

## Surgical (Wisdom Teeth) Informed Consent

Even with proper care operations carry some risk and complications may occur.

The surgical site remaining after an impacted tooth is removed is a large one and healing maybe delayed because the body is unable to rebuild normal tissue as quickly as with a smaller site. Fortunately, in the upper jaw, healing usually proceeds uneventful. However, in the lower jaw healing will take longer.

After surgery, you must cleanse the mouth thoroughly after food intake. If anything clings to the stitches or extraction site, the gum tissue or surgery site, infection or delayed healing may result.

There is often some bleeding afterwards, but this will be slight and will stop by itself after a few hours. If heavy or moderate bleeding persists contact our office immediately. The Doctor is always available should there be a problem.

Lower impacted teeth usually rest on the main nerve to the lower jaw and are often near the main nerve to the tongue. Sometimes, in spite of all precautions, these nerves are bruised or stretched .; The result maybe an altered sensation which is often partial or complete numbness of the lower lip, chin, inside of cheek, all the teeth on that side or the side and tip of the tongue.

In most cases the effect does not last more than a few weeks improving as the nerve repairs it. In some cases, the altered sensation may last several months or years and may be permanent. The occurrence and duration of this problem is unpredictable. Altered sensation does not affect the appearance.

Upper impacted third molars lie against the wall of the sinus. Occasionally the thin wall of bone cracks slightly and blood seeps into the sinus. In such an event the patient may notice the presents of blood in the nose. As a rule, with the use of prescribed therapy, this clears up promptly.

All patients about to have impacted teeth removed should understand that adjacent teeth might have been weakened or otherwise injured by the presence of the impacted tooth. The injury may not become apparent until the impacted tooth is removed. This often means that these teeth may be sensitive or feel slightly loose. Adjacent teeth must be considered on probation for three (3) to six (6) moths after the impacted tooth has been removed. A meticulous oral hygiene routine must be followed.

Large fillings or crowns (caps) next to impacted teeth may be dislodged during surgery. If necessary a temporary filling will be placed and you will be asked to return for treatment once healing is complete.

In very rare instance, the removal of impacted teeth from the lower jaw results in jaw fracture. In some cases, this can be predicted before surgery and you will be informed of the possibility. In any case, this may occur because the sixe and unusual position has weakened the jaw. Every possible precaution is always taken to prevent such occurrence.

Unusual reactions, either mild or severe, may possibly occur from anesthetics, or with medications administered prescribed. All prescription drugs are to be taken as instructed. Women taking oral

contraceptives must be aware that antibiotics can render contraceptives ineffective. Other forms of contraceptives must be utilized during the treatment period.

It is my responsibility to inform the Dentist of any heart problems known or suspected.

I understand that it is my responsibility to seek attention should any circumstances occur post-operative. I shall diligently follow all post-operative instructions given to me.

The fees for this service have been explained to me and are satisfactory.

I acknowledge that Dr. Samra and his associate are not specialized oral surgeons, but rather general dentists who have performed numerous successful surgical procedures.

By signing this form I am freely giving my consent to allow Dr. Samra, or his associate to render any treatment necessary or advise me to my dental conditions, including all anesthetics and/ or medication.

I \_\_\_\_\_ have had an opportunity to read the information given to me on this consent form and clearly understand the risks and reasoning for the wisdom tooth extraction(s).

\_\_\_\_\_

Patient signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness signature

\_\_\_\_\_

Date