



ETOBICOKE PERIODONTICS & IMPLANT CLINIC

INFORMED CONSENT FOR TOOTH REMOVAL

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PLEASE ASK IF YOU HAVE ANY QUESTIONS BEFORE SIGNING THIS DOCUMENT

I have been informed of the need for dental extraction (the removal of a tooth or several teeth). The reasons for this extraction have been explained to me by Dr.Chang during the treatment plan discussion.

SUGGEST ED TREATMENT: It has been suggested that the tooth/teeth indicated below be removed:

RISKS RELATED TO THE SUGGEST ED TREATMENT: Risks related to tooth removal surgery might include, but are not limited to,

post-surgical infection, bleeding, swelling, pain, infection, facial discoloration, transient but on occasion permanent numbness of the lip, teeth, chin, or gum, jaw joint injuries or associated muscle spasms, fracture of the tooth/teeth during surgery, retention of part of a tooth or roots, dislodging of a tooth or part of tooth into the upper jaw sinus, swallowing of a tooth or fragments of a tooth, sensitivity to hot or cold or sweets or acidic foods, or shrinkage of the gum upon healing.

Risks related to the anesthetics might include, but are not limited to, allergic reactions, accidental swallowing/aspiration of foreign matter, facial swelling or bruising, pain, soreness, or discoloration at the site of injection of the anesthetics.

ALTERNATIVES TO THE SUGGESTED TREATMENT MAY INCLUDE: No treatment, with the expectation of the advancement of my condition resulting in greater risk or complications including, but not limited to, bone loss, pain, infection, and possible damage to the support of adjacent teeth.

1. I have been informed and I understand the purpose and the nature of the tooth/teeth removal that will be performed.
2. I have been informed and I understand that occasionally there are complications of surgery including the above mentioned 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 extraction(s) and I understand unforeseen circumstances may necessitate a change in the desired procedure or in the rare cases, prevent completion of the planned procedure.

DATE:

PATIENT NAME:

SIGNATURE

POST OPERATIVE INSTRUCTIONS FOLLOWING ORAL 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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