ETOBICOKE PERIODONTICS

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INFORMED CONSENT FOR SURGICAL EXPOSURE OF IMPACTED TOOTH/TEETH

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PLEASE ASK IF YOU HAVE ANY QUESTIONS BEFORE SIGNING THIS DOCUMENT

EXPECTED BENEFITS

The purpose of surgical tooth exposure is to allow the orthodontist to bring your tooth that is inside your bone to the correct position in the dental arch. It would also help to harmonize the esthetics of the region.

RISKS OF TOOTH EXPOSURE SURGERY

I have been informed of and understand the potential risks related to this surgical procedure include but are not limited to:

- Postoperative discomfort, pain; swelling; bruising; infection; bleeding; delayed healing,
- Scarring that may require several days of at-home recuperation.
- Injury or damage to other teeth and/or roots that may result in the need for tooth repair
- Postoperative infection, including sinus infection that may require additional treatment.
- Stretching of the comers of the mouth that may cause cracking and bruising.
- Restricted mouth opening for several days; sometimes related to swelling and muscle soreness and sometimes related to stress on the jaw joints (TMJ).
- The applied bracket may come off and need to be re-attached.
- The bracket, wire and /or fine chain attached to the braces to pull the tooth into position may cause irritation to the tongue, lips, or cheek areas

PATIENT'S RESPONSIBILITIES

I understand that I am an important member of the treatment team. To increase the chance of achieving optimal results, I have provided an accurate and complete medical history, including all past and present dental and medical conditions, prescription and non-prescription medications, any allergies, recreational drug use, and pregnancy (if applicable). I understand the use of tobacco and alcohol is detrimental to the success of my treatment.

NECESSARY FO LLOW-UP CARE AND SELF-CARE

I recognize that natural teeth should be maintained daily in a clean, hygienic manner. I will need to come for appointments following my surgery so that my healing may be monitored and so that my Doctor can evaluate and report on the outcome of surgery upon completion of healing. Smoking or alcohol intake may adversely affect gum healing and may limit the successful outcome of my surgery. I know that it is important (1) to abide by the specific prescriptions and instructions given by my Doctor, (2) to see my orthodontist for continue orthodontic care, and (3) to see my general dentist for periodic examination and preventative treatment.

COSTS

The estimated costs for this procedure have already been provided to you. I agree to be ultimately responsible for payment of the treatment. I have been fully informed of the surgery to be performed. I understand the risks and benefits of the procedure, alternative treatments, and the necessity for follow-up and self-care. I understand that during the course of the surgery, the treatment may need to be modified due to existing conditions that are only evident when the surgical site has been exposed.

I ACKNOWLEDGE THAT THE ABOVE HAS BEEN EXPLAINED TO MY SATISFACTION, MY QUESTIONS HAVE BEE N ANSWERED, AND I UNDERSTAND THE RISKS.

DATE: _____

PATIENT (GUARDIAN) NAME: _____

SIGNATURE (PATIENT/GUARDIAN): _____

Provider Confirmation

I have reviewed the nature, purpose, benefits, risks, alternatives, and post-operative care associated with this procedure. I believe the patient understands the information provided

Provider Signature (Dr. Jae W. Chang) _____

Date : _____

POST OPERATIVE INSTRUCTIONS FOLLOWING PERIODONTAL SURGERY

1. Following periodontal surgery, you are likely to experience discomfort as the local anesthetic wears off. Please take the pain relief medication as prescribed.

2. Immediately following your operation, you should apply an ice pack to the surgical side of your face for the first 24 hours. Then on and off at 15-minute intervals.

3. Abstaining from smoking for 6 weeks following surgery will dramatically improve healing, post-operative convalescence and improve your surgical result. Smoking exerts profound negative effects on tooth survivability!

4. Please limit yourself to a soft diet initially and avoid hot foods for 2 weeks. As healing progresses, you may then eat any non-irritating foods.

Please Avoid:

- Smoking (minimum 6 weeks) greatly increases risk of graft failure
- Hot foods/drinks (2 weeks)
- Straws or suction of any kind
- Disturbing the surgical dressing or graft site
- Alcohol for 48 hours
- Sucking, spitting, touching the area

Should significant bleeding occur?

- Do not rinse your mouth
- Apply pressure at the site with moist gauze (palate or grafted site). Each compression with strong force minimum 15 min-20 min each without exchanging the gauze. Firm pressure for 3-5 min will not achieve anything.
- Elevate your head and do not lie down and please place a coversheet overnight in case of bleeding during sleep

5. The periodontal dressing, if placed, should not be disturbed. If the dressing falls off after the first 24 hours this is not a cause for concern. Simply continue with the post-operative protocol as recommended.

6. The roots of the teeth were uncovered during surgery. You may experience temporary sensitivity to hot and cold, to tooth brushing and to certain foods. Should these symptoms develop, please notify our office so that and a desensitizing treatment can be arranged and/or desensitizing medications prescribed.

Absolutely NO brush the surgical site for 2 weeks after surgery. After 2 weeks, you may gently and carefully brush only the top portion of the teeth (NEVER gum area). You can use a cotton tip dipping into the chlorhexidine rinse (if prescribed) or warm salt water and gently clean the teeth surface and where the gum meets the teeth minimally.

- No electric brush is allowed near the sites for 6 weeks.
- Normal brushing may resume in 3-4 weeks depending on healing process and tissue quality
- Once sutures are removed, very gentle brushing with a soft-bristle brush is required to prevent infection.

7. If a Chlorhexidine rinse (Peridex®) has been prescribed, rinse or swab the surgical site 3 times daily in the morning, midday and evening for 2 weeks following surgery.

8. Teeth near the surgical area may feel loose or sensitive — this will improve as healing progresses.

Should any issues or concerns arise, please call the office