

CONSENT TO SURGICAL TREATMENT AND CARE

Patient: _____ Date: _____

You are about to undergo a medical/surgical procedure. As with any medical/surgical procedure, there are risks, possible complications or side effects involved. There is no guarantee or assurance of a successful result.

IT IS IMPORTANT THAT YOU CLEARLY UNDERSTAND AND AGREE TO THE PLANNED ORAL SURGERY

I understand that the following procedures are proposed (in medical terms) known as: open bone biopsy with decortication, saucerization, and curettage of the maxillae or mandible, or both, with suture closure of the wound. In common language the procedure is known as: surgical elimination of a chronic jaw infection with microscopic evaluation of collected tissue samples by an oral pathologist, i.e., biopsy.

The surgical site(s) is/are:

Other procedures may involve removal of root-canal treated teeth, impacted teeth, anchor teeth and/or false teeth of a bridge, heavily filled, or crowned, or grossly decayed teeth, pulp exposed, or dead, or dying, or periodontally hopeless teeth.

No teeth will be removed unless they are expressly noted as follows:

If teeth noted above were also marked with a question mark (?), it indicates that the fate of the teeth (keeping or removal) will be determined by the surgeon during surgery. In all cases, the surgeon will consult with the patient during surgery despite the fact that the patient may be under the influence of medications and judgment may be impaired.

During surgery the doctor will incise the gums, and expose the underlying jawbone. The bone will be entered with an ultrasonic surgical instrument using coolant irrigation. To gain access to the interior of the bone, segments of the bone will be removed along with any teeth noted above. The infected or diseased bone will be debrided carefully and cleaned out using various hand and rotary instruments, and copious irrigation. Bone shards, soft tissues, extracted teeth will be collected and sent for biopsy. The surgical site will be washed frequently with ozonated saline. Local anesthetics will be used to anesthetize the surgical sites, before, during, and after the procedure. At the end of the surgery, the gum flaps will be sewn together with stitches. Biomodulator, low level laser therapy, and intravenous infusion therapy (IV Vitamin C) may be started to help you heal faster. (See Adjunctive Services below.)

RISKS, COMPLICATIONS, SIDE EFFECTS

Medicine and surgery are generally safe, helpful and possibly lifesaving; however, they involve risks. You must know, and be willing to accept the possible risks, complications or side effects before you undergo the planned procedure. The following are potential reactions of your body to a medical/ surgical operation.

1. Infections: there is a chance that the diseased area within the surgical site will not be completely removed due to reasons such as anatomic limitation (nerve nearby), lack of adequate anesthesia, adverse reaction during surgery, etc. Despite best efforts, infection can occur due to impaired immunity, inadequate oral hygiene, compromised local environment, such as chronic sinusitis, sick or dying teeth nearby, malnutrition, poor lifestyle, high stress level, inadequate rest, inherited or acquired body constitution weakness, or other causes.
2. Hemorrhage: Bleeding is controlled with stitches, and a small amount of oozing is expected. However, taking aspirin or anticoagulant medications within one week of surgery may prolong bleeding time. Bleeding into tissue spaces causes bruising which is normal and can be managed with cold compresses at home.
3. Drug or Dental Material Reactions: you may experience reactions to any of the medications we use. Reactions to medications can include reactions to antibiotics, local anesthetics, inhalation analgesic (nitrous oxide), pain medications or sedatives. In rare instances you may be sensitive to acrylic or other dental materials used to make the surgical stent or immediate denture. Another denture/stent of different material may have to be substituted; *in which case a separate fee applies*. There is no guarantee that you'll not be sensitive to the second denture/stent.

PLEASE NOTIFY US OF ANY KNOWN ALLERGIES/REACTIONS TO MEDICATIONS OR MATERIALS.

4. Injury to Tissue and Nerves: any surgical procedure involves risk to surrounding muscles, ligaments, nerves, etc.

(A) Mandible Surgery: in lower jaw surgery the major risk involves injury to the inferior alveolar nerve (the major nerve of the jaw), the lingual nerve, and the mental nerve. If nerve injury occurs, one may experience anesthesia (numbness), paresthesia (altered sensation), or hyperesthesia (acute sense of pain, heat, cold, or touch) either partial or complete of the ipsilateral (same side) lip, teeth, gum, or tongue. Depending on the extent of nerve injury, the numbness or altered sensation may last days, weeks, months, or permanently.

(B) Maxillary Surgery: the upper jaw surgery often comes very close to the sinus floor. Part of the sinus floor may become perforated by either the curettage procedure itself and/or by extracting a diseased tooth. This oroantral perforation usually closes uneventfully as the gum flaps overlying the wound are sown together. Sometimes the gum flaps fail to fuse (especially in the presence of pre-existing sinusitis) and results in a tunnel-like opening (oroantral fistula) that will require additional corrective surgeries. A separate surgery fee applies.

5. Sequestrum or Perforation of Gum: sometimes a piece of non-viable bone (sequestrum) may work its way through the gum weeks after surgery. The sequestrum usually falls out by itself without intervention. Alternatively it may be removed by a gentle pull with an instrument. Sometimes a length of bone perforates through the gum that may require corrective surgery for healing and comfort.

6. Facial Muscle Tightness: the surgeon attempts to close the open wound by stretching and sewing together the gum or muscle flaps. Because the tissues were stretched during wound closure, you may experience tightness or pull of the facial muscles and lips that may persist for some time after surgery. Time and some muscle exercises usually resolve this problem.

7. TMJ or TMD: a large percentage of the population has undiagnosed or uncorrected bite problems, and only a small percentage of people actually complain of temporomandibular dysfunction syndrome (TMJ, TMD). Any oral surgical procedure, whether teeth were removed or not, has the potential to trigger or exacerbate painful symptomatology.

8. Other Side Effects: A small percentage of patients may experience symptoms such as fatigue, joint pain, weakness, lassitude, etc., following surgery. The symptoms generally improve in 3 to 7 days. Patients are strongly encouraged to eat well and have plenty of rest.

ADJUNCTIVE SERVICES

9. Biomodulator: we use this FDA approved pain control and healing stimulator. Created by Dr. Jerry Tennant, the Biomodulator has been shown to decrease healing time, decrease pain, and improve circulation.

10. IV Vitamin C Therapy: We recommend IV Vitamin C treatment during and after surgery. This will afford the patient a great deal of protection against the physical stress of the surgery.

11. Future Reconstruction: when diseased bone and/or teeth are removed, natural tissue remodeling that takes place over time will result in significant change in the shape of the bone and gum. Especially in the anterior region of the mouth, this remodeling may be esthetically compromising. Plastic periodontal surgeries and/or prosthetic solutions may be needed to reconstruct the area. There is no way to predict what future procedure(s) will be needed, if any, nor the associated treatment fees. As always we strive to keep your treatment plan simple, effective, conservative, and affordable.

THERE CAN BE NO GUARANTEE OF A SUCCESSFUL OUTCOME

We cannot predict your body's ability to heal. Your health complaints (pain, infections, etc.) may still exist after surgery or they may return within days, weeks, months or longer. The planned medical/surgical procedures have been recommended to you based on our clinical experience, observation, and positive patient feedback, as well as collective experiences and successes of other doctors knowledgeable in this field.

Do you understand the risks, complications, side effects inherent in the planned procedure(s) and authorize the dentist to proceed?

Yes _____ No _____

Do you have any further questions about this document or the procedure?

No _____ Yes _____

Patient, Parent or Guardian

Date

Doctor

Witness

