

INFORMED CONSENT FOR ORAL SURGICAL PROCEDURES

You have the right to be informed about your diagnosis and planned surgery, so that you may make a decision whether to undergo the procedure after knowing the risks and hazards. This disclosure is not meant to frighten or alarm you; it is simply an effort to make you better informed so that you may give or withhold your consent to the procedure. The following is a partial listing of possible complications that could occur.

POSSIBLE COMPLICATIONS WITH ORAL SURGERY:

1. **Swelling, Bruising and Pain:** These can occur with any surgery and vary from patient to patient and from one surgery to another.
2. **Trismus:** This is a limited opening of the jaw due to inflammation and/or swelling in the muscles. This is most common with impacted tooth removal, but it is possible with any surgery.
3. **Infection:** This is possible with any surgical procedure and it may require further surgery and/or medications if it does occur.
4. **Bleeding:** Although significant bleeding can occur during or after surgery, it is not common. Some bleeding is however, expected for most surgeries and is normally controlled by following the post-op instruction sheet.
5. **Drug Reaction:** Although it is rare, a drug reaction is possible from any medication. Reactions could include nausea, rash, anaphylactic shock and/or death.
6. **TMJ Dysfunction:** After surgery, the jaw joint (temporomandibular joint) may not function properly and, although rare, may require treatment ranging from the use of heat, rest, physical therapy or further surgery.
7. **Numbness:** Due to the proximity of roots to the nerves (especially wisdom teeth), it is possible to bruise or damage the nerve during surgery. This feeling could remain for days, weeks, months, or very rarely, permanently.
8. **Sinus Involvement:** Due to the location of roots (especially upper back teeth near the sinus), it is possible for an opening to develop between the sinus and the mouth, or that a root may be displaced into the sinus.
9. **Dry Socket:** There is significant pain in the jaw and ear due to loss of the blood clot and most commonly occurs after the removal of lower wisdom teeth, but it is possible with any extraction. This may require additional office visits to treat.
10. **Damage to other fillings and/or teeth:** Due to the close proximity of teeth, it is possible to damage other teeth and/or fillings when a tooth is removed. It is also possible that a nearby tooth may be unintentionally loosened or extracted as a result of the extraction.
11. **Sharp Ridges or Bone Splinters:** Occasionally after an extraction, the edge of the socket will be sharp or a bone splinter may come out through the gum. This may require another surgery to remove and smooth the bone splinter.
12. **Incomplete Removal of Tooth Fragments:** There are times when a Doctor may decide to leave in a fragment of a tooth or root.
13. **Local Anesthesia:** Certain possible risks exist which, although uncommon, could include pain, swelling, bruising, infection, nerve damage, idiosyncratic, or allergic reactions, which could result in a heart attack, stroke, brain damage and/or death.

Other or Additional Complications: _____

I have read and/or discussed the risks that may occur in connection with this procedure. I have been given the opportunity to ask any questions or request a more detailed explanation. I also understand that without treatment, my present oral condition may worsen in time and the risk to my health may include, but is not limited to the following: infection, swelling, pain, cyst formation, gum disease, dental caries, malocclusion, damage or loss of adjacent teeth and bone. I believe I have been given sufficient information to give my consent to the above surgery. I understand the possible complications of surgery.

Signature (Patient, Parent or Legally Responsible Person)

Date _____