

# SPENCE

## FAMILY DENTISTRY

PAUL B. SPENCE, DDS

### Informed Consent for Oral Surgery

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Procedure \_\_\_\_\_

Extraction of teeth is an irreversible process, and whether routine or difficult, is a surgical procedure. As in any surgery, there are possible risks that you have the right to be informed of to make the decision to undergo the planned procedure. These risks include, but are not limited to:

- **Swelling** and or Bruising and discomfort in the surgery area.
- **Bleeding** is normal for 2-4 hours after surgery and oozing may be present for up to 24 hours after surgery. Excessive bleeding or continued bleeding beyond this period of time may require additional treatment.
- **Infection** may require further treatment.
- **Dry Socket** is an infection developing in the extraction site requiring further treatment due to the loss of the blood clot. Pain and odor from the extraction site will be present 3-4 days after surgery.
- **Damage to adjacent teeth**, especially those with large fillings or crowns.
- **Nerve Damage**- Some roots of teeth envelope or approximate nerves. When these teeth are extracted, the nerve can be bruised or injured, leading to numbness or altered sensation to the teeth, lip, tongue, cheek, or chin. Sensation to the affected area usually returns to normal, but can be permanent.
- **Sinus Involvement**- Upper teeth roots lie close to the maxillary sinus, and when extracted, can cause a communication between the mouth and sinus or the tooth can be displaced into the sinus. Sinus infections can result and further treatment may be required.
- **TMJ Damage** or soreness may occur. More often associated with lower teeth.
- **Allergy to Local Anesthetic** are rare but do occur.
- **Root Tip Fracture**- Sometimes fine root tips break off and may be deliberately left in place to avoid damage to nearby structures such as nerves or sinus.

I have read this form and discussed the possible complications and risks associated with my surgery with Dr. Spence and all my questions have been answered satisfactorily. I understand the doctor may discover other or different conditions that may require additional or different procedures from those planned. I give consent to the planned procedure.

\_\_\_\_\_  
Patient's or Legal Guardian's Signature Date

\_\_\_\_\_  
Witness' Signature Date

