

Consent for Oral Surgery - Tooth Extraction

Procedure:

An evaluation by our Dentist, has determined that one or more of your teeth needs to be removed. Oral surgery is usually a minor procedure; however, it is still to be taken seriously. To prepare for surgery we recommend the following:

- 1. Be sure that you have taken any pre-operative medications, if needed.
- 2. It is good for most patients to take at least one day off work or school following treatment to give yourself time to recover.
- 3. Arrange to have someone pick you up and drive you home following surgery, this is required if being sedated.
- 4. Wear comfortable clothing. Remove all jewelry prior to arrival.
- 5. Eat 1-2 hours prior to surgery.
- 6. Have ice packs and soft foods available when you get home.

Tooth surgery:

- 1. Before surgery, a local anesthetic is used to numb the area around the tooth being removed. Nitrous Oxide or "Laughing Gas" is available to make this more comfortable for you.
- 2. Occasionally an incision is made in the gum to reach the tooth. This is more common with wisdom teeth extractions, but if the tooth is badly decayed this may be required.
- 3. Sutures are sometimes needed to close the gum tissue over the extraction site. We usually place absorbable sutures and schedule an appointment for one week after surgery to remove them if necessary. We will also check the surgery site for any infection and take record of healing at the post operative appointment.

Benefits:

Removal is the recommended treatment for hopeless teeth. It can eliminate existing symptoms or protect you mouth from future problems. If you wait until your teeth cause you trouble, the odds of risks and complications are higher. We can recommend a treatment to replace your missing tooth if it is necessary. Often dental implants are the best restoration, they prevent the surrounding teeth from drifting, and preserve the bone from bone loss. You may have no symptoms at all, but the other teeth and bone in your mouth could be at risk for the following damage:

- Gum disease Bacteria can get under the gum, causing an infection.
- Crowding Teeth can push adjacent teeth and cause crowding.
- Decay If the decay in a tooth gets down to the root and bone level the tooth is often non restorable. Large amounts of decay can sometimes prevent us from restoring the tooth as well.
- Poor position A tooth that grows in an uncommon direction can irritate near by tissue.
- Cysts A cyst can form and destroy bone and damage adjacent teeth.

Therefore, to eliminate these and other symptoms, removal of a tooth may be necessary

Risks:

Removal of teeth is a common procedure, but like any surgery there are risks such as:

- 1. Dry sockets: Occurs when the blood clot that is protecting the bone becomes dislodged and leaves the bone exposed, leading to a deep throbbing pain. In your post-operative notes that we will provide, there are instructions on avoiding this.
- 2. Numbness: Occasionally, nerves are damaged leading to a lingering numbness feeling. This is usually in the lower jaw, and can last weeks, months, or be permanent. Your doctor has examined your x-ray thoroughly to help avoid these problems.
- 3. Infection: Because of the existing non-sterile oral environment infection may occur postoperatively. Should severe swelling occur, particularly accompanied with fever or malaise, please contact us and we will help you take care of your infection.
- 4. Sinus Involvement: Upper teeth are near a sinus cavity. Sometimes when removing upper teeth the sinus membrane is perforated. If this occurs we are prepared to surgically repair the area. Occasionally, repairing the sinus after an extraction may require seeing a specialist.
- 5. Swelling: This is normal and will return to normal after a couple of days. We will provide you with an ice pack that will help bring swelling down. Medications with anti inflammatory effects, like Ibuprofen, can also aid in reducing swelling.
- 6. Bleeding: This is also normal and will return to normal within a few hours to a few days. If bleeding is severe please contact our office immediately. We may recommend using an herbal tea bag to be placed over area to help stop bleeding.
- 7. Injury to adjacent teeth or fillings: This can occur no matter how careful we are. Certain pressure is required that may damage adjacent teeth or restorations. Usually if this happens the filling or tooth is a weak one and may have broken eventually on its own. We will take extra precautions to avoid damage.
- 8. Bruising: Sometimes you will experience bruising near the extraction site. Everyone's body reacts different, so this may not pertain to you. We will apply Vaseline to your lips during treatment to keep them from cracking, and will try to stretch your cheeks as minimally as possible.
- 9. Fractured roots, bone fragments, jaw, or instruments: Although extreme care will be used, the jaw, teeth roots, bone, or instruments used in the extraction procedure may fracture. Sometimes a decision is made to leave a small piece of root or bone fragment in the jaw when removal may require additional extensive surgery, which could cause more harm and add to risks of complications. If a decision is necessary, we will explain the situation to you.
- 10. Allergic Reactions: Reactions, either mild or severe, may possibly occur from anesthetics or other medications administered or prescribed. All prescription drugs must be taken according to instructions. Women using oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Other methods of contraception must be used during antibiotic use. Talk to your general physician about how this will affect your contraceptive. If you are taking any medication make sure we are aware so we can take proper measures to avoid allergic reactions.

| Witness Name (Print) | Signature | Date |
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| Patient Name/Guardian (Print) | Signature | Date |
| experience more comfortable for me. | | |
| I have advised the doctor and staff of an | ly precautions they need to t | ake to make the |
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| condition. | | |
| Hamblin to do whatever his professiona | l opinion deems advisable to | correct the |
| If any unforeseen conditions arise during | g the procedure, I request an | nd authorize Dr. |
| my dental conditions, including any and | all anesthetics and/or medic | cations. |
| allow and authorize Dr. J. Scott Hambli | n to render any treatment ne | cessary advisable to |
| of treatment to be rendered to me. By s | igning this form, I am freely | giving my consent to |
| No guarantees or promises have been m | ade to me concerning my re | covery or the results |
| treatment in hopes of obtaining the desir | red results, this may or may | not be achieved. |
| risks. I understand the possible risks that | - | |
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| maxillofacial surgeon. I do voluntarily a | | |
| my questions. I understand that I have t | | - |
| of surgical treatment and/or extraction of | of teeth. I have received satis | sfactory answers to |
| I have been given the opportunity to ask | any questions regarding the | e nature and purpose |