ETOBICOKE PERIODONTICS

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# INFORMED CONSENT FOR TOOTH REMOVAL

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***Specialist in Periodontics***

**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 during the treatment plan discussion.

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

_____

1. I have been informed and I understand the purpose and the nature of the tooth/teeth removal that will be performed.

2. 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.

3. 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 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 : _____**

**I certify the nature, purpose, benefits, risks, and alternatives have been fully explained and patient understanding was confirmed.**

**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 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 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