



INFORMED CONSENT: TOOTH EXTRACTION with LOCAL ANESTHESIA

Patient's Name: _____ Date of Birth: _____

This form & your discussion with your doctor are intended to help you make informed decisions about your surgery.

PURPOSE & BENEFITS OF TOOTH EXTRACTION: Extraction (*tooth removal*) is often recommended for the following reasons: *serious decay/infection preventing successful treatment with a filling or crown; inadequate space for eruption; orthodontic needs; mobility caused by periodontal disease; treatment requirements for crowns, bridges, implants;* Benefits include *elimination of pain, infection, crowding, etc.*

An impacted tooth is positioned partially or completely beneath gum tissues and/or bone. Such cases may require *incisions, bone removal or sectioning of the tooth.* Severely weakened teeth may require similar procedures for successful removal.

Following a thorough examination & discussion of my treatment needs & desires, my doctor has answered my questions satisfactorily & has recommended extraction of the following tooth/teeth:

Tooth/teeth #: _____

RISKS & BENEFITS OF TOOTH EXTRACTION. Treatment alternatives may include *non-treatment, waiting for development of more definite symptoms, root canal treatment, etc.* Risks involved in **delaying or refusing treatment** may include *pain, swelling & infection (possibly life-threatening).*

Risks of tooth extraction include, but are not limited to the following:

- **Allergic or adverse reactions** to medications, local anesthetics/materials used in treatment;
- **Pain, swelling, bleeding, bruising** which usually resolve in a few days if written & verbal instructions given are followed. Call our office immediately if these issues are severe or don't resolve as anticipated.
- **Infection.** Call our office if after 2-3 days of recovery, you notice pain, swelling, unpleasant taste/mouth odor, visible bone in the socket.
- **Damage to other teeth, the jaw, crowns, roots (or other structures/restorations)** which may require repair.
- **Cracking, stretching or cuts** around or inside the mouth or lips;
- **Nerve injury** from local anesthetic administration or from the extraction procedure may result in temporarily altered/loss of sensation, numbness, in the face, cheek(s), lips, chin, teeth, gums and/or tongue (*including loss of taste*). In rare cases numbness may be permanent;
- **Dry socket** is a painful, temporary condition occurring when the socket's protective blood clot is dislodged which requires an office visit. It can usually be avoided by following post-op instructions.
- **Sharp ridges or bone splinters** may form where the tooth was removed & may require additional surgery
- **Retained roots/teeth** may have to be left in the upper or lower jaw in order to damage to nerves, sinuses or other structures;
- **Sinus perforation.** When the roots of upper teeth extend close to or through the sinus floor, tooth extraction may leave a small hole in the sinus requiring repair. Special instructions & antibiotics/antihistamines may be given to reduce the risk of infection.

LOCAL ANESTHETIC: Local anesthetic is used to numb the teeth & tissues to ensure patient comfort. Though generally very safe, side effects & complications can occur. *Tenderness, redness, irritation, facial bruising at the injection site & difficulty in opening the mouth* are among the most common side effects. I understand that local anesthetic will cause my *lips, cheek & tongue* to remain numb for several hours. I should avoid biting/chewing or eating/drinking anything

hot until the numbness has subsided. I will contact this office immediately should numbness persist for more than 24 hours.

Uncommon side effects and complications of local anesthetics include: *failure of local anesthetic to work effectively (especially when infection is present); infection at the injection site requiring antibiotics & further treatment; damage to surrounding structures such as blood vessels, nerves & muscles; dizziness; nausea/vomiting; increase/decrease in heart rate; allergic reaction; tingling sensation/numbness in the lips, tongue, chin, gums, cheeks, & teeth, which is transient but on rare occasions may be permanent; local anesthetic overdose, broken needles requiring removal, seizures, heart & breathing complications that may lead to brain damage, stroke, heart attack (cardiac arrest) or death.*

POST-OPERATIVE INSTRUCTIONS: I will follow all instructions given regarding use of *antibiotics & medications* & have been advised of risks associated with prescription pain medications (*drowsiness, potential for addiction & a lack of awareness & coordination* – effects which may be intensified with the use of *alcohol, tranquilizers, sedatives, or other drugs*). I will not operate any vehicle or machinery until I have recovered from the effects of medications & drugs.

SEDATION OPTIONS: I understand that if I choose to have extraction(s) performed under ***nitrous oxide sedation*** or ***moderate/deep (general) anesthesia***, that I will be given the opportunity to discuss the risks & benefits of these options with my doctor, including the additional fees involved & special post-operative considerations before signing a separate informed consent.

INFORMED CONSENT: I can read and write English. I have had ample opportunity to discuss & ask questions regarding the *nature, purpose, risks, benefits & fees* associated with tooth extraction & treatment alternatives. I am satisfied with my doctor's answers. I have carefully read the above statements & I, the undersigned, being the patient, parent or guardian, consent to proceed with the recommended extraction under local anesthesia & any other procedure decided upon to be necessary or advisable in the opinion of the doctor.

Patient or Legal Representative Signature

Date

Doctor

Date