

DISCUSSION & INFORMED CONSENT FOR SURGICAL PERIODONTAL (GUMS AND BONES) TREATMENT
Rev 07/2019

FACTS FOR CONSIDERATION

Surgical periodontal therapy may involve several different procedures for removing inflamed or infected gum tissue as well as cleaning and/or restoring gum tissue or bone damaged by periodontal (gum) disease. An examination of your oral cavity measures the pockets under the gums surrounding your teeth to determine which periodontal treatment(s) your gum condition requires. Dental X-rays will be taken to check the condition of the bone that supports your teeth.

One type of surgical treatment, **gingivectomy**, is the surgical removal of all loose, infected and diseased gingival (gum) tissue to remove periodontal infection and reduce the depth of the space between the tooth and the gum tissue that surrounds the tooth. Sedation or premedication may be recommended and prescribed for you prior to the surgery.

Treatment may also include **flap/osseous (bone) surgery**: These procedures involve cutting and lifting up a small area of the gum to expose the bony defect around the tooth. The affected tissue may be cleaned out, the bone recontoured (reshaped) and/or real or synthetic bone material may be grafted into the site. A protective membrane (barrier or cover) may also be inserted and sutured into place and a periodontal dressing (special adhesive bandage) may be placed over the area of the surgery.

Crown lengthening is a type of surgery designed to expose more tooth structure to provide greater retention (hold) for a crown. It involves all the components of osseous surgery. Typically, the crown may be placed approximately four to six weeks after such surgery.

A **gingival (gum) graft** involves moving gum tissue from one site to another. Typically, this is done to cover an exposed root or to provide a zone of attached gingiva around a tooth where the normal tissue has receded. The graft may be harvested from the roof of your mouth or, alternatively, tissue from a tissue bank may be utilized. The primary goal is to increase the attached tissue (gingiva), which creates a seal around the tooth and helps protect the underlying tooth, bone and gums (gingiva).

The 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.

A local anesthetic (numbing medication) may be administered depending on the location and depth of the area.

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

Surgical periodontal treatment can help to create a cleaner environment in which your gums can heal, help to reduce the chances of further gum irritation or infection, make it easier for you to keep your teeth clean, improve your chances of retaining teeth and their function and decrease your costs, which would incur when you must replace teeth lost due to gum disease. This course of treatment may help to improve your condition and prevent this disease from spreading.

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

As a risk or result of surgery, I understand that my gums may bleed or swell and I may experience moderate discomfort for several hours after the anesthesia wears off. There may be slight soreness for a few days, which may be treated with pain medication. I will notify the office if such conditions persist beyond a few days.

I understand that because cleanings and surgery involve contact with bacteria and infected tissue in my mouth, I may also experience an infection, which may be treated with antibiotics. I will immediately contact the office if I experience fever, chills, sweats or numbness.

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 as my gum tissue heals after treatment or surgery, it may shrink somewhat, exposing some of the root surface of the teeth. This could make teeth more sensitive to hot or cold. I also understand that following treatment, I may have spaces between my teeth at the gum line that could trap food particles and require special maintenance. I understand additional surgical procedures may be needed to protect the sensitive areas.

I understand that depending on my current dental condition, existing medical problems or medications I may be taking, these treatment methods alone may not completely reverse the effects of gum disease or prevent further problems. Teeth that become loose as a result of periodontal disease may need to be extracted, which would involve replacing the lost teeth with a fixed or removable bridge, denture or artificial teeth called implants.

I understand that unforeseen conditions may call for modification or change from the anticipated treatment or surgical plan. These may include, but are not limited to, (1) extraction of hopeless teeth, (2) the removal of hopeless tooth root of a multi-rooted tooth so as to preserve the rest of that same tooth or (3) termination prior to completion of all of the surgery originally outlined.

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I understand that smoking may significantly interfere with healing and may limit the successful outcome of my treatment.

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 if I have taken or take medication for osteoporosis or cancer treatment that is a bisphosphate (such as but not limited to: Zometa, Aredia, Fosamax, Boniva, Acetonel), 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.

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

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

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

I understand that given my condition, there may be no effective alternative treatments for my gum disease and for keeping my affected teeth.

I understand that every reasonable effort will be made to ensure that my condition is treated properly; however, (due to the complexity between patients, the infecting agents (bacteria), the immune system and finally

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maintenance and home care, it is not possible to guarantee perfect results or no risk of disease reoccurrence.

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 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 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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