

Patient Consent to Periodontal Surgery

1. After a careful oral examination and study of my dental condition, I have been advised that I have periodontal disease. I understand that periodontal disease weakens support of my teeth by separating the gum from the teeth. The pockets caused by this separation allow for greater accumulation of bacteria under the gum in hard-to-clean areas and can result in further erosion or loss of bone and gum supporting the roots of my teeth. If untreated, periodontal disease can cause me to lose my teeth and can have other adverse consequences.
2. In order to treat this condition, my dental provider has recommended that my treatment include periodontal surgery.
3. The procedure recommended to treat my condition has been explained to me, and I understand that during this procedure, my gum will be opened to permit better access to the roots and to the eroded bone. Inflamed and infected gum tissue will be removed, and the root surfaces will be thoroughly cleaned. Bone irregularities will be reshaped, and bone regenerative material may be placed around my teeth. My gum will then be sutured back into position, and a periodontal bandage or dressing may be placed
4. It has been explained to me that, during the course of therapy, unforeseen conditions may be revealed that necessitate a change in the treatment plan, which will require a new discussion of risks, benefits, and alternatives. These changes may include extraction of teeth or termination of the procedure prior to completion of the surgery.
5. I understand that I may receive local anesthetic and/or other medication. In rare instances, patients may have a severe reaction to the anesthetic, which may require emergency medical attention, or find that it reduces their ability to control swallowing. This increases the chance of swallowing or aspirating foreign objects during treatment. Depending on the anesthesia and medications administered, I may need a designated driver to take me home. Rarely, temporary or permanent nerve injury can result from an injection.
6. The purpose of periodontal surgery is to reduce infection and inflammation and to restore my gum and bone to the extent possible. The surgery is intended to help me keep my teeth in the operated areas and to make my oral hygiene more effective. It should also enable professionals to better clean my teeth.
7. I understand that a small number of patients do not respond successfully to periodontal surgery, and in such cases, the involved teeth may be lost. Periodontal surgery may not be successful in preserving function or appearance. Because each patient's condition is unique, long-term success may not occur.
8. Other potential complications that may result from the surgery include but are not limited to post-surgical infection, bleeding, swelling, and pain; facial discoloration; transient but on occasion permanent numbness of the jaw, lip, tongue, teeth, chin, or gum; jaw joint injuries or associated muscle spasm; transient but on occasion permanent increased tooth looseness; tooth sensitivity to hot, cold, sweet, or acidic foods; shrinkage of the gum

on healing resulting elongation of some teeth and greater spaces between some teeth; cracking or bruising of the corners of the mouth; restricted ability to open the mouth for several days or weeks; impact on speech; allergic reactions; or accidental swallowing or aspirating of foreign matter. The exact duration of any complications cannot be determined, and they may be irreversible.

9. In addition, the success of periodontal procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and medications that I may be taking. I have reported to my dental provider any prior drug reactions, allergies, diseases, symptoms, habits, or conditions that might in any way relate to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by my dental provider and taking all prescribed medications are important to the ultimate success of the procedure.
10. I understand that alternatives to periodontal surgery include: no treatment, with the expectation of possible advancement of my condition, which may result in permanent loss of teeth; extraction of teeth involved with periodontal disease; and nonsurgical scraping of tooth roots and lining of the gum (scaling and root planing), with or without medication, in an attempt further to reduce bacteria and tartar under the gumline, with the expectation that this may not fully eliminate deep bacteria and tartar, may not reduce gum pockets, will require more frequent professional care and time commitment, and may result in worsening of my condition and the premature loss of teeth.
11. I have been fully informed of the nature of the periodontal surgery, the risks and benefits of periodontal surgery, the alternative treatments available, and the necessity for follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my dental provider. After thorough deliberation, I hereby consent to the periodontal surgery as described in this document.
12. **No Warranty or Guarantee.** I hereby acknowledge that no guarantee, warranty, or assurance has been given to me that the proposed treatment will be successful. Due to individual patient differences, no one can predict certainty of success. There exists the risk of failure, relapses, additional treatment, or worsening of my present condition, including the possible loss of teeth or implants, despite the best care.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

Date _____

Patient signature: _____

Patient name (printed): _____

Witness signature: _____

Witness name (printed): _____