

DISCUSSION & INFORM CONSENT FOR FRENECTOMY
Rev 07/2019

DIAGNOSIS:

After a careful oral examination and study of my dental condition, my dentist has advised me that I have a frenum attachment problem which may be affecting my dental health and orthodontic stability. I understand that with this condition, gum problems or orthodontic relapse (recurring tooth movement) may occur. In some cases, a frenum may interfere with speech, appearance or function.

RECOMMENDED TREATMENT:

In order to treat this condition, my dentist has recommended that a frenectomy (frenum removal) procedure is performed in areas of my mouth associated with these tissues. I understand that a local anesthetic will be administered to me as part of the treatment. This surgical procedure involves the removal of a strip of tissue from the associated area(s) of my mouth. A laser or surgical blade may be utilized to complete the procedure. Sutures, tissue adhesives or periodontal bandage may be placed.

EXPECTED BENEFITS:

The purpose of the frenectomy is to reduce the likelihood of orthodontic relapse, tissue recession, speech, esthetic and/or functional issues. Revision of the tissues of the surrounding teeth, including the gum contour, gum position and papilla (tissue between the teeth) may likely occur to achieve the desired outcome. Tissue color changes may sometime occur which may be transient or permanent.

PRINCIPAL RISKS AND COMPLICATIONS:

I understand that a small number of patients do not respond successfully to frenectomy procedures. In some cases, the attempt to remove the frenum may not be completely successful or the frenum may reattach. In these cases, the procedure may need to be repeated.

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 to the oral cavity and face 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. Therefore, it is critical that I tell my dentist of all medications and supplements I am currently taking. 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 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 complications may result from a frenectomy procedure or from dental anesthetics. These complications include, but are not limited to (1) post-surgical infection, (2) bleeding, swelling, and pain, (3) facial discoloration, (4) transient or on occasion permanent tooth sensitivity to hot, cold, sweet or acidic foods, (5) allergic reactions, (6) transient or permanent numbness of lips teeth or tissues and (7) accidental swallowing of foreign matter. The exact duration of any complication cannot be determined, and they may be irreversible.

There is no method that will accurately predict or evaluate how my gum and underlying bone will heal. I understand that there may be a need for a second procedure if the initial surgery is not satisfactory. In addition, the success of a frenectomy can be affected by (1) medical conditions, (2) dietary and nutritional problems, (3) smoking, (4) alcohol consumption, (5) clenching and grinding of teeth, (6) inadequate oral hygiene, (7) physical disruption (i.e. contact sports) and (8) medications that I may be taking. To my knowledge, I have reported to the dentist any prior drug reactions, allergies, diseases, symptoms, habits, or conditions which might in any way relate to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by my dentist and taking all prescribed medications is important to the ultimate success of the procedure.

ALTERNATIVES TO SUGGESTED TREATMENT:

My dentist has explained alternative treatments for my frenum problem. These include no treatment and continued monitoring for progressive tissue disturbances, speech problems, esthetic concerns, functional disruption or tooth movement.

NECESSARY FOLLOW-UP CARE AND SELF-CARE:

I understand that it is important for me to continue to see my dentist for regular dental care. Existing restorative dentistry, hygiene maintenance and orthodontic treatment can be an important factor in the success or failure of my surgical treatment.

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I recognize that natural teeth and their artificial replacements should be maintained daily in a clean, hygienic manner. I will need to come for appointments following my surgery so that my healing may be monitored and so that my dentist can evaluate and report on the outcome of surgery upon completion of healing. Smoking or alcohol intake may adversely affect gum healing and may limit the successful outcome of my surgery. I know that it is important (1) to abide by the specific prescriptions and instructions given by the dentist and (2) to see my dentist for periodic examination and preventative treatment. Maintenance also may include adjustments of prosthetic appliances.

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.

I have been given the opportunity to ask questions about Frenectomy 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 and 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 the above-mentioned treatment. 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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