

Gum Surgery

Gum Surgery carries certain risks, hazards, and unpleasant side effects. They include, but are not limited to the following:

Please Initial Each Paragraph After Reading:

_____ **Risks for All Surgeries:**

1. Soreness, **Pain, swelling, infection and discoloration (bruising)**
2. Teeth can become **hot & cold sensitive** and chewing sensitive.
3. **Bleeding**, usually controllable, but may be prolonged and require additional care.
4. **Drug reactions** or allergies, although rare, could include nausea, pain, swelling and bruising etc.
5. If **donor graft** is used, risk of hypersensitive, allergic or other immune response to Graft materials
6. If **donor graft** is used, although very rare there is a risk disease transmission or systemic infection.
7. **Infection**: possibly requiring additional care. If left untreated may spread and cause damage to other teeth, bone and may cause systemic infection (fever).
8. **Delayed healing** and potential need for additional appointments.
9. Stretching or cracking at the **corners of the mouth**.
10. I understand that holding my mouth open during treatment may temporarily leave my **jaw feeling stiff** and sore and may make it difficult for me to open wide for several days.
11. Less frequently patients can experience **restricted mouth opening** during healing. This is sometimes related to swelling.
12. There is a risk of **gum and/or bone recession on the teeth in the surgical area**. When bone levels decrease, adjacent dental crown and/or porcelain Veneer margins and tooth roots can become more obvious.
13. I understand that **individual treatment times cannot always be accurately predicted**, i.e. that if my body heals at a slower rate, my treatment maybe delayed.

_____ Sensation: There may be a **temporary loss of feeling or loss of taste in the gums** in the operated area. In limited situations, loss of taste and feeling may continue and the exact duration may not be determinable and in very rare cases may be irreversible.

_____ Increased **tooth sensitivity** do to increased root exposure.

_____ **Risk of Esthetic changes**: appearance-increased **length** of teeth, increased **spacing between teeth** near the gums, **exposed roots** which may appear more yellow in color, exposed margins of Dental Crowns, bridges, or veneers, since there is an possibly for an increased space between teeth there is a increased chance for **staining around teeth roots**.

_____ Increase likelihood for **food impaction** (food collection) between teeth

_____ Patients who are prone to dental disease may be required to use an oral rinse until gum disease is controlled. **The rinse can stain your teeth**.

_____ I understand that **smoking, alcohol or drug consumption, or blood sugar levels may affect gum and bone healing** and may limit the success of the gum graft. I agree to follow my doctor's home care instructions. I agree to report to my doctor for regular examinations as instructed.

_____ I understand that individual reactions to treatment cannot be predicted, and that if I experience any unanticipated reactions, during or following treatment, **I agree to report them to the doctor** or his designated agent as soon as possible.

_____ I have been informed that periodontal surgery is intended to extend the life expectancy of teeth. It has been explained to me that the **success of gum surgery is dependent on my ability** to maintain diligent and consistent home care, obtain frequent cleanings and proper oral rehabilitation. Failure to follow recommended instructions will increase my chances for additional gum surgeries and/or tooth loss.

_____ I understand that there are **no methods to predict accurately the gum and bone healing** capabilities inherent to each patient. No promised can be designated regarding the life expectancy of each individual tooth. Teeth having questionable bony foundation will have a poor forecast of future disease and may require extraction.

_____ During treatment, it may be necessary to change or add procedures because of **hidden bony defects**, not evident during examination, which may be found during the course of treatment.

_____ I understand that if **I experience any unanticipated complications or unintended results that I will need to follow recommended appointments in a timely fashion** in order to correct and/or stop any further potential damage caused by such complication. I further understand, that any untreated dental infection and/or dental treatment complication not managed in a timely fashion could result in breakdown to otherwise healthy teeth, gums, jaw joint, and bone. In rare cases untreated complications can result in tooth loss or affect ones general health. All of which may result in the need for additional appointments and expenses. I understand that Dr. Kevin Landers is not liable for further breakdown caused as a result of my disregard or failure to report any side effects, and/or keep recommended appointment intervals.

_____ **I understand that if I have any pre-treatment Contributing systemic risk factors** (inherently unique to each patient) that my pre treatment health conditions may affect treatment and therapeutic outcomes for plaque-induced gingivitis and post treatment success. These risk factors may include: diabetes, smoking, and certain periodontal bacteria, aging, gender, genetic predisposition, systemic diseases and conditions (immunosuppression), stress, nutrition, pregnancy, substance abuse, HIV infection, and medications.

_____ To my knowledge I have given an **accurate report of my physical and mental history including medications**. I have also reported any prior allergic or unusual reactions to drugs, food, anesthetics, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.

In addition to the above outline, the consequences of non-treatment have been explained to me. I have had an opportunity to ask questions and am fully satisfied with the answers I have received. I voluntarily agree to the Gum surgery procedure.

Patient's (Or Legal Guardian's) Signature

Date