

INFORMED CONSENT (for surgical periodontal treatment)

Patient's name _____ Date _____

About the proposed treatment:

Surgical periodontal treatment may include 1) cutting and lifting up a small area of the gums around the tooth to remove diseased gum tissue, clean tooth surfaces or smooth and reshape the surrounding bone (called osseous surgery) so that diseased gum tissue can heal and reattach itself; or 2) moving surrounding tissue to cover the exposed root surface or attaching gum tissue taken from elsewhere in your mouth (called a gingival graft). The success of this treatment depends in part on your efforts to receive regular professional maintenance (cleanings) as directed, brush and floss daily at home, and follow other recommendations.

Benefits and alternatives:

Surgical periodontal treatment can help to create a clean environment in which your gums can heal. It also helps reduce the chances of further gum irritation or infection by making it easier for you to keep your teeth clean. Given your condition, there are no effective alternative treatments for treating severe gum disease and keeping the affected teeth.

Common risks:

Following treatment you may experience bleeding, pain, swelling and discomfort for several days, which may be treated with pain medication. Because treatment involves contact with bacteria and infected tissue in your mouth, you may also experience an infection, which would be treated with antibiotics. The removal of gum tissue from around your teeth may make them appear longer, and may expose the lower edge of the crowns or fillings. You may require additional treatment to protect these areas or improve the appearance of these teeth. Exposed roots could make your teeth more sensitive to hot or cold. Holding your mouth open during treatment may leave you feeling stiff or sore and your lips red or cracked, causing difficulty for you opening your mouth wide for several days.

Consequences of not performing treatment:

If you receive no treatment or ongoing treatment is interrupted or discontinued, your gum condition would continue and probably worsen. This could lead to further disease of gum tissues, tooth decay above and below the gumline, deterioration of bone surrounding the tooth and eventually, the loss of teeth.

Every reasonable effort will be made to ensure that your periodontal surgery treatment is completed properly, although it is not possible to guarantee perfect results. By signing below, you acknowledge that you have received adequate information about the proposed procedures, that you understand this information, and that all of your questions have been answered fully. You also give permission for information gained from your treatment to be used in clinical and economic research, practice marketing, and patient education activities and materials, provided that your identity is not reasonably discernible.

___ I give my consent for the proposed surgical periodontal therapy procedures as described above.

___ I refuse to give my consent for the proposed surgical periodontal therapy procedures as described above. I have been informed of the potential consequences of my decision to refuse this treatment.

Patient's signature / Date

Staff signature / Date

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