REMOVAL OF IMPACTED OR UNERUPTED TEETH INFORMED CONSENT

I have been informed that I require the following teeth removed:

**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:**

An impacted tooth is blocked by another tooth or by dense bone, and therefore, prevented from erupting into the oral cavity. Impacted teeth can cause a variety of problems which include cyst formation, decay of impacted or adjacent teeth, infection, abscesses, headaches, and earaches.

The removal 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 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 have been asked to refrain from severe physical activity for a period of one (1) week. If I have been prescribed sedatives, I will be drowsy following surgery and have arranged to have a responsible adult available to take me home.

**BENEFITS OF THE TREATMENT:**

Infection, pain, decay or any other problem resulting from the impacted tooth will be alleviated. Neighbouring teeth will improve in health from removal of pressure from the offending tooth.

**RISKS OF THE TREATMENT:**

Despite excellent skill and care, it is possible for complications to arise. The wound remaining after removing a tooth is large, and healing may be delayed without proper oral hygiene.

All patients with impacted teeth have neighbouring teeth that may have been weakened or injured by the impacted tooth. This does not become apparent until the impacted tooth is removed. Adjacent teeth must therefore be monitored for three to six (3-6) months after removal of the impacted 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.

Lower impacted teeth often rest on the main nerve to the lower jaw and near the nerve to the tongue. Sometimes, in spite of all precautions, nerves may be bruised. In rare instances, the main nerve to the jaw must be cut in order to remove a tooth. In this event, the result is altered sensation; usually partial or complete numbness of the lower lip, chin, and all the teeth on that side or the side or tip of the tongue. Although in most cases this is temporary, the sensation improving as the nerve repairs and regenerates, it
is possible for the numbness to last for months, years or permanently. The occurrence and duration of sensation loss is unpredictable. **Altered sensation does not affect one's appearance.**

Upper impacted third molars lie just under the wall of the maxillary sinus. Sometimes teeth are positioned such that they are very close to, or part of the sinus wall. Although great care is always taken, this situation may result in the thin wall of bone cracking slightly, and blood seeping into the sinus. In such an event, the patient will notice the presence of blood in the nose. With prescribed treatment, this clears up quickly and without consequence.

In very rare cases, the removal of impacted teeth from the lower jaw results in a jaw fracture. In almost all cases, this can be predicted before surgery, and you will be informed of this possibility. This can occur if the tooth has weakened the jaw because of its size or unusual position. Special measures will be taken in this instance. In addition, the removal of impacted teeth from the upper jaw may inadvertently place the tooth, or fragments of it, in the maxillary sinus. Special measures may be needed to remove the tooth or parts thereof.

**ALTERNATIVES TO TREATMENT:**

The only alternative to removing an impacted tooth is to leave it in the mouth. An impacted tooth may cause the remainder of the teeth in the jaw to misalign, resulting in problems closing the mouth and chewing. An impacted tooth is also prone to infection, pain and swelling.

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 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