

## PATIENT INFORMATION FOR DENTAL SURGERY

**PATIENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**A. Purpose of treatment:** Oral surgical procedures may be required for a number of reasons. These procedures include: the removal of infected, crowded or impacted teeth, the exposure of impacted teeth for orthodontic reasons, the preparation of the mouth for dentures, the treatment of infections, the removal of diseased tissue or biopsy of tissue for diagnosis.

**Treatment planned:** \_\_\_\_\_  
\_\_\_\_\_

**Benefits of treatment:** \_\_\_\_\_  
\_\_\_\_\_

**Alternative treatment:** \_\_\_\_\_  
\_\_\_\_\_

**B. Post-operative expectations and potential complications:**

1. It is expected and normal that a patient may have post-operative swelling, pain, bruising and limitation of jaw opening following oral surgery. Normally, this discomfort is not extreme, however, in many cases, it may require time to be taken off work or school.
2. While most patients do well after surgery, a number of steps should be taken to improve the outcome. These include: stop smoking, good oral hygiene and gentle treatment of the surgical site, especially immediately post-operatively. In the period of time following the surgery patients often need to change their diets to food of a softer consistency.
3. When medication has been prescribed, it must be taken as directed. If unfavourable reactions occur (such as rashes, diarrhea, nausea or vomiting) discontinue the drug and contact the dentist at (905) 893-4500. If problems with breathing or swallowing develop, go to the hospital emergency department.

**(cont'd)**

4. Whenever surgical procedures are undertaken, a discussion of possible **COMPLICATIONS** is in order. The following is a list of problems that can occur from time to time. It is not a list of ALL the possible complications, but it does cover the more common ones as well as some rare ones. Should you have any questions or require further clarification, please feel free to ask.

- a) **Bleeding:** A small amount of bleeding post-operatively is not unusual and should stop by applying firm pressure with a gauze for 30 minutes. Anything more than this is unusual and requires attention by the dentist.
- b) **Infection:** The chances of post-op infection increase with smoking and poor oral hygiene. Should infection develop, it may require antibiotics, dressing of the wound or rarely, an incision for drainage. In extremely rare cases, hospitalization may be required for medication or further surgical treatment. Signs and symptoms of severe infection include severe pain, non-resolving swelling, foul odour, fever, and chills. Should this occur, contact the dentist immediately.
- c) **Numbness:** Surgery in the jaws is often close to nerves that carry sensation. Damage to such nerves can result in temporary (days to months) or permanent changes in the sensation of the affected part. This may include numbness, tingling, painful sensations or a loss of taste sensation. The parts most often affected are the tongue, chin, lip and cheek. While occurrence of such changes are uncommon, very little can be done if they occur.
- d) **Fractures:** Broken jaw bones during oral surgery are an extremely rare complication. The risk does rise, however, with older patients and when the jaw becomes thin. Should a fracture occur, it will be managed in the appropriate method.
- e) **Sinus problems:** Occasionally, surgery in the upper jaw may be complicated by the position of the sinus. Should a tooth or root become lodged in the sinus, further surgical procedures may be required to remove it. Infection of the sinus is also possible and may require medication or surgery. Very rarely, communication between the sinus and the mouth may develop and again require surgical closure.
- f) **Damage to adjacent teeth:** Complicated extractions often require surgical manipulation very close to adjacent normal or previously restored teeth. Very rarely, an adjacent tooth or its support structures may be damaged. Subsequent problems may necessitate repair or replacement of the existing restorations, root canal or extraction of the affected tooth.

**Fee estimate:**

Consultation: \_\_\_\_\_  
X-ray: \_\_\_\_\_  
Surgery: \_\_\_\_\_  
Other fees: \_\_\_\_\_

**CONSENT:**

1. I have had explained to me, by the dentist, the purpose, reasonable risks, benefits of and alternatives, if any, to the procedures recommended for my dental treatment. In respect of the above treatment services, I have carefully read the explanatory material and have been given copies. Such questions as I have posed have been answered to my satisfaction.
2. I consent to the administration of such local anesthesia as is required for the said dental treatment.
3. I certify that no guarantee has been made or assurance given as to the results that may be obtained.
4. I read and understand English      Yes \_\_\_      No \_\_\_

(If the response to the above is “no”)

This consent form and attached documents were interpreted and explained for me. Yes \_\_\_

DATED at Woodbridge, Ontario, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signed: \_\_\_\_\_

Patient

Witness: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Parent,  
Guardian, or  
Nearest Kin if  
patient is under  
age of 18.