

Consent for Osseous (Pocket Reduction) Surgery

Diagnosis: After an examination of my dental condition, my doctor has advised me that I have bone loss and gum pockets around my teeth from periodontal disease. Various forms of periodontal diseases are fairly common. Advanced periodontal disease is the primary reason adults lose teeth. In the United States, over 85% of all lost teeth are from periodontal disease. Untreated periodontal disease can cause me to lose my teeth. Untreated periodontal disease can have adverse (bad) effects on my general health.

Recommended Treatment: My doctor has advised me that I would benefit from periodontal osseous surgery. Local anesthetic (commonly called Novocain) will be administered as part of the surgery. The gum will be trimmed and pulled away from the teeth to permit better access to the roots and jawbone. The gum tissue and bone will be reshaped. The gum will then be sutured back closer to the new bone level, and a periodontal dressing (like a plaster pack) might be placed. The surgery will make it look like the gum has receded; making the teeth look longer and resulting in spaces between them as the gum papilla (the pointy part of the gum between the teeth) is lowered.

Expected Benefits: The purpose of periodontal osseous surgery is to reshape the bone around the teeth to flatten bone deformities created by periodontal disease and trim some gum away so that the gum pockets are made smaller. The surgery is intended to help me significantly improve the chances of me keeping my teeth in the operated area.

Principal Risks and Complications: Unforeseen conditions may call for a modification or change from the anticipated surgery plan. These may include, but are not limited to, a recommendation to extract some teeth extraction or to terminate the procedure prior to completion as originally planned.

Other things in the future, such as accidents, root canal problems, tooth decay, periodontal disease, etc. could also cause the loss of the teeth we are trying to treat with periodontal osseous surgery.

Sometimes complications may result from the periodontal osseous surgery or from anesthetics/drugs. These complications may include, but are not limited to post-surgical infection, bleeding, swelling, pain, facial bruising, jaw joint pain or muscle spasm, 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, accidental swallowing of foreign matter, and transient (on rarest of occasions permanent) increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, and transient (on rare occasions permanent) numbness of the jaw, lip, tongue, chin or gums. The exact duration of any complication cannot be determined, and they may be irreversible.

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Generally speaking, the earlier periodontal pocketing and bone defects are surgically corrected, the better and more predictable the surgical outcome. Advanced cases are the opposite. That is not to say surgically treating advanced cases may not be beneficial, but textbook results are usually obtainable only in early treated cases.

Some patients do not respond successfully to periodontal surgery.

All things being equal, smokers are 3 times more likely to lose teeth from periodontal disease, and diabetics have more periodontal disease than non-diabetics.

There is no method that will accurately predict or evaluate how the gum and bone will heal before the surgery is done. I understand that there may be a need for a second surgery if the initial results are not satisfactory, or if the disease (gum pocketing) returns in the future.

Alternatives to suggested Treatment: Alternatives to periodontal osseous surgery include:

- 1) No treatment. Studies show people with untreated periodontal disease are about 6 times more likely to lose teeth than ones that have successful periodontal pocket reduction surgery.
- 2) Regular cleanings only. Studies show people with untreated periodontal disease seen for regular cleanings only are about 3 times more likely to lose teeth than ones that have successful periodontal pocket reduction surgery and stay on a regular tooth cleaning schedule.
- 3) Extraction of the teeth involved.

Necessary Follow-up Care and Self-Care: I understand that it is important for me to continue to see my regular dentist for routine dental care. Regular, thorough dental cleanings (in dental speak it is called hygiene maintenance) are essential from here on.

I have told my doctor about any pertinent medical conditions I have, allergies (especially to medications or sulfites (many local anesthetics have sulfite preservatives)) or medications I am taking, including over the counter medications such as aspirin.

I will need to come back in for post-op appointments following my surgery so that healing may be monitored and so my doctor can evaluate and report on the outcome of surgery to my dentist. Smoking, excessive alcohol intake or inadequate oral hygiene may adversely affect gum healing and may limit the successful outcome of my surgery.

I know that it is important to:

1. Abide by the specific prescriptions and instructions given.
2. See my doctor for post-operative check-ups as needed.
3. Quit smoking.
4. Perform excellent oral hygiene as instructed, usually starting 1 week post-op.
5. Stay on a regular hygiene maintenance schedule. It cannot be overemphasized. Clean teeth are happy teeth. Excellent daily oral hygiene, including cleaning in between the teeth, is essential in periodontal patients. Surgery allows for much better access for cleaning my teeth, both by my dentist/hygienist during my regular dental cleanings and by me every day with a toothbrush, floss, proxabrushes (a special little toothbrush to clean in

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between the teeth within areas where the gum papilla has receded leaving a space), etc. Periodontal osseous surgery does not eliminate or decrease the need to perform excellent daily oral hygiene or have thorough professional dental cleanings. Professional dental cleanings are no substitute for excellent daily oral hygiene. I understand the simplicity of this. Clean teeth, good. Unclean teeth, bad.

No Warranty or Guarantee: No guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. In most cases, it should be. Due to individual patient differences, however, there can never be a certainty of success. There is a risk of non-success despite the best of care.

Publication of Records: I authorize photos, slides, x-rays or any other viewing of my care and treatment during or after its completion to be used for either the advancement of dentistry or in promotional materials. My identity will not be revealed to the general public.

Communication with my insurance company, my dentist or other dental/medical providers: I authorize sending correspondence, reports, chart notes, photos, x-rays and other information pertaining to my treatment before, during or after its completion with my insurance carriers, my dentist, and any other health care provider I may have who may have a need to know about my dental treatment.

Females Only: Antibiotics may interfere with the effectiveness of oral contraceptives (birth control pills). Therefore, I understand that I will need to use some additional form of birth control for one complete cycle besides just birth control pills after a course of antibiotics is completed.

Consent: I have been informed of the nature of my dental problem, the procedure to be utilized, the risks and benefits of having this oral surgery, the alternative treatments available, the necessity for follow-up and self-care, and the necessity of telling my doctor of any pertinent medical conditions and prescription and non-prescription medications I am taking. I have had an opportunity to ask questions. I consent to the performance of the oral surgery as presented to me during my consultation and as described above. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my doctor. I have read and understand this document before I signed it.

Date: _____

Patient or Legal Guardian Name: _____

Patient or Legal Guardian Signature: _____

Witness: _____