

Consent for Anesthesia & Extraction of Teeth

Patient's Name: _____ Date: _____

Teeth to be removed: _____

Please read each of the following carefully. If you have any questions, please ask Dr. Gage BEFORE signing this consent.

Extraction of teeth is an irreversible process and, whether routine or difficult, it is a surgical procedure. As in any surgery, there are some risks. They include, but are not limited to, the following:

- Swelling and/or bruising or discomfort in the surgery area.
- Stretching of the corners of the mouth resulting in cracking or bruising.
- Possible infection requiring additional treatment.
- Dry socket-jaw pain beginning a few days after surgery, usually requiring additional care. It is more common from lower extractions, especially wisdom teeth.
- Possible damage to adjacent teeth, especially those with large fillings or crowns.
- Numbness, pain or altered sensations in the teeth, gums, lip, tongue (including possible loss of taste sensation) and chin, due to the closeness of roots (especially wisdom teeth) to the nerves which can be bruised or damaged. Almost always sensation returns to normal, but in rare cases, the loss may be permanent.
- Trismus-limited jaw opening due to inflammation or swelling, most common after wisdom tooth removal. Sometimes it is a result of jaw joint discomfort (TMJ), especially when TMJ disease already exists.
- Bleeding-significant bleeding is not common, but persistent oozing can be expected for several hours.
- Sharp ridges or bone splinters may form later at the edge of socket. These usually are required to be smoothed or removed.
- Incomplete removal of tooth fragments-to avoid injury to vital structures such as nerves or sinus, sometimes small root tips may be left in place.
- Sinus involvement-the roots of the upper back teeth are often close to the sinus and sometimes a piece of root can be displaced into the sinus or an opening may occur into the mouth that may require additional care.
- Jaw fracture-while quite rare, it is possible in difficult or deeply impacted teeth.

ANESTHESIA:

The administration of any medication involves certain risks. These include

- Nausea and vomiting
- An allergic or unexpected reaction. If severe, allergic reactions might cause more serious respiratory (lung) or cardiovascular (heart) problems which may require treatment.

In addition there may be:

- Pain, swelling, inflammation or infection of the area of injection.

- Injury to nerves or blood vessels in the area.
- Disorientation, confusion, or prolonged drowsiness after surgery.
- Cardiovascular or respiratory responses which may lead to heart attack, stroke or death.

I have read and understand the above and give my consent for:

- Local Anesthesia
- Local Anesthesia with oral pre-medication

Nature of the procedure: I understand that when a tooth /teeth are removed, the gum is opened, the tooth is removed, and the socket is cleaned out. At the completion of the surgery, the gum is closed. Cosmetic changes can occur because of damage that has already occurred to the supporting structure of the tooth or teeth. Replacement teeth will not be identical to the natural tooth. There may be an opportunity to preserve the extraction socket in order to facilitate future dental treatment. If so, one of the most common tissues used is decalcified freeze dried bone. This material is taken under sterile conditions from human donors with no known systemic disease, and blood tests are negative for any infections. The tissues are also tested for bacterial contaminants, then decalcified and processed under strict laboratory conditions known to kill all bacteria and viruses, under experimental conditions. It is then tested again for any contamination, and stored in a vacuum-sealed sterile container until it is ready to be opened during the surgical procedure. While transmission of infection by an implanted biological material can never be ruled out 100% of the time, this material is considered to be extremely safe due to the processing involved and from the fact that no case of disease transmission has never been found with decalcified freeze-dried bone from a tissue bank.

CONSENT

I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medications, drug use, pregnancy, etc. I certify that I speak, read and write English.

Patient Signature

Date