

INFORMED CONSENT: TOOTH EXTRACTION under LOCAL ANESTHETIC with SOCKET PRESERVATION

Patient's Name: _____ Date of Birth: _____

This form and 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.*

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 post-op instructions 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** which 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 some cases numbness may be permanent;
- **Dry socket** is a painful, temporary condition occurring when the socket's protective blood clot is dislodged. They require an office visit & can usually be avoided by following post-op instructions. Smokers have more dry sockets than non-smokers. Dry sockets mean a failed bone graft.
- **Sharp ridges or bone splinters** in/near the extraction site may require additional surgery.
- **Root tip breakage** may occur during the extraction procedure. In many cases, these fractured root tips are removed along with the remainder of the tooth. In some cases, my doctor may elect to leave a broken root tip or tooth fragment in the bone to avoid more aggressive surgery or risk damage to nerves, sinuses or other structures; If surgical removal of the root tip is deemed necessary, I understand I may be referred to another provider for treatment.
- **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.
- **Osteonecrosis.** Patients who are taking or have taken oral or IV bisphosphonates (*Boniva, Zometa, Fosamax, etc.*) are at increased risk of extraction sites which fail to heal properly. Please ensure that your medical history is current & documents any past (even distant past) or current use of bisphosphonates. Share this information with your dentist before scheduling the extraction.

- **SOCKET PRESERVATION.** My doctor has recommended that my tooth extraction socket be restored with a bone graft to help eliminate the bony defect & promote faster healing. Sutures may be used to help secure the graft, which may be made of synthetic materials or specially treated bone and/or collagen materials. A *resorbable* or *non-resorbable (needs to be removed in about 4 weeks)* membrane may be placed over the bone graft to help keep the bone graft material in place.

LOCAL ANESTHETIC: Local anesthetic helps ensure patient comfort by numbing teeth & tissues. Though generally very safe, side effects & complications can occur. The **most common side effects** are *tenderness, redness, irritation, bruising at the injection site & difficulty in opening the mouth*. Effects may last 2-4 hours & I should avoid biting/chewing or eating/drinking anything hot until numbness has subsided. **Uncommon side effects & complications** 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; changes 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 my treatment will occur under local anesthesia. If I choose to have extraction(s) performed under ***nitrous oxide sedation (laughing gas)*** or ***moderate/deep (general) anesthesia (IV sedation and/or “sleep”)***, I understand 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 consent form.

FEMALES ONLY: Antibiotics may interfere with the effectiveness of oral contraceptives (*birth control pills*). I understand that I will need to use some additional form of birth control for one complete cycle besides just birth control pills after a course of antibiotics is completed.

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, socket preservation & treatment alternatives*.

I have provided my doctor with a full and current medical history, including all *current* and *past* medical conditions and medications. I have informed my doctor of any **bisphosphonate medications** I am currently taking or have taken in the past to *strengthen bones* or as a part of **cancer treatment**. I have informed my doctor of any head or neck radiation therapy I have received in the past or am currently receiving for the treatment of tumors/cancer.

I have carefully read the above statements & I, 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. I understand that although in most cases, extraction sites heal quickly and without any problems, complications such as those listed previously, can happen despite the best of care. I consent to the planned extraction and socket preservation procedures as presented to me during my consultation with my doctor and as described in this document.

Patient or Legal Representative Signature

Date

Doctor

Date