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DISCUSSION & INFORMED CONSENT FOR NONSURGICAL PERIODONTAL TREATMENT Rev 03/2018

FACTS FOR CONSIDERATION

An examination of your oral cavity includes measuring the pockets under the gums surrounding your teeth to determine if your gum condition requires treatment. Dental X-rays will be taken to check the condition of the bone that supports your teeth.

In general, as bone is lost from the periodontium (the bone that is directly attached to the teeth), pocket depths increase and "deep pockets" generally form. This is significant because the bacteria can easily be harbored beneath the gums attached to the root of the teeth and cause continued bone loss. For this reason, the paramount therapy in periodontal treatment is to decrease the pocket depths. The shallower the pocket depths, the healthier the periodontium.

Periodontal (gum) treatment is intended to remove the bacterial substance known as plaque, which is the principal cause of gum disease, and hard mineral deposits called calculus from above and below the gum line. The treatment involves *scaling*, which uses hand instruments to remove plaque and calculus from the tooth and root surfaces are then smoothed. Medications or a special mouth rinse can be used to help control the growth of bacteria and may be part of treatment.

You may also elect laser therapy as part of the non-surgical periodontal treatment. Laser serves 1. to reduce or eliminate bacteremias (presence of bacteria in your blood), 2. to prevent cross contamination of infections in one area of your mouth to other areas, and 3. to kill periodontal disease bacteria and to stop their infections before they cause physical destruction or loss of attachment around your teeth.

We may also recommend ATRIDOX® (doxycycline hyclate 10%). It is a locally applied antibiotic (LAA) that is placed gently below the gum line into periodontal pockets where bacteria thrive and cause infection. ATRIDOX® is an easy-to-use gel that is applied with a syringe into the infected tooth pocket. ATRIDOX® flows to the bottom of pockets and fills even the smallest spaces between teeth and gums. After ATRIDOX® is applied, it hardens upon contact with oral fluids (saliva) to a wax-like substance, and the antibiotic is slowly released into the surrounding infected tooth pocket. In clinical studies, ATRIDOX® was generally well-tolerated. Side effects were similar to those of placebo. The most common side effects were: headache, common cold, gum discomfort, pain or soreness, toothache and tooth sensitivity. ATRIDOX® should not be used by patients who are hypersensitive to doxycycline or any other drugs in the tetracycline class. So if you are, please inform the dentist. The use of drugs in the tetracycline class during tooth development may cause permanent discoloration of the teeth. Tetracycline drugs, therefore, should not be used in pregnant women, unless other drugs are not likely to be effective or are contraindicated.

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The long-term success of the treatment depends in part on your efforts to brush and floss daily, receive regular cleanings as directed, follow a healthy diet, avoid tobacco products and follow proper home care taught to you by our office.

A topical or local anesthetic (numbing medication) may be administered just before treatment depending on the sensitivity of the area to be treated.

BENEFITS OF NONSURGICAL PERIODONTAL TREATMENT, NOT LIMITED TO THE FOLLOWING:

Regular, professional dentals cleanings create a clean environment in which your gums can heal, reduce the chances of further irritation and infection, make it easier for you to keep your teeth clean and decrease the cost of replacing teeth lost due to gum disease.

RISKS OF NONSURGICAL PERIODONTAL TREATMENT, NOT LIMITED TO THE FOLLOWING:

I understand that one of the effects of treatment is that my gums may bleed or swell and I may experience moderate discomfort after the anesthesia wears off. There may be soreness for a few days, which may be treated with pain medication. I will notify the office if conditions persist beyond a few days.

I understand that because cleanings involve contact with bacteria and infected tissue in my mouth, I may also experience an infection that may require treatment with antibiotics or other therapies.

I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore and may make it difficult for me to open wide for several days, sometimes referred to as trismus. However, this can occasionally be an indication of a most significant condition or problem. In the event this occurs, I must notify this office if I experience persistent trismus or other similar concerns arise.

I understand that after treatment, as my gum tissues heal they may shrink somewhat, exposing some of the root surface. This could make my teeth more sensitive to hot or cold. I understand that additional surgical procedures may be needed to treat the exposed areas.

I understand that depending on my current dental condition, existing medical problems or medications I may be taking, these periodontal treatment methods alone may not completely reverse the effects of gum disease or prevent further problems.

I understand that I may receive a topical and/or local anesthetic by injection and/or other medication(s). I understand that I may have loss of feeling in my teeth, lips, tongue and surrounding tissue (paresthesia) following injections. In rare instances, patients can have a strong and unpredictable reaction to the anesthetic,

which may require emergency medical attention. The medication may affect my ability to control swallowing. This increases the chance of swallowing foreign objects during treatment. *Depending on the anesthesia and medications administered, I may need a designated driver to take me home. Rarely, temporary or permanent nerve injury resulting in loss of feeling of the chin, lips, gums, tongue and partial loss of taste can result from an injection.*

I understand that all medications in this office have the potential for accompanying risks, side effects and drug interactions. They can cause redness and swelling of the tissues, pain, itching, vomiting and/or anaphylactic shock. I attest that to my knowledge, I have given an accurate report of my physical and mental health history. I have also report 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 smoking can adversely affect the outcome of the periodontal therapy suggested and that final results of periodontal therapy may be minimal or negated because of my history or lack of smoking cessation.

CONSEQUENCES IF NO TREATMENT IS ADMINISTERED, NOT LIMITED TO THE FOLLOWING:

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

ALTERNATIVES TO NONSURGICAL PERIODONTAL TREATMENT, NOT LIMITED TO THE FOLLOWING:

I understand that surgical methods may also be necessary to help control my gum disease. I have discussed with my dentist the alternatives and associated expenses. My questions have been answered to my satisfaction regarding the procedures and their risks, benefits and costs.

FOR ALL PATIENTS

I understand that every reasonable effort will be made to ensure the success of my treatment. I further 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 or surgery will cure or improve the condition(s) listed above.

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination. The dentist will explain all changes.

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I have been given the opportunity to ask questions about Non-Surgical Periodontal Treatment and believe that I have sufficient information to give my consent as noted below.

CONSENT

I have been informed, both verbally and by the information provided on this form, of the risks and benefits and alternatives of the proposed treatment. I have been informed, both verbally and by the information provided on this form, of the material risks and benefits of alternative treatment and of electing not to treat my condition. I certify that I have read and understand the above information, that the explanations referred to are understood by me, that my questions have been answered. I authorize and direct the dentist to do whatever he/she deems necessary and advisable under the circumstances. I consent to have treatment performed. While the treatment may be covered by my medical and/or dental insurance, I accept any financial responsibility for this treatment and authorize treatment.

If I am signing for a minor child, I attest that I am the parent and/or a legal guardian or I have the permission of the child's parent and/or a legal guardian (a separate authorization form is required). If I am signing for an adult, I attest that I am a legal guardian and am authorized to make medical and financial decision on patient's behalf.

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