

## **CONSENT FOR TOOTH EXTRACTION or IMPLANT REMOVAL**

**DIAGNOSIS:** After a careful oral examination, radiographic (X-ray) examination of my oral conditions, my periodontist has advised me that my tooth/teeth or implant(s) need to be removed.

**RECOMMENDED TREATMENT:** I understand that tooth/implant extraction is to remove a tooth/teeth or implant(s) which have a poor prognosis and their retention may cause present or future harm.

**DESCRIPTION OF THE PROCEDURE:** Intravenous (IV) medications may be utilized for sedation as a form of anesthesia. Oral sedation may be an alternative. Local anesthetics will be administered to achieve comfort as the sole form of anesthesia or in conjunction with either IV or oral sedation.

A flap may be required where my gums are surgically opened to provide access to the tooth and its surrounding bone. Tunneling surgery, which involves making a smaller incision in a remote area away from the tooth to be removed may be used to create a tunnel under the gum tissue. This may be used to avoid making incisions directly over the tooth to be removed. The decision as to whether to open the flap, do flapless or perform tunneling is usually made based on specific conditions of each case. Implants may also be placed immediately after tooth extraction.

It may be necessary to perform bone and/or gum grafting at the same time, or after tooth extraction. A variety of bone graft material and other biomaterial may be used, including allograft (human donor derived bone), xenograft (processed bone minerals derived from animals such as bovine or cow bone, etc). Collagen may be used in the form of a barrier or sponge. This material is usually derived from porcine (pigs) or bovine (cow) sources.

Blood concentrates are sometimes used, where my blood will be drawn and centrifuged to separate fractions which are useful to the healing process, such as the platelets, fibrin and white blood cells.

Biologics such as recombinant platelet derived growth factor or recombinant bone morphogenetic protein may be used during surgery.

Fixation screws may be installed in order to stabilize the bone graft or membrane.

Dental implants may or may not be placed simultaneous on the same day as tooth extraction.

During the course of tooth extraction, my periodontist may discover unfavorable conditions or diseases, such as inflammation, infection, presence of foreign bodies or objects, poor bone quality or contour, cysts or polyps. These conditions may require my periodontists to make decisions that are based on clinical judgement. The plan may have to change based on the findings observed during surgery.

Based on the conditions present at the time of surgery, my dentist may choose to abort the original plan and not proceed with tooth extraction and/or implant placement.

To allow the area to heal, the gum and soft tissue will be stitched over or around the extraction area. My doctor may recommend either a removable temporary, fixed temporary and in some cases no temporary teeth to allow for healing.

I understand that healing will be allowed to proceed for a period of several weeks or months.

I am responsible to carefully follow the after-care recommendations provided, including taking the prescribed medications, such as antibiotics, steroids, pain relievers or any other supplements to keep my check-up appointments in between. I am required to maintain good oral hygiene, including tooth brush instructions provided, oral rinses prescribed or recommended.

I also understand that I am responsible to come for follow-up appointments to monitor the healing and provide any after care treatment or recommendations. Failure to follow the instructions, recommendations or come for follow-up visits may lead to adverse outcomes, such as infection, graft failure, implant failure, as well as many other unintended consequences.

**PRINCIPAL RISKS AND COMPLICATIONS:**

Patient initials \_\_\_\_\_

I have been informed of and understand the potential risks related to this surgical procedure include but are not limited to:

- Pain, swelling, bleeding, infection, bruising, delayed healing, scarring, damage to other teeth and/or roots that may result in the need for tooth repair or loss, loose tooth/teeth, damage to dental appliances or crowns, cracking and/or stretching of the corners of the mouth, cuts inside the mouth or lips; jaw fracture, stress or damage to the jaw joints (TMJ), difficulty in opening the mouth or chewing, allergic and/or adverse reaction to medications and/or materials;
- Nerve injury, which may occur from the surgical procedure and/or the delivery of local anesthesia, resulting in altered or loss of sensation, numbness, pain, or altered feeling in the face, cheek(s), lips, chin, teeth, gums, and/or tongue (including loss of taste). Loss of some senses, including the sense of smell or vision. Such conditions may resolve over time, but in some cases may be permanent;
- Dry socket (slow healing) resulting in jaw pain that increases a few days after surgery;
- Sharp ridges or bone splinters may form where the tooth was removed possibly requiring additional surgery;
- Loss of bone graft material
- Accidental swallowing of foreign matter
- Part of the tooth and/or roots may be left to prevent damage to nerves or other structures;
- An opening may occur from the mouth into the nasal or sinus cavities;
- Injury to nearby blood vessels, salivary glands or ducts;
- Loss of function and/or weakness of facial expression muscles possibly affecting my appearance. Such conditions may resolve over time, but in some cases may be permanent;
- Permanent loss of feeling or pain if removal of part or all of a nerve is necessary;
- Severe bleeding, both during and after surgery, that may require a blood transfusion;
- Abnormal, enlarged, or cosmetically unpleasing scars may occur within the gums, skin and deeper tissue, sometimes requiring additional surgery. Some scarring may be permanent and always be visible.

The exact duration of any complications cannot be determined and they may be irreversible.

Smoking is a substantial factor in increasing complications such as post-operative infections, graft failure and dry socket. I have been informed by my dentist that it is best to completely refrain from smoking. However, smoking cessation does not always reverse some of the adverse changes to the local tissues or immune system and the risk factors from past history of smoking may continue to compromise outcomes.

My medical health such as diabetes, as well as medications that are prescribed for various conditions such as osteoporosis, autoimmune diseases, cancer, hypertension, etc may have substantial effects on healing after tooth extraction. These conditions, in particular medications used for osteoporosis may cause poor healing and, in some cases, necrosis (death) of jaw bone. This may cause long-term impairment of the jawbone. When multiple risk factors are combined such as medications with adverse healing, diabetes, and or smoking, the risks may exponentially increase.

I understand that in the event of adverse consequences of surgery, there may be additional procedures that may be necessary to correct or improve the conditions. There may be additional surgeries or procedures performed by my periodontist or other health care professionals such as other dentists or physicians such as ear-nose-throat (ENT) specialists. The cost for such additional therapy may have to be the responsibility of the patient.

**ALTERNATIVES TO SUGGESTED TREATMENT:**

Patient initials \_\_\_\_\_

I understand and it has been explained to me that there are alternative treatment options to tooth extraction. The tooth/teeth may be saved by performance of additional therapy, such as gum treatment, bone grafting, root canal, restorative treatment (crown) or bridge. Another option may be no treatment. However, the continued presence of a problematic tooth may cause harm.

**NECESSARY FOLLOW UP CARE AND SELF CARE:**

I understand that I have to present for follow up care. Failure to present for follow-up care may cause problems to be undetected or not managed, leading to further harm.

**HEALTH HISTORY:**

I have been informed that smoking, non moderate alcohol use , as well as other underlying health problems (e.g. diabetes) that have not been adequately controlled by my physician may adversely affect the healing of the extraction site.

I submit that I have provided an accurate account of my health history and have listed all my medications . To the best of my understanding, I have not withheld any information regarding my medical, dental or mental health.

I will inform my dentist and periodontist about any changes in my health and medications.

**FINANCIAL RESPONSIBILITY:**

The fees quoted by my periodontist include the surgical procedures and work up and does not include the fees for any future tooth replacement or restorative work unless specified in the contract.

I understand that I have been advised to get a quote from other dentist or prosthodontist who may be responsible for other aspects of this tooth replacement, including implant placement and fabrication of crown, bridge or prosthesis, prior to getting any work started so that I can get a general idea of the overall fees for both the surgical and restorative treatment.

**NO WARRANTY OR GUARANTEE:**

I hereby acknowledge that no guarantee, warranty, assurance has been given to me that the proposed treatment will be successful. Due to the individual patient differences however, a periodontist cannot predict the absolute certainty of success.

**PUBLICATION OF RECORDS:**

I authorize photos, images, videos, audios, slides, x-rays or any others viewing of my care and treatment during or after its completion to be used for educational activities and may be presented by my dentist to others. These images and videos may be used in promotional material. My identity will not be revealed to the general public, without my permission.

**PATIENT CONSENT**

I have been fully informed of the need for extraction of the following tooth/teeth/implant:

# \_\_\_\_\_ Patient initials \_\_\_\_\_

I have also been fully informed of 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 removal of the tooth/teeth indicated above. I also consent to the performance of such additional or alternative procedures as may be necessary in the best judgement of my periodontist.

I also give my permission to receive supplemental bone grafts or other types to build up the ridge of my jaw. I also understand that the responsibility to replace the extracted teeth is my own.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

\_\_\_\_\_  
Patient initials \_\_\_\_\_

\_\_\_\_\_

**Date**

**Printed Name and Signature of Patient or Guardian**

---

**Date**

---

**Printed Name and Signature of Witness**

Patient initials \_\_\_\_\_