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CONSENT FOR SURGERY

You have a right to be informed about your diagnosis and planned surgery so that you can make a decision whether to undergo a procedure after knowing the risks and hazards. This disclosure is not meant to frighten or alarm you, it is simply an effort to make you fully informed so you may give your informed consent to the procedure.

POSSIBLE COMPLICATIONS:

(May be variable in occurrence)

1. ALL SURGERIES

- a. Soreness, swelling, bruising and restricted mouth opening may occur during the healing process.
- b. Bleeding may be prolonged and require additional care.
- c. Drug reactions or allergies.
- d. Infection, possibly requiring additional care.

2. ALL TOOTH EXTRACTIONS

- a. Dry socket: discomfort occurring a few days after extractions, which will require additional care and possibly additional fees.
- b. Damage to adjacent teeth, fillings or tissues.
- c. Sharp ridges or bone splinters: may require additional surgery to smooth area.
- d. Portions of tooth remaining: sometimes fine root tips break off and may be deliberately left in place to avoid doing damage to nearby vital structures, such as nerves or the sinus.

3. LOWER TEETH

- a. **NUMBNESS:** Due to the proximity of roots to the nerves (especially wisdom teeth), it is possible to injure the nerve during the removal of the tooth. The lip, chin, gums, or tongue could thus feel numb (resembling local anesthetic injection) and this could remain for weeks, months or very rarely, permanently. On rare occasions, a burning or tingling sensation may persist and/or the ability to taste may be lost or diminished.

4. UPPER TEETH

- a. **SINUS INVOLVEMENT:** Due to the closeness of the roots of upper back teeth to the sinus, or from a root tip being displaced into the sinus or other areas, possible sinus infection and/or sinus opening may result, which may require medication and/or additional surgery to correct.

5. **ANESTHESIA:** I was given the option of different techniques, and I consent for the following anesthetics to be used:

- a. **LOCAL ANESTHESIA:** Certain possible risks exist that, although rare, could include pain, swelling, bruising, infection, nerve damage, and unexpected allergic reactions which could result in heart attack, stroke, brain damage and/or death.
- b. **INTRAVENOUS, NITROUS OXIDE OR GENERAL ANESTHESIA:** Certain possible risks exist that, although uncommon, could include nausea, pain, swelling, inflammation, and/or bruising at the injection site.

IF I AM TO HAVE INTRAVENOUS OR GENERAL ANESTHESIA, I UNDERSTAND THAT I AM TO HAVE NO FOOD FOR SIX (6) HOURS BEFORE MY APPOINTMENT BUT MAY HAVE CLEAR LIQUIDS UP TO TWO (2) HOURS BEFORE MY APPOINTMENT. TO DO OTHERWISE MAY BE LIFE-THREATENING!

Any scheduled medications (high blood pressure, antibiotics, etc.) should be taken using only a small sip of water.

Rare complications include nerve or blood vessel injury (phlebitis) in the arm or hand, allergic or unexpected drug reactions, pneumonia, heart attack, brain damage, and/or death.

6. ALTERNATE TREATMENT OPTIONS: _____

PATIENT NAME: _____

I hereby authorize Dr. _____ and staff to perform the following procedures:

I understand the doctor may discover other or unexpected conditions that may require additional or different procedures than those planned. I authorize him/her to perform such other procedures as he/she deems necessary in his/her professional judgment in order to complete my surgery.

I have read and discussed the preceding with Dr. _____ and believe I have been given sufficient information to give my consent to the planned surgery.

Patient's or legal guardian's signature

Date

Witness/Doctor's signature

Date