

Scituate Periodontics

CONSENT TO EXTRACT TOOTH/TEETH

Tooth/teeth to be extracted _____

Extraction of teeth is an irreversible process and whether routine or difficult, it is a surgical procedure.

As in any surgery, there are some risks. They include but not limited to the following:

1. Swelling and /or bruising and discomfort in the surgery area
2. Stretching of the corners of the mouth may result in cracking or bruising
3. Possible infections requiring additional treatment
4. Dry socket - Jaw pain beginning a few days after surgery , usually requiring additional care, more common from lower extractions, especially wisdom teeth
5. Possible damage to adjacent teeth, especially those with large filling or caps
6. Numbness or altered sensation in the teeth, gums, lips, tongue, and chin due to closeness of the tooth roots (especially wisdom teeth) to the nerves which can be bruised or damaged. Almost always sensation returns to normal, but in rare cases the loss may be permanent.
7. Trismis, limited jaw opening due to inflammation or swelling, most common after wisdom teeth removal. Sometimes it is the result of jaw discomfort, (TMJ), especially when TMJ disease already exists.
8. Bleeding – significant bleeding is not common, but persistent oozing can be expected for several hours.
9. Sharp ridges or bone splinters may form at the edge of the socket. These usually require another surgery to smooth or remove.
10. Incomplete removal of tooth fragments - to avoid injury to vital structures such as nerves or sinus, sometimes small root tips may be left in place
11. Sinus involvement – the roots of the upper back teeth are often close to the sinus and sometimes a piece of root can be displaced into the sinus or an opening may occur into the mouth which may require additional care.
12. Jaw fracture – while quite rare, it is possible in difficult or deeply impacted teeth.

Most procedures are very routine and serious complications are not expected. Complications which do occur are most often minor and can be treated.

Date: _____

Signature: _____

Witness: _____