



INFORMED CONSENT FOR ORAL SURGERY AND DENTAL EXTRACTIONS

Patient: _____ Date: _____

This is my consent for Dr. _____ and/or any staff member working with him/her to perform the following treatment/procedure/surgery: _____ as previously explained to me.

I understand that the purpose of the procedure/surgery is to treat and possibly correct my diseased oral tissues. The dentist has advised me that if this condition persists without treatment or surgery, my present condition will likely worsen in time, and the risks to my health may include, but are not limited to the following: swelling, pain, infection, cyst or tumor formation, periodontal (gum) disease, dental decay, malocclusion (bite problems), premature loss of teeth and/or premature loss of bone. I have been informed of possible alternative methods of treatment, if any, including no treatment. The advantages and disadvantages of these alternative treatments have been explained to me and I choose to proceed with the surgery and/or extraction(s).

The dentist has explained to me that there are certain inherent and potential risks with this oral surgery and/or extractions(s) that include, but are not limited to:

- Swelling, bruising and pain:** These can occur with any surgery and vary with the patient and type of surgery. These are more common with removal of impacted wisdom teeth.
- Trismus:** This is limited opening of the jaws due to inflammation and/or swelling in the muscles. This is more common with removal of impacted wisdom teeth.
- Infection:** Although proper sterilization is carefully adhered to, infection is possible with any surgical procedure and may require further surgery and/or medications.
- Bleeding:** Although significant bleeding can occur during or after surgery, it is not common. Some light bleeding can be expected for a few hours and is controlled by following the post-op instruction sheet.
- Reactions to drugs or local anesthetic:** This is possible with any medication given and could include nausea, hives, rash, vomiting, and/or anaphylactic shock. It is now appreciated that antibiotics will inactivate most birth control pills, and alternative methods of contraception should be used during the menstrual cycle in antibiotics are prescribed.
- Dry Socket:** This is significant pain in the jaw and ear due to loss of the blood clot in the socket and most commonly occurs after removal of lower molar teeth, but is possible with any tooth extraction. If it occurs, it may require additional office visits to treat. This condition can be avoided by closely following the post-op instruction sheet, and occurs more frequently in patients who smoke after surgery.
- Damage to adjacent teeth or fillings:** Due to the close proximity of the teeth, it is possible to damage other teeth and/or fillings.
- Sharp ridges or bone splinters:** Occasionally, after a tooth extraction, the edge of the socket will be sharp or a bone splinter will come out through the gum. This may require another procedure to smooth the bone or remove the bone fragment.
- Incomplete removal of tooth fragments:** There are times the dentist may decide to leave a small fragment or root in order to avoid damage to adjacent structures such as nerves and sinuses, or when removal would require extensive further surgery. If these fragments come out through the gum it may require another surgery to remove.
- Nerve injury/Numbness:** Due to the proximity of roots of lower teeth to the nerve, it is possible to bruise or damage the nerve during tooth removal. Injury to the nerve near the surgery site could cause *pain, numbness, tingling or burning sensation in the lip, chin, face, mouth teeth, and/or tongue.* This could remain for days, weeks, months, or *very rarely, permanently.*
- Sinus involvement:** Due to the proximity of the roots of the upper teeth to the sinus, it is possible that an opening may develop from the sinus to the mouth or that a root may be displaced into the sinus. This would require medication and/or further surgery to correct.
- TMJ dysfunction:** This means the jaw joint may not function properly and, although rare, may require further treatment.
- Fracture of the jaw:** On rare occasion, when the jaw bone has been weakened by preexisting conditions, the force required to remove a tooth may cause the bone to break. This may require further surgery to correct.

I understand that no guarantee has been given that the proposed treatment will be curative. Although it is the dentist's opinion that my condition will worsen sooner than without therapy, I understand that there exists a risk of failure, relapse or worsening of my present condition despite the care provided.

I have had an opportunity to discuss with my dentist my past medical and health history, and I certify that I have not omitted or concealed any significant facts regarding my past or present health. I certify that I have had an opportunity to read and fully understand the terms within the above consent to the treatment proposed, and that my questions have been answered to my satisfaction.

Patient/Parent/Guardian

Witness

Date

Dentist

Date