3, and the day you feel "fine" and go back to normal too early.

Day 0: the first 24 hours

- **Normal today:** oozing that tinges saliva pink for several hours; numbness for 2 to 6 hours; dull ache once the anesthetic fades; a taste of blood; feeling wiped out.
- **Do:** keep firm biting pressure on the gauze for 30 to 60 minutes, then change it only if it is soaked; take the first dose of pain reliever before the numbness wears off (as your dentist advised); cold pack 15 on / 15 off for the first 24 hours; rest with your head raised; drink plenty of water, in sips, no straw.
- **Avoid:** rinsing, spitting, straws, smoking or vaping, alcohol, hot drinks, exercise, bending or heavy lifting, touching the socket with tongue or fingers, brushing the extraction site.
- **Eat:** lukewarm or cool, soft, no chewing needed: yogurt, applesauce, smoothies by spoon, mashed potatoes, lukewarm broth, pudding, ice cream without crunchy pieces.

Days 1 to 2: swelling peaks

- **Normal:** swelling and jaw stiffness usually peak around 48 to 72 hours; mild bruising on the cheek; a whitish or yellowish layer over the socket (that is healing tissue, not pus); slight ooze if you exert yourself.
- **Do:** from 24 hours, start very gentle warm salt-water rinses after meals (tilt your head, let it fall out); brush other teeth normally, staying away from the socket; keep taking pain relief on schedule rather than chasing pain; switch to warm compresses after 48 hours if the jaw is stiff.
- **Avoid:** still no straws, smoking, spitting, or vigorous rinsing; no carbonated or very hot drinks; no crunchy, seedy, or spicy food.
- **Eat:** scrambled eggs, oatmeal, soft pasta, well-cooked fish, lukewarm soups, avocado, soft bananas, cottage cheese.

Days 3 to 4: the dry socket window

- **Normal:** pain and swelling should be slowly improving each day from about day 3. Stiffness easing. Appetite returning.
- **Watch for:** pain that gets worse on day 3 to 5 instead of better, especially a throbbing that radiates to the ear or temple, a foul taste or smell, and a socket that looks empty or grey. That pattern is dry socket. Call the same day; the fix is quick and relief is usually fast.
- **Do:** continue salt-water rinses after meals; you may start brushing gently near (not in) the socket; short walks are fine.

- **Avoid:** smoking and straws until at least day 5, ideally day 7; hard exercise until day 4 or 5.

Days 5 to 7: back to (almost) normal

- **Normal:** most people are off pain relievers or nearly so; the socket is shrinking and pink around the edges; mild sensitivity to food touching the area; stitches (if any) may start to loosen or dissolve.
- **Do:** introduce firmer foods gradually, chewing on the other side; keep rinsing after meals; if your dentist gave you a plastic irrigating syringe (common after lower wisdom teeth), start using it now to flush food out of the socket.
- **Avoid:** popcorn, chips, nuts, seeds, crusty bread, anything that fragments into the socket.

Days 8 to 14: closing over

- **Normal:** the gum closes over the socket by around day 10 to 14 for a simple extraction (longer for large molars and surgical sites); a small dent in the gum that fills slowly over weeks; occasional tiny bone fragments (sequestra) working their way out, which feel like grit and are usually harmless.
- **Call your dentist if:** pain returns after having settled; a bone fragment is sharp and does not come out within a few days; swelling comes back; there is pus, fever, or a bad taste; numbness of the lip, chin or tongue has not improved (nerve bruising after lower wisdom teeth can take weeks, but your surgeon should know about it).
- **Do:** resume normal brushing and flossing everywhere; keep the socket clear with rinsing or the syringe until it is fully closed; keep your follow-up appointment even if you feel fine.

Printable 14-day tracker

Rate pain 0 to 10 twice a day. A line that trends down is healing. A line that goes up after day 3 is a phone call.

Day	Pain AM (0-10)	Pain PM (0-10)	Swelling (less / same / more)	Bleeding (none / ooze / active)	Meds taken (what & when)	Notes (food, sleep, taste, questions for the dentist)
0						
1						
2						
3						
4						
5						
6						

7						
8						
9						
10						
11						
12						
13						
14						

4 Dry Socket Risk Score (2-minute paper test)

Dry socket happens in roughly 2 to 5 percent of routine extractions, but in 20 to 30 percent or more of some lower wisdom-tooth removals in smokers. Knowing your number changes how strict you need to be. Add your points.

Factor	Points	Your score
Tooth removed was an upper or front tooth	+5	
Tooth removed was a lower back tooth (molar or premolar)	+15	
Tooth removed was a lower wisdom tooth	+35	
Light smoking or vaping in the 48 hours after	+20	
Heavy smoking (more than about 10 cigarettes a day) in the 48 hours after	+30	
Taking oral contraceptives	+15	
Straw, forceful spitting, or vigorous rinsing in the first 72 hours	+20	
Surgical or difficult extraction (bone removed, stitches, long appointment)	+15	
You have had dry socket before	+15	
Total		

- **0 to 25: low risk** (roughly under 5 percent). Follow the calendar; normal caution is enough.
- **26 to 50: moderate risk** (roughly 15 to 25 percent). Treat the first 5 days as a no-exceptions zone: no smoking, no straws, no spitting, salt water only from day 2, soft food to day 5.
- **51 or more: high risk** (roughly 35 percent or higher). Tell your dentist your score before the extraction if you can; ask about a chlorhexidine rinse or a medicated dressing placed at the time of surgery, and plan a smoke-free week with nicotine patches if you smoke. Have the clinic's after-hours number saved.

Symptom override: whatever your score, severe throbbing pain that starts or worsens 2 to 5 days after the extraction, radiates to the ear, and comes with a bad taste or an empty-looking socket is dry socket until a dentist says otherwise. Call the same day.

An interactive version of this test lives at gofixteeth.com/dry-socket-risk-calculator/. Weights follow published risk-factor reviews on alveolar osteitis; they estimate, they do not diagnose.

5 "What to Tell Your Dentist": phone script, symptom log and the questions that save money

Front-desk staff triage dozens of calls a day. The ones who get seen today are the ones who give the right facts in the right order. Read this to them.

The 30-second phone script

"Hi, I'm a [current patient / new patient]. I have [throbbing / sharp / constant] pain in a [upper / lower] [left / right] [front tooth / molar / wisdom tooth] that started [when]. It is a [0-10] out of 10 and it [does / does not] wake me at night. I [do / do not] have swelling in my face or gum, [do / do not] have a fever, and I [can / cannot] swallow and open my mouth normally. I am taking [medication] with [some / little / no] relief. I [had an extraction on date] (if relevant). I need to be seen today if possible; what is the earliest you have, and do you have a cancellation list?"

Bring or have ready

- ☐ Your list of medications and allergies (including blood thinners, bisphosphonates for bone density, and whether you might be pregnant).
- ☐ Your insurance card or plan name, or the words "I'm paying cash, please quote me the cash price."
- ☐ This kit's symptom log (below) filled in for the last 2 to 3 days.
- ☐ Any tooth fragment or crown, in milk or a clean container.
- ☐ A photo of the swelling from yesterday if it is changing.

Symptom log (fill in before the visit)

Date / time	Pain 0-10	Trigger (cold, heat, biting, nothing)	Swelling? Fever?	What helped / what didn't

Nine questions to ask before you say yes to a treatment plan

1. "What happens if I do nothing for three months?" (Separates urgent from optional.)

2. "Is there a less expensive option that would also work, even if it lasts less long?" (A large filling instead of a crown, a bridge or partial instead of an implant, extraction instead of a root canal on a badly broken tooth.)
3. "Can this be done in phases, most urgent first?"
4. "What is the cash price, and is there a discount for paying in full today?"
5. "Does the quote include the crown after the root canal, the X-rays, the follow-up, and the temporary?" (Root canal quotes frequently leave out the crown, which can double the total.)
6. "Will you send a pre-treatment estimate to my insurance first?" (Free, and it stops surprise bills.)
7. "Do you offer an in-house membership plan?" (Many practices sell a yearly plan that covers cleanings and gives 15 to 30 percent off treatment; it often beats a cheap insurance policy.)
8. "Is a dental school or residency clinic near me able to do this?" (Same procedures, faculty supervised, typically 30 to 50 percent less.)
9. "Can I have a copy of my X-rays?" (They are yours; they make a second opinion free of repeat imaging.)

6 Dental Cost Cheat Sheet: 2026 US price ranges and 9 ways to pay less

These are typical fee ranges without insurance, compiled from published fee surveys and consumer cost databases. Big cities and the coasts sit at the top of the range or above it; rural areas and the South and Midwest sit lower. Use them to recognise a fair quote, not to argue with a dentist over twenty dollars.

Procedure	Typical range (no insurance)	What PPO insurance usually pays	Notes
Exam + X-rays	\$80 – \$200	100% (preventive)	Often free at first visit as a promotion.
Routine cleaning	\$90 – \$200	100%, usually 2 per year	Hygiene schools charge \$20 to \$60.
Deep cleaning (per quadrant)	\$200 – \$400	80% (basic)	Usually 2 to 4 quadrants; ask if all are needed.
Composite (white) filling, one surface	\$130 – \$300	80% (basic)	Silver amalgam is cheaper where still offered.
Simple extraction	\$150 – \$350	80%	The cheapest way to end pain, at the cost of the tooth.
Surgical extraction / wisdom tooth	\$250 – \$650 per tooth	80%	Sedation adds \$300 to \$800; four wisdom teeth with sedation commonly total \$1,500 to \$3,000.
Root canal, molar	\$900 – \$1,600	50% (major) at many plans, 80% at some	Add a crown; specialists (endodontists) charge more but finish faster.
Porcelain crown	\$1,000 – \$2,000	50% (major)	Waiting periods of 6 to 12 months are common on new policies.
Single implant (implant + abutment + crown)	\$3,000 – \$5,500	Often 0 to 50%, capped by annual maximum	Quotes often show the implant alone; the crown is another \$1,000 to \$2,000.
3-unit bridge	\$2,500 – \$5,000	50%	Cheaper than an implant up front; grinds down two neighbours.

Traditional braces	\$3,500 – \$7,500	Often 0; some plans give a lifetime orthodontic allowance of \$1,000 to \$2,500	Payment plans are standard.
Clear aligners (full)	\$3,500 – \$8,000	Same as braces	Mail-order aligners are cheaper and supervise less.
Full denture (one arch)	\$1,000 – \$3,000	50%	Economy dentures exist from about \$600; comfort varies.
Night guard (custom)	\$300 – \$800	Sometimes 50%	Pharmacy boil-and-bite guards cost \$15 to \$40.

Insurance words that decide your bill

- **Annual maximum:** the most the plan pays in a year, usually only \$1,000 to \$2,000. A root canal plus crown can use it all; schedule big work across two calendar years when you can.
- **Deductible:** what you pay first each year before the plan pays anything, often \$50 to \$150.
- **Waiting period:** months after you buy a policy before major work is covered. Buying insurance the week you need a crown rarely works.
- **Preventive / basic / major:** the three tiers (roughly 100 / 80 / 50 percent paid). Ask which tier your procedure falls in; the same crown is "major" almost everywhere.
- **In-network:** dentists who agreed to the plan's fee schedule. Out of network you pay the difference on top of your share.

Nine ways people actually pay less

1. **Dental schools and residency clinics:** 30 to 50 percent less; more visits, longer appointments, faculty checks every step.
2. **Community health centers (FQHCs):** sliding-scale fees based on income; find one at findahealthcenter.hrsa.gov.
3. **In-house membership plans** at the practice itself: an annual fee covers cleanings and discounts treatment; no waiting periods or maximums.
4. **Ask for the cash price** and a pay-in-full discount; 5 to 15 percent is common because it saves the office billing work.
5. **Phase the treatment:** fix pain and infection now, cosmetic later; spread across two insurance years.
6. **A second opinion with your own X-rays** when a plan lists more than three or four crowns or "replace all fillings". Honest dentists welcome it.
7. **Dental discount plans** (not insurance): a yearly fee for 10 to 60 percent off at participating dentists, immediately, no maximum. Read which dentists actually participate near you first.

8. **Health savings or flexible spending accounts** pay dental bills with pre-tax dollars if you have one through work.
9. **Charity programs:** Dental Lifeline Network (people with disabilities, elderly, medically fragile), Mission of Mercy free clinic events, and Give Kids A Smile for children.

A state-by-state version of this table, with and without insurance, is at gofixteeth.com/dental-treatment-cost-estimator/. Estimates only; your dentist's written quote is what counts.

7 The Emergency Drawer: what to keep at home, and what to do when no dentist is available

Dental emergencies happen on weekends, on holidays, and on the road. A twenty-dollar drawer stops most of them from becoming a bad night. No brand names here; every pharmacy has these.

Stock this once

- ☐ Over-the-counter pain relievers you are allowed to take (check with a pharmacist if you take other medicines), with the labels intact.
- ☐ Temporary dental filling / cement kit (zinc oxide-based paste for lost fillings and loose crowns).
- ☐ Dental wax (orthodontic wax) for sharp edges and broken brackets.
- ☐ Benzocaine numbing gel for sore gums (not for young children).
- ☐ Sterile gauze pads (for bleeding: fold, place, bite firmly 30 to 60 minutes).
- ☐ Black tea bags (a damp, cool tea bag bitten on for 30 minutes helps a socket that will not stop oozing; the tannins help clotting).
- ☐ Table salt for rinses; a small squeeze bottle or oral syringe for flushing food from sockets.
- ☐ A reusable gel cold pack in the freezer.
- ☐ A small clean container and a note that says "tooth in milk, dentist within 60 minutes".
- ☐ Soft-bristle spare toothbrush; alcohol-free mouthwash; sugar-free gum.
- ☐ Your dentist's after-hours number, the nearest dental school's emergency clinic number, and your insurance member number, written on a card taped inside the drawer.

When you cannot reach a dentist

Problem	Temporary measure (hours to a few days)	Hard stop: get care now if
Lost filling / hole in tooth	Rinse, dry the area, press temporary filling paste in, bite gently to shape, avoid chewing there.	Throbbing pain or swelling starts
Crown came off	Clean it, test the fit, a small amount of temporary cement, bite gently; remove it at night if it is loose (do not sleep with a loose crown).	You swallowed or inhaled it and are coughing or short of breath
Chipped tooth, sharp edge	Wax on the edge, soft food, keep the fragment.	Bleeding from the tooth, pain to air

Knocked-out permanent tooth	Hold by the crown, do not scrub the root, rinse briefly with milk or saline, try to reinsert and bite on gauze; otherwise milk or saliva. Baby teeth are not reinserted.	Always an emergency: dentist or ER within 60 minutes
Bleeding socket after extraction	Fresh gauze or a damp tea bag, firm pressure 30 to 60 minutes, sit upright, stay calm, no rinsing.	Still soaking gauze after 2 to 3 hours, or bleeding is spurting
Abscess / swollen gum bump	Cold outside the cheek, salt-water rinses, pain reliever per label, sleep upright. Do not pop it.	Spreading swelling, fever, trouble swallowing or breathing
Broken braces wire	Push it flat with a pencil eraser, cover with wax; do not cut it unless it is poking badly (then use clean nail clippers).	Wire embedded in cheek that will not come free
Something stuck between teeth	Floss with a knot tied in it, or a water flosser. Never pins, needles, or knives.	Pain and swelling that persist after it is out

Where to go when the dental office is closed

- Many dentists list an after-hours line on their voicemail; call before you decide.
- Dental schools often run walk-in emergency clinics on weekdays for a low flat fee.
- Urgent care centers can prescribe antibiotics and pain relief for an infection but rarely treat the tooth.
- Emergency departments handle swelling that threatens breathing, uncontrolled bleeding, facial trauma and high fever. They will stabilise you and send you to a dentist; that is the right sequence, not a failure.

Ten questions people ask at 2 a.m.

1. **Can a tooth infection really be dangerous?** Yes. Rarely, an untreated abscess spreads to the neck, sinuses, or bloodstream. Facial swelling with fever is the signal to stop waiting.
2. **Will the pain go away on its own?** Nerve pain often goes quiet when the nerve dies. The infection does not leave; it returns as an abscess. The quiet is a window to get treated cheaply, not a cure.
3. **Is it safe to fly after an extraction?** Usually after 48 to 72 hours for a simple extraction; ask your surgeon after wisdom teeth or sinus involvement. Pressure changes can increase pain and bleeding earlier than that.
4. **Can I drink coffee after an extraction?** Lukewarm from day 2, no straw. Hot drinks in the first 24 to 48 hours can dissolve the clot.

5. **What is the white stuff in my socket?** Usually granulation tissue (healing) or a bit of food. Pus is yellow-green, smells bad, and comes with pain and swelling. Yellowish-grey with severe throbbing pain and a bad taste around day 3 to 5 is dry socket.
6. **How long should I keep gauze in?** 30 to 60 minutes of firm pressure, then only if bleeding continues. Endlessly changing gauze disturbs the clot.
7. **Do I need antibiotics after an extraction?** Usually not for a routine extraction in a healthy person. Take them if prescribed; do not ask for them "just in case".
8. **Why does my ear hurt?** Lower molars and the ear share nerve pathways; referred pain is common with pulpitis, wisdom teeth and dry socket. If the ear pain is on the same side as a bad tooth, the tooth is usually the cause.
9. **Can I use hydrogen peroxide to rinse?** Not in a fresh socket, and not routinely; it irritates tissue. Warm salt water is enough.
10. **My dentist says root canal, another says extraction. Who is right?** Both can be. A root canal keeps a tooth that has enough structure left; an extraction is right when the tooth is cracked below the gum or too broken to crown. Ask each to show you on the X-ray why.

Sources this kit was checked against

- American Dental Association, MouthHealthy.org: Toothaches, Dental Emergencies, Tooth Extractions, Dry Socket.
- National Institute of Dental and Craniofacial Research (NIH): Tooth Decay, Periodontal Disease, Wisdom Teeth.
- NHS: Toothache, Wisdom tooth removal recovery, Dental abscess.
- American Association of Oral and Maxillofacial Surgeons: Wisdom Teeth Management, Post-operative instructions.
- Mayo Clinic: Dry socket (alveolar osteitis), Tooth abscess.
- ADA Health Policy Institute fee survey ranges and public consumer cost databases (FAIR Health Consumer) for the cost table.

Medical disclaimer: This kit is for general information only and is not a substitute for professional dental advice, diagnosis or treatment. It was written by a dental-health researcher and fact-checked against the published guidance above; it has not been reviewed by a licensed dentist. Always follow your own dentist's or oral surgeon's instructions and medication labels. If you have severe pain, uncontrolled bleeding, fever, or difficulty breathing or swallowing, seek emergency care immediately.

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