ETOBICOKE PERIODONTICS

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INFORMED CONSENT FOR FRENECTOMY

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Specialist in Periodontics

PLEASE ASK IF YOU HAVE ANY QUESTIONS BEFORE SIGNING THIS DOCUMENT

A frenum is a band of tissue that connects the gums to the lip, cheek or floor of the mouth. Sometimes, a frenum can be exceptionally short, thick, tight, or may extend too far up along the gum. When a frenum is positioned in such a way as to interfere with the normal alignment of teeth or to impinge on the gingiva (gums), it can be excised with a simple surgical called a Frenectomy.

PATIENT'S RESPONSIBILITIES

I understand that I am an important member of the treatment team. In order to increase the chance of achieving optimal wound healing, 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).

NECESSARY FOLLOW-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 Dr. Jae Chang can evaluate and report on the outcome of surgery upon completion of healing.

COSTS

The estimated costs for this procedure have already been provided to you. I agree to be ultimately responsible for payment of the treatment.

PATIENT CONSENT

I have been fully informed of the surgery to be performed and details of the post-op instruction provided well in advance of the surgery. I understand the risks and benefits of the procedure, alternative treatments, and the necessity for follow-up and self care.

I, _____ (Patient/Guardian) ACKNOWLEDGE THAT THE ABOVE HAS BEEN EXPLAINED TO MY SATISFACTION INCLUDING POST-OP INSTRUCTION, THAT MY QUESTIONS HAVE BEEN ANSWERED, AND THAT I UNDERSTAND THE RISKS AND SO I HEREBY CONSENT TO THE PROCEDURES DESCRIBED WITH THE FEE ESTIMATE

DATE: _____

PATIENT/GUARDIAN NAME: _____

SIGNATURE: _____

I certify that I have explained to the patient and/or the patient's legal representative the nature, purpose, benefits, known risks, complications, and alternatives to the proposed procedure. The patient and/or patient's legal representative has voiced an understanding of the information given. I have answered all questions to the best of my knowledge, and I believe that the patient and/or legal representative fully understands what I have explained.

Dr. Jae Chang Signature: _____

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

Dr. Jae Chang Signature: _____

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 a 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 ofbleeding during sleep

5. The periodontal dressing, if placed, should not be disturbed. If the dressing falls off after thefirst 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 temporarysensitivity to hot and cold, to tooth brushing and to certain foods. Should these symptomsdevelop, please notify our office so that and a desensitizing treatment can be arranged and/ordesensitizing 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 cleanthe 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 timesdaily 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