

## Oral Surgery Informed Consent

\_\_\_\_\_ I understand that oral surgery includes inherent risks such as, but not limited to the following:

1. **Injury to the nerves:** Includes injury causing numbness of the lips, tongue, and/or tissues of the mouth, cheeks and/or face. Numbness could be temporary (lasting a few days, weeks, or months), or permanent and result in surgical procedures or anesthetic administration.
2. **Bleeding, Bruising, Swelling:** Bleeding may last several hours. If profuse, contact office as soon as possible. Some swelling is normal, but if severe, notify our office. Bruises or hematomas may persist for some time as well.
3. **Dry Socket:** Occurs on occasion when teeth are extracted, and is a result of a blood clot forming improperly during the healing process. Dry sockets can be extremely painful if not treated. Will be a constant ache that does not go away.
4. **Sinus Involvement:** In some cases, the root tips of upper teeth lie in close proximity to the sinuses. Occasionally during extractions or surgical procedures, the sinus membrane may be perforated. Should this occur it may be necessary to have the sinus surgically closed. Root tips may need to be retrieved from the sinus.
5. **Infection:** No matter how carefully surgical sterility is maintained, it is possible due to the non-sterile or infected oral environment, for infections to occur post-operatively. At times these may be of a serious nature. Should severe swelling occur, particularly accompanied with fever or malaise, attention should be received as soon as possible.
6. **Fractured Jaw, Roots, Bone Fragments, or Instruments:** Although extreme care will be used, the jaw, teeth roots, bone spicules, or instruments used in the extraction procedure may fracture or become fractured, requiring retrieval and possible referral to a specialist. A decision may be made to leave a small piece of root, bone fragment, or instrument in the jaw when removal may require additional extensive surgery, which could cause more harm and add to the risk of complications.
7. **Injury to Adjacent Teeth:** Can occur at times no matter how carefully oral surgery procedures are performed.
8. **Bacterial Endocarditis:** Because of the normal existence of bacteria in the oral cavity, the tissues of the heart can be susceptible to bacterial infection transmitted through blood vessels, and bacterial endocarditis (an infection of the heart) could occur. It is my responsibility to inform the dentist of any heart problems known or suspected.
9. **Unusual Reactions to Medications Given or Prescribed:** Reactions, either mild or severe, may possibly occur from anesthetics or other medications administered or prescribed. All prescription drugs must be taken according to instructions. *Women using oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Other methods of contraception must be utilized during the treatment period.*

**IT IS MY RESPONSIBILITY TO SEEK ATTENTION SHOULD ANY UNDUE CIRCUMSTANCES OCCUR POST-OPERATIVELY AND I SHALL DILIGENTLY FOLLOW ANY PRE-OPERATIVE AND POST-OPERATIVE INSTRUCTIONS GIVEN ME.**

**INFORMED CONSENT:** I have been given the opportunity to ask any questions regarding the nature and purpose of surgical treatment and/or extraction of teeth and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment or hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made concerning my recovery and results of the treatment to be rendered to me. The fee/s for this service has been explained to me and is satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. J. Scott Travelstead to render any treatment necessary or advisable to my dental conditions, including any and all anesthesia and/or medications.

Are you taking or have you ever taken the following medication? If yes, please list dates below.

Aredia? _____	Fosomax? _____
Zometa? _____	Actonel? _____
Pamisol? _____	Boniva? _____

_____	_____	_____	_____
<b>Date</b>	<b>Tooth Number/s</b>	<b>Patient Name (PRINT PLEASE)</b>	<b>Patient SIGNATURE</b>
_____	_____	_____	_____
<b>Pulse</b>	<b>Blood Pressure</b>	<b>Patient/Guardian Name (PRINT)</b>	<b>Parent/Guardian SIGNATURE</b>

## HOW TO PERPARE FOR AN EXTRACTION

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Dear patient,

Dr. Travelstead and his staff want to provide you with the best care possible. Please refer to the list of ideas below that may be helpful to you on the day of your extraction(s).

**Diet-** Have a diet of soft foods, such as Jell-O, pudding, yogurt, cream of wheat, mashed potatoes, clear soups, etc. ready to go after your return home from the dental office. Hot spicy foods should also be avoided to prevent irritation and burns of the extraction site. Also avoid carbonated and hot beverages for 3-4 days. Instead, try vegetable and or fruit juices or high-protein drinks.

**Smoking/Tobacco products/Alcohol-** It is extremely important not to smoke or use tobacco products or alcohol for 72 hours after the tooth/teeth have been extracted. **Smoking can interfere with the healing process, promote bleeding and can cause a very painful situation know as "dry socket"**. Please take the necessary precautions to be able to avoid these things.

**Medication-** You may experience some discomfort after the surgery. Motrin or non-aspirin can be taken (2) every four hours as needed. Prescription pain medication may be given to you at the day of your appointment. If antibiotics are prescribed to you, you should carefully follow the instructions and finish the antibiotics until they are completely gone. Avoid aspirin before the surgery as it may increase bleeding. **A side effect of aspirin is it can increase bleeding by inhibiting blood clotting making it unsuitable following extractions.**

**Sedative Medication -** Dr. may prescribe you a sedative medication for the day of the surgery. Do not drive while taking this medication. **You are required to have a driver to and from the office at the day of the surgery if using a sedative.**

**Swelling-** To prevent swelling after the surgery, have an ice pack or a cold towel ready to go.

**Activity-** For the first 24 hours after the surgery, your activity should be limited because increased activity can lead to increased bleeding. No bending over or heavy lifting for 2-3 days afterwards.

You will receive a pamphlet of post-operative instructions at the day of your appointment.

If you have any questions please call the office at (541) 754-6400. We look forward to seeing you again soon.