

Dentist: Dr. Kaushali Patel

Patient: _____

FACTS FOR CONSIDERATION

Surgical Periodontal Treatment involves removing and/or contouring the gums and bone surrounding the teeth. This treatment is usually employed to address Periodontal Disease (Gum Disease) that has failed to respond to more conservative treatment such as scaling, root planing and curettage. It often includes additional scaling and smoothing of the roots of the teeth exposed during surgery. One type of surgical treatment, called a Gingivectomy, is the surgical removal of Gingiva (Gum tissue) around teeth to reduce or eliminate periodontal pockets. A Gingivectomy is also sometimes used to re-contour the gumline for cosmetic purposes to improve the appearance of the smile. Another type of surgical treatment may also include flap surgery which involves cutting and lifting an area of the gums to expose a defect in the bone around a tooth or between teeth. The affected area is then cleaned out, the bone re-shaped and the gums are sutured back into place. During flap surgery, a bone graft may be used, and a membrane may also be inserted to aid tissue healing and keep the bone graft in place. A periodontal dressing (bandage) is sometimes placed over the area of surgery. Crown Lengthening involves removing of bone around a tooth to increase the tooth structure available (by making the tooth longer) for holding a crown in place. Crown Lengthening is a flap surgery procedure. A Gingival Graft involves moving gum tissue from one site to another. Often this is done to cover an exposed root, or to provide a zone of attached gingival (gum tissue) around a tooth where normal tissue has receded.

I understand that even if controlled, Periodontal Disease can still return, and that Surgical Periodontal Treatment will not cure Periodontal Disease. For this reason, regular follow-up visits (Periodontal Maintenance visits) are required to reduce the risk of tooth loss and to continually monitor my condition. I agree to continue these Periodontal Maintenance visits as scheduled. I understand that my failure to continue Periodontal Maintenance visits may seriously compromise my dental condition and may result in permanent loss of one or more of my teeth and the surrounding bone supporting them. I understand that my home care is an essential part of this treatment and I agree to use any home care medications and to follow all home care instructions as given to me following this treatment and from time to time by my dentist or dental hygienist.

I understand that if no treatment is administered or if ongoing treatment is interrupted or discontinued; my periodontal condition will continue and worsen. This may lead to further inflammation and infection of gum tissues, tooth decay above and below the gumline, deterioration of bone surrounding the teeth, and eventually loss of teeth.

(Initials)

RISKS OF SURGICAL PERIODONTAL TREATMENT, NOT LIMITED TO THE FOLLOWING

As in all dental procedures, Surgical Periodontal Treatment is not without some risk. I have been informed of the possible risks and complications involved with Surgical Periodontal Treatment, any medications to be used, and local anesthesia. Complications include post-treatment pain, swelling, continued infection, prolonged sensitivity of the teeth and possible recession of the gumline. There is always a slight possibility that numbness of the lip, tongue, chin, cheek, or teeth may occur following any injection or surgical procedure. The exact duration of this numbness may not be determinable and may be irreversible. Also possible are injury to teeth or implants present, delayed healing, and allergic reactions to drugs or medications used, etc. My doctor has explained that there is no method to accurately predict gum and bone healing capabilities in each patient following Surgical Periodontal Treatment. It has also been explained that bone and gums during the healing process naturally remodel and that the gumline around my teeth may recede, causing exposure of the roots of my teeth and/or prolonged sensitivity that may require further treatment. I may have spaces between my teeth at the gumline, which could trap food particles and require special maintenance. Recession of the gums may also cause compromised esthetics and may not be treatable. I understand that in some instances Surgical Periodontal Treatment may not completely reverse the effects of Periodontal Disease or prevent further problems. After reevaluation or at a subsequent Periodontal Maintenance visit, my dentist may decide to refer me to a specialist in gum diseases called a Periodontist for further treatment, including additional surgical treatment if needed.

I understand that I will receive a local anesthesia and/or other medication. In addition, sedation or premedication may be prescribed for you prior to the surgery. I agree to the type of anesthesia and other medications prescribed according to the choice of the doctor. In rare instances patients have a reaction to the anesthetic or other medications, which may require emergency medical attention at my cost. Because of the anesthesia or prescribed sedation, I may need a designated driver to take me home. Rarely, temporary or permanent nerve injury can result from an injection of local anesthetic.

I understand that following treatment my gums may bleed or swell, and I may experience moderate discomfort for several hours, which may be treated with pain medication. There also may be soreness for a few days. Because dental procedures involve contact with bacteria and infected tissue in my mouth, it is possible infection can follow Surgical Periodontal Treatment and may be treated with antibiotics or other procedures. I will contact the dental office immediately if symptoms persist like swelling and fever beyond a few days. I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore and make it difficult for me to open wide for several days afterwards. However, this can occasionally be an indication of a further problem. I will notify the dental office if this or other concerns arise.

I understand that smoking, alcohol consumption, or elevated blood sugar or blood pressure adversely affect gum and bone healing and may limit the success of the treatment. I agree to follow all post-operative instructions as given to me either orally or in writing and to report to my doctor for follow-up examinations as instructed. I request and authorize medical/dental services for myself, including Surgical Periodontal Treatment and other related treatment. I fully understand that during the contemplated procedure, surgery, or treatment, conditions may become apparent which warrant in the judgment of the doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. I approve any modifications in design, materials, or care, if my doctor determines this is for my best interest. If an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated I further authorize and direct my doctor, associate or assistant, to do whatever they deem necessary and advisable under the circumstances, including the decision not to proceed with the treatment.

(Initials)

BENEFITS OF SURGICAL PERIODONTAL TREATMENT, NOT LIMITED TO THE FOLLOWING

Surgical Periodontal Treatment combined with regular Periodontal Maintenance visits create an environment where gums can heal and make it easier to keep the teeth clean, thereby reducing the chances of further infection and bone loss and the need to replace teeth lost due to Periodontal (Gum) Disease. Crown Lengthening can increase the useful life of a crown by reducing the risk of the crown coming off or becoming loose. A Gingival Graft can prolong the life of teeth by protecting the surrounding bone from trauma resulting from food impaction and/or improper muscle attachments. In some instances, a Gingivectomy may create a more attractive smile.

(Initials)

ALTERNATIVE TREATMENTS IF SURGICAL PERIODONTAL TREATMENT IS NOT THE ONLY SOLUTION, NOT LIMITED TO THE FOLLOWING

I understand that given my condition, there are no effective alternative treatments to treat my Periodontal Disease. My questions have been answered to my satisfaction regarding the procedures and their risks, benefits, and costs.

(Initials)

I understand that given my condition, there are no effective alternative treatments to achieve the cosmetic results I desire.

(Initials)

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In conclusion, I understand that each person and treatment situation is unique, and therefore, no guarantee or assurance has been given to me by anyone that the proposed treatment will cure or improve the condition(s) listed above. To my knowledge, I have given an accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health. I understand that all medications have the potential for accompanying risks, side effects, and drug interactions. I understand if I have taken or take medication for osteoporosis or bone cancer treatment that is a bisphosphonate (such as but not limited to: Zometa, Aredia, Fosamax, Boniva, Actonel), on rare occasions osteonecrosis (lack of blood to the jaw bone cells cause these cells to die) of the jaw may occur after an extraction and/or surgery. Therefore, it is critical that I tell my dentist of all medications and vitamins I am currently taking, which I have done.

Initials

I consent to the Surgical Periodontal Treatment(s) described above. _____

I have been informed of and accept the consequences if no treatment is administered. _____

or

I refuse to give my consent for the proposed treatment as described above. _____

By signing below, I acknowledge that I have received adequate information about the proposed treatment, that I understand this information, and that all my questions have been answered to my satisfaction.

Signature of Patient / Parent / Guardian

Date

FOR COMPLETION BY DENTIST

I attest that I have discussed the risks, benefits, consequences, and alternatives to Surgical Periodontal Treatment with my patient who has had the opportunity to ask questions, and I believe my patient understands what has been explained.

Signature of Dentist

Witness