

CONSENT FOR ORAL SURGERY AND ANESTHESIA

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Patient Name

Date

ORAL SURGERY to be performed: _____

Alternative treatments: _____

Please initial sections A, B, and C after reading. If you have any questions, please ask your doctor BEFORE initialing.

A. ___ Often, Oral Surgery is an irreversible process and, whether routine or difficult, is a surgical procedure. As in any surgery, there are some risks. They include, but are not limited to, the following:

___ Swelling and/or bruising and discomfort in the surgery area requiring at-home recuperation.

___ Stretching of the corners of the mouth resulting in cracking or bruising.

___ Possible infection requiring additional treatment.

___ Dry socket - jaw pain beginning a few days after surgery, usually requiring additional care. It is more common from lower extractions, especially wisdom teeth.

___ Possible damage to adjacent teeth, especially those with large fillings, caps, or decay.

___ Numbness or altered sensations in the teeth, gums, lip, tongue and chin, due to the closeness of 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. Altered taste is also possible.

___ Trismus - limited jaw opening due to inflammation or swelling, most common after wisdom tooth removal. Sometimes it is a result of jaw joint discomfort (TMJ), especially when TMJ disease already exists.

___ Bleeding - significant bleeding is not common, but persistent oozing can be expected for several hours.

___ Sharp ridges or bone splinters may form later at the edge of the socket. These usually require another surgery to smooth or remove.

___ Incomplete removal of tooth fragments - to avoid injury to vital structures such as nerves or nasal sinuses, sometimes small root tips may be left in place.

___ Sinus involvement - the roots of 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.

___ Jaw fracture - while quite rare, it is possible in difficult or deeply impacted teeth.

___ Hematoma (swelling due to bleeding) at injection or IV sites.

___ Other _____

___ Medications, drugs, anesthetics, and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other recreational drugs. I have been advised to avoid operating any vehicle or hazardous devices or return to work while affected by such medications. I understand and agree not to operate any vehicle or hazardous device for at least 24 hours after taking such medications or until fully recovered from their effects. I agree not to drive myself home after the use or administration of such medications. I agree to arrange for a responsible adult to accompany me home and monitor me after any post-intravenous anesthesia.

ANESTHESIA:

LOCAL ANESTHESIA: (Novocaine, Lidocaine, etc.) is given to block pain pathways in a localized area. Surface gel anesthesia usually precedes the injections.

LOCAL ANESTHESIA WITH NITROUS OXIDE: Nitrous Oxide/Oxygen (or Laughing Gas) helps to decrease uncomfortable sensations and offers some degree of relaxation.

ORAL PREMEDICATION: a pill may be taken for relaxation prior to your appointment.

INTRAVENOUS SEDATION OR GENERAL ANESTHESIA: alters your awareness of the procedure by producing sedative/amnesic effects, or sleep.

B. ___ Which ever technique you choose, the administration of any medication involves certain risks. These include:

- Nausea and vomiting.
- An allergic or unexpected reaction. If severe, allergic reactions might cause more serious respiratory (lung) or cardiovascular (heart) problems which may require treatment.
- Pain, swelling, inflammation or infection of the area of the injection.
- Injury to nerves or blood vessels in the area.
- Disorientation, confusion, or prolonged drowsiness after surgery
- Cardiovascular or respiratory responses which may lead to heart attack, stroke, or death.

Fortunately, these complications and side effects are not common. Well-monitored anesthesia is generally very safe, comfortable, and well-tolerated. If you have any questions, PLEASE ASK.

C. ___ I have read and understand the above and give my consent for:

- ___ Local Anesthesia
- ___ Local Anesthesia with Nitrous Oxide/Oxygen Analgesia (Laughing Gas)
- ___ Intravenous Sedation with Local Anesthesia
- ___ Intravenous General Anesthesia
- ___ Oral Premedication

CONSENT

I have read and understand the above and give my consent to surgery and anesthesia. I further state that if I have IV Sedation or General Anesthesia, that I HAVE NOT HAD ANY SOLIDS OR LIQUIDS BY MOUTH FOR EIGHT (8) HOURS PRIOR TO SURGERY. **TO DO OTHERWISE MAY BE LIFE-THREATENING!** I also agree not to drive myself home and to have a responsible adult accompany me until I am recovered from any sedating medications. I have given a complete and truthful medical history, including all medications, drug use, pregnancy, etc. I certify that I speak, read and write English.

 Patient's (or Legal Guardian's) Signature Date

 Doctor's Signature Date

 Witness' Signature Date