



ETOBICOKE PERIODONTICS & IMPLANT CLINIC

INFORMED CONSENT FOR CROWN LENGTHENING

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PLEASE ASK IF YOU HAVE ANY QUESTIONS BEFORE SIGNING THIS DOCUMENT

EXPECTED BENEFITS

Crown Lengthening Surgery is performed to increase the length of your teeth. The level of the gum and bone around your teeth is carefully adjusted to expose more of a tooth's natural crown and often, to expose the top part of the root(s) as well.

Crown Lengthening Surgery may be required for several reasons. Perhaps the gum level of adjacent teeth is uneven or perhaps your teeth appear artificially short because they are covered by too much gum tissue. Perhaps your tooth is decayed or is broken below the gum line so that your dentist does not have proper access to repair the tooth. Perhaps your tooth is too short to hold a large filling, crown, or bridge.

After the Crown Lengthening Surgery, you may notice the following:

- Your teeth will feel and look longer. More tooth (and possibly root) structure will be visible above the gum line. This is known as recession. If your teeth have crowns (caps), the edges of the crowns, where the crown meets the tooth, may now be visible and sometimes these crown edges have a dark color.
- There may be more space (embrasures) between your teeth, underneath the contact area between adjacent teeth. This is known as increased embrasure space. It may be easier for food to be caught between your teeth, but it will now be easier for you to clean between your teeth.
- Your teeth may be sensitive after the surgery. Sensitivity may be present to hot, cold, sweet, and sour. This sensitivity usually fades over time. Periodontist/Dentist/Hygienist may provide desensitizing treatments if necessary. Even if your teeth are sensitive, it is very important for you to maintain good oral hygiene: inadequate cleaning of your teeth will permit plaque (bacteria) to build up around your teeth and this will worsen and prolong the sensitivity.

- You may notice an increase in the looseness (mobility) of your teeth. This is usually a temporary condition. However, if you are performing jaw habits such as grinding or clenching your teeth, the mobility may worsen and continue. You must inform your dentist/hygienist if you suspect or are aware of performing jaw habits.
- For some teeth with large fillings or crowns, there is a slightly increased risk of these teeth becoming non-vital (dead) and requiring root canal therapy. If you experience any swelling or pain around your teeth or gums, contact your hygienist/dentist or periodontist

Healing is usually complete within 4-6 weeks and after this time, it will be possible for your dentist to proceed with any fillings, crowns or bridges that are required in the area of the surgery. In areas of high esthetic demand, the crown lengthened teeth might have to be restored after 6-9 months.

1. I have been informed and I understand the purpose and the nature of the Crown Lengthening Surgery that will be performed to increase the length of my tooth/teeth.
2. I have been informed and I understand that occasionally there are complications of surgery including the abovementioned but not limited to.
3. It is my responsibility to seek attention should any undue circumstances occur post-operatively and I should diligently follow any pre-operative and post-operative instructions.
4. I give permission to photography and/or video recording of this procedure for treatment planning, documentation of my ongoing care, teaching and research.
5. To my knowledge, I have given an accurate report of my physical and mental health history and current condition. I have reported any allergies, illnesses, diseases, and any other considerations related to my health. I hereby state that I read, speak, and understand English.
6. I have the opportunity to read this form, ask questions and have my questions answered to my satisfaction. I hereby consent to this Crown Lengthening Surgery and I understand unforeseen circumstances may necessitate a change in the desired procedure or in the rare cases, prevent completion of the planned procedure.

PATIENT'S RESPONSIBILITIES

I understand that I am an important member of the treatment team. In order 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. I agree to follow all instructions provided to me by Dr. Jae Chang before and after the procedure, take medication(s) as prescribed, practice proper oral hygiene, keep all appointments, make return appointments if complications arise, and complete care. I will inform my doctor of any postoperative problems as they arise. My failure to comply could result in complications or less than optimal results

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. 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 Dr. Jae Chang and (2) to see my general dentist and a hygienist for periodic examination and preventative treatment.

COSTS

The estimated costs for this procedure have already been provided to you. You 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 realize that during 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 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 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: _____

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 at 10-15-minute intervals for the first 24 hours. Afterwards, 15 min in every hour will help healing uneventfully.
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.
5. For a few hours after you leave the office, you may notice that your saliva is slightly pink in color.
6. The day of surgery please **avoid**:
 - Smoking
 - Sucking on the area
 - Excessively hot drinks
 - Alcohol for 48 hours
 - Do not use a straw (suction) as this may stimulate bleeding
7. 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.
8. **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). Also, 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.
9. 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.

Once the sutures are removed, it is essential to keep the surgical site clean with very gently brushing with soft-bristle brush. Bacterial plaque if allowed to remain on your teeth and gums will increase your sensitivity and the risk of developing infection. Failure to adhere to the recommended oral hygiene regime may cause your sensitivity to worsen rather than improve.

10. 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.
10. The teeth in the area of the surgery may seem looser initially. Once complete healing is achieved, mobility should return to pre-surgical levels. Try to ignore the feeling of looseness and avoid developing the habit of moving the loose teeth with your tongue, fingers or gritting or grinding your teeth. It is possible to cause further loosening of your teeth with such habits.

Should any issues or concerns arise, please call the office.
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