



ETOBICOKE PERIODONTICS & IMPLANT CLINIC

INFORMED CONSENT FOR Deep Scaling (i.e. root surface planing)

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PLEASE ASK IF YOU HAVE ANY QUESTIONS BEFORE SIGNING THIS DOCUMENT

INFORMATION and INSTRUCTIONS FOLLOWING ROOT PLANING

Root planning is the thorough cleaning and smoothing of the root surfaces. For patients with periodontal disease, root planning usually involves cleaning the root surfaces beneath the level of the gum. If your teeth or gums are sensitive, then root planning is performed under local anesthetic (dental freezing). After root planning is performed, the gum tissue around your roots and teeth will begin to heal. For proper healing to occur, it is very important that you keep the teeth and gums very clean during this healing phase. You will be instructed in the proper methods of cleaning your teeth and gums.

After root planning, you may notice the following:

- ▶ Your teeth and gums may be sensitive to brushing and to hot and cold temperatures. Sensitivity is usually a temporary condition. However, inadequate cleaning of your teeth will permit plaque (bacteria) to build up around your teeth and this will worsen and prolong the sensitivity.

If the sensitivity is severe and does not settle down, inform your dentist or Hygienist. They can recommend a special toothpaste and other treatments to control the sensitivity.

- ▶ You may notice bleeding of your gums when you first start cleaning around your teeth. Do not be concerned with this bleeding. Proceed with the cleaning methods in which you have been instructed. It is not necessary to delay thorough cleaning of your teeth until the bleeding has stopped. It is normal for some bleeding to occur with brushing and flossing for the first 10-14 days after root planning.
- ▶ As the gums become healthy during the healing phase, the gums may tighten and "shrink" closer to the bone around your teeth. This is a normal process and cannot be prevented. You may notice

more space developing between your teeth and around the lip-side of your teeth. If you have crowns (caps) on your teeth, you may notice that the edges of the crown, where the crown meets the tooth, become visible and sometimes these crown edges have a dark color.

- ▶ At first, your teeth may feel tender during chewing. This is usually a temporary condition. If you experience any swelling or pain around your teeth or gums, contact your dentist.
- ▶ Teeth that have advanced bone loss due to gum (periodontal) disease, also have a higher risk of developing root canal problems (dead teeth). If you experience any swelling

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

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: _____