

# **Informed Consent for Periodontal Pocket Reduction Surgery**

## **Diagnosis**

After thorough examination of my mouth, my dentist has informed me that I have periodontal disease. This condition weakens the supporting structures of the teeth, and may lead to pocketing, recession, and loss of tissue and bone. If left untreated, periodontal disease may result in premature loss of teeth and have other negative health implications.

## **Recommended Treatment**

My dentist has recommended periodontal pocket reduction surgery to help stabilize my periodontal disease. This procedure will involve administration of local anesthetic and possibly sedation (discussed separately). The gum tissue will be reflected surgically to expose the root(s) and bone. The root(s) will be cleaned, inflammatory tissue removed, bone may be reshaped and medications and/or regenerative material may be utilized. The tissue will be sutured back in place and a periodontal dressing or bandage may be placed.

On occasion, unforeseen circumstances may result in the need to change the course of treatment. This could involve, among other things, extraction, sectioning of a root, or possibly discontinuation of treatment.

## **Potential Benefits of Treatment**

The benefits of periodontal surgery may include, but are not limited to:

- Stabilization of my periodontal condition and improved long-term prognosis
- Decrease in pocket depths and regained tissue attachment
- Facilitation of easier, more effective homecare and periodontal in-office maintenance
- Reduction in inflammation/infection and cessation of further tissue/bone loss

## **Possible Risks and Complications**

Potential risks and complications may be associated with the periodontal surgery, anesthetics and/or medications. These may include, but are not limited to the following:

- Failure to achieve the desired result and/or improve long-term prognosis
- Worsening of present condition
- Loss of tooth/teeth
- Allergies or adverse reactions to drugs, materials or anesthetics
- Post-surgical infection
- Bleeding, swelling, pain, discolouration/bruising of tissue
- Numbness or altered sensation of lip, tongue, teeth, chin and/or gums etc.
- Injury to teeth, tissues or jaw joint(s)
- Muscle spasm, and restricted opening
- Tooth sensitivity to hot, cold, sweet, and/or acidic foods
- Increased mobility of teeth
- Shrinkage of tissue resulting in poor esthetics (appearance of longer teeth, wider spaces etc.)
- Exposure of margins on teeth with crowns, bridges, veneers

Duration of any aforementioned risk or complication is indeterminable, and could be transient or permanent.

## **Proposed Options/Alternatives**

The following options have been discussed with me as alternatives to periodontal surgery:

- No treatment – Lack of treatment would likely result in worsening of periodontal disease and premature loss of teeth.
- Non-surgical cleaning (scaling/root planing) with/without medications, in conjunction with more frequent hygiene appointments – This treatment may not improve pocket depths,

making complete removal of plaque and calculus difficult. Further tissue and bone loss may result, potentially leading to premature loss of teeth. Other potential risks and complications of this treatment option include, but are not limited to: failure to achieve the desired result; tissue shrinkage and widening of spaces; tooth sensitivity; and exposure of crown margins etc.

- Extraction of periodontally involved teeth – This may help minimize damage to supporting structures of adjacent teeth; however, missing teeth would require prosthetic replacement to restore function/esthetics.

### **Healing and Follow-up Care**

I am aware that healing is difficult to predict and may be impacted by many factors, such as smoking, diabetes, medications, alcohol, systemic medical conditions, poor oral hygiene, clenching/grinding, and/or dietary/nutritional problems. I have fully informed my dentist of my medical history, including allergies, medications, medical conditions, and habits. If healing is inadequate, I realize that further surgeries may be required in an attempt to achieve the desired result.

I understand that for the best chance of success, I must be compliant with all post-operative instructions and medications, and attend scheduled follow-up appointments to assess healing. Optimal long-term results are dependent on the maintenance of good oral hygiene and compliance with the recommended recall/hygiene program.

### **No Warranty or Guarantee**

I understand that this treatment is not associated with any guarantee or warranty. In most cases, periodontal surgery will improve the periodontal health, but individual response to treatment is difficult to predict. I realize, that despite the best care, treatment could still result in failure, relapse, worsening of the current condition, tooth loss or the need for additional surgeries.

### **Consent for Treatment**

I have been fully informed of and understand the proposed periodontal surgery, associated benefits and risks, alternative treatments available, costs, and need for follow-up and home care. I have been given the opportunity to discuss treatment with my dentist and ask questions and have concerns addressed.

After careful consideration, I consent to the proposed treatment as well as any additional or alternative procedures deemed necessary in the course of treatment, in the best judgement of my dentist. I understand any changes in treatment plan may result in additional costs to me.

**I certify that I have read and fully understand this document.**

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Date

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Date

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Printed name of patient/parent/guardian

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Printed name of witness

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Signature of patient/parent or guardian

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Signature of witness