

PATIENT: _____
DATE: _____

PERIODONTAL SURGERY INFORMED CONSENT

I have been informed that I require periodontal surgery in the area of the following teeth:

UPPER RIGHT	8 7 6 5 4 3 2 1		1 2 3 4 5 6 7 8	UPPER LEFT
LOWER RIGHT	8 7 6 5 4 3 2 1		1 2 3 4 5 6 7 8	LOWER LEFT

PURPOSE OF THE TREATMENT:

Periodontal disease is caused by an accumulation of dental plaque on the gums and supporting bone of the teeth. Bleeding upon brushing and flossing, soreness or changes in the colour or shape of the gums, receding gums, foul odour, or bad breath are indications of the onset of periodontal disease. There is no cure for periodontal disease, but treatments that arrest the progress of the disease can prevent further damage. Treatments vary dependent upon the severity of the case.

The surgical procedure may last from thirty to ninety (30-90) minutes. The wound will be closed with dissolving stitches. Home care instructions and required prescriptions will be provided after the surgery. I will be seen in the office in one week to remove the periodontal pack (if placed) to check the surgical site, and to be shown how to care for the site. It may take five to seven (5-7) days for my mouth to feel comfortable, and another two to four (2-4) weeks for the tissue around the site to heal completely. I will be drowsy following surgery and have arranged to have a responsible adult available to take me home. The success of the treatment is dependent upon my ability to keep all tooth surfaces clean.

BENEFITS OF THE TREATMENT:

The progression of the disease will be arrested and the gums and supporting bone will be healthier. Lost bone or gums cannot be regenerated easily, but some surgical procedures do exist.

RISKS OF THE TREATMENT:

Complications such as postoperative pain and infection are not common, but can be treated with medications and/or drugs as needed. Temporary increased sensitivity to hot or cold is possible, and will subside. The position of the gum-line may change resulting in a difference in appearance of the length of the tooth.

Gums or tissues involved in the anaesthetic injection may be sore for several days following treatment. Swelling of the tissues around the injection site is possible and can be treated by applying pressure and cold (ie. ice packs) the day of treatment to the area of swelling for a minimum of 1-2 minutes. In addition, if freezing involves the lower jaws, there may be difficulty opening the jaw for the first few days. The soreness and stiffness will dissipate with time but warm salt water rinses or moist heat on the side of treatment will facilitate healing. Transient facial paralysis is a rare possibility upon anaesthetic injection, but it will almost always resolve itself without any future consequences.

ALTERNATIVES TO THE TREATMENT:

The disease will progress if the dental plaque and root deposits are not removed. The teeth will suffer

from infection, and will become loose and no longer function satisfactorily. The only alternative to periodontal treatment is extraction of the tooth. Periodontally infected teeth cannot be used for crowns, bridges, or as supports for dentures.

I have had the purpose, benefits, reasonable risks and alternatives, if any, to the procedure(s) explained to me. I have carefully read and understood all available explanatory material. I have been given the opportunity to ask questions.

I hereby authorize Dr. Bruno Paliani to perform the aforementioned procedure(s) necessary to my dental treatment, and any additional treatment procedures as are considered immediately necessary on the basis of findings during the above mentioned treatment.

I consent to the administration of such local anaesthesia and/or medication as is required for the aforementioned dental treatment.

I consent to the taking of photographs throughout the entire treatment procedure. Should these photographs be deemed by Dr. Bruno Paliani to benefit dental research, science, or education, I consent to their publication and republication, either separately or together, in professional journals or dental books or used for any other purpose which Dr. Bruno Paliani may deem proper in the interest of dental education, knowledge or research.

The dental fees of the procedure have been outlined clearly and I agree to comply with the office's payment policy.

PROFESSIONAL FEE	_____
LAB FEE (approx.)	_____
TOTAL FEE (approx.)	_____

Dated at London, Ontario, this _____ day of _____

SIGNED: _____
PATIENT

WITNESS: SIGNED: _____
Parent, Guardian or Nearest Kin if patient
is under the age of 18