Bichara
Periodontics & Dental Implants

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# CONSENT FOR PERIODONTAL SURGERY

Diagnosis: After careful oral examination and study of my dental condition, my periodontist has advised me that I have periodontal disease. I understand periodontal disease weakens support of my teeth by separating the gum from the teeth and possibly destroying some of the bone that supports the teeth roots. The pockets caused by this separation allow for greater accumulation of bacteria under the gum in hard to clean areas and can result in further erosion or loss of bone and gum supporting the roots of my teeth. If untreated, periodontal disease can cause me to lose my teeth and can have other adverse consequences to my health.

Recommended Treatment: In order to treat this condition, my periodontist has recommended that my treatment include periodontal surgery. I understand that oral sedation may be utilized and that a local anesthetic will be administered to me as part of the treatment. I fully understand that antibiotics and other substances may be applied to the roots of my teeth.

During the procedure, my gum will be opened to permit better accesses to the roots and to the eroded bone. Inflamed and infected gum tissue will be removed and the root surface will be thoroughly cleaned. I understand that bone irregularities may be reshaped, bone regenerative material may be placed around my teeth, and the material may include synthetic, human, or my own bone. My gum will then be sutured back into position and a periodontal bandage or dressing may be placed.

I fully understand that unforeseen conditions may call for a modification or change from the anticipated surgical plan. These may include, but are not limited to, (1) extraction of hopeless teeth to enhance healing of adjacent teeth, (2) the removal of hopeless root of a multi-rooted tooth so as to preserve the teeth, or (3) termination of the procedure prior to completion of all the surgery originally outlined.

Expected Benefits: The purpose of periodontal surgery is to reduce infection and inflammation and to restore my gum and bone to the extent possible. The surgery is intended to help me keep my teeth in the operated areas and to make my oral hygiene more effective. It should also enable professionals to better clean my teeth.

Principle Risks and Complications: I understand that a small number of patients do not respond successfully to periodontal surgery, and in such cases the involved teeth may eventually be lost.

I understand that complications may result from the periodontal surgery, drugs or anesthetics. These complications include, but are not limited to, post-surgical infection, bleeding, swelling and pain, facial numbness of the jaw, lip, tongue, teeth, chin or gum, jaw joint injuries or associated muscle spasm, transient but on occasion permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reactions, and accidental swallowing of foreign matter. The exact duration of any complications cannot be determined, and they may be irreversible.

There is no method that will accurately predict or evaluate how my gum and bone will heal. I understand that there may be a need for a second procedure if the initial results are not satisfactory. In addition, the success of periodontal procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, cleaning and grinding of teeth, inadequate oral hygiene, and medications that I may be taking. To my knowledge, I have reported to my periodontist any prior drug reactions, allergies, diseases, symptoms, habits or conditions, which might in any way, relate to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by my periodontist and taking all medications as prescribed is important to the ultimate success of the procedure.

Alternatives to Suggested Treatment: I understand that alternatives to periodontal surgery include: no treatment – with expectation of possible advancement of my condition which may result in premature loss of teeth; extractions of teeth involved with periodontal disease; and non-surgical scraping of tooth roots and lining of the gum (scaling and root planning), with expectation that this may not fully eliminate deep bacteria and tartar, may not reduce gum pockets, will require more frequent professional care and time commitment, and may not arrest the worsening of my condition and the premature loss of teeth.

Necessary Follow-up Care and Self-Care: I understand that it is important for me to continue to see my regular dentist. Existing restorative dentistry can be an important factor in the success or failure of periodontal therapy. From time to time, my periodontist may make recommendations for the placement of restorations, the replacement or modifications of existing restorations, the joining together of two or more my teeth, the extraction of one or more teeth, the performance of root canal therapy, or the movement of one, several, or all of my teeth. I understand that the failure to follow such recommendations could lead to ill effects, which would become my sole responsibility.

I recognize that natural teeth and their artificial replacements 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 my periodontist 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 the periodontist and (2) to see my periodontist and dentist for periodic examination and preventative treatment. Maintenance also may include adjustment of prosthetic appliances.

No Warranty or Guarantee: I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. In most cases, the treatment should benefit in reducing the cause of my condition and should produce healing which will help me to keep my teeth. Due to individual patient differences, however, a periodontist cannot predict certainty of success despite the best of care.

Patient Consent: I have been fully informed of the nature of periodontal surgery, the procedure to be utilized, the risks and benefits of periodontal surgery, the alternative treatments available, and the necessity for follow-up and self care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the performance of periodontal surgery as presented to me during consultation and in treatment plan presentation as described in this document. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist.

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Please Print Patient Name Date

_____ _____

Signature (Patient, Parent/Legal Guardian Date

_____ _____

Doctor Signature Date