



IMPACTION AND SURGICAL EXTRACTION CONSENT

WHAT IS AN IMPACTED TOOTH / SURGICAL EXTRACTION?

An impacted tooth is a tooth that has not erupted normally. It may be covered by bone as well as gum tissue. Impacted teeth may press against other teeth, potentially causing damage. They may also cause crowding, infections, swelling, pain, cysts, earaches, headaches, generalized head and neck pain, and even tumors.

Since impacted teeth are partially or completely beneath the surface of the gum tissue or bone, their removal is a surgical procedure. A surgical extraction requires the removal of bone, soft tissue incisions, and/or sectioning of teeth. Pain medication and instructions will control post-operative pain, swelling, bleeding, and discomfort, but will not always eliminate it.

WHAT TYPES OF PROBLEMS MAY OCCUR FOLLOWING SURGICAL EXTRACTIONS?

Discomfort, swelling, bleeding, and limited jaw opening are normal following surgical procedures. Slight bleeding may continue until the morning following surgery. The corners of the mouth may be irritated. Post-operative infections occasionally, but rarely occur and are treated with antibiotics. Rarely, tiny "potato chip" like pieces of bone may work their way to the surface of an extraction site. These tiny pieces of bone are easily removed and cause no further problems. Because of the close proximity of impacted teeth to adjacent teeth, occasionally a tooth or dental restoration may be damaged. VERY RARELY, post-operative complications include sinus opening, displacement of a tooth into the sinus, lip or tongue numbness which can be temporary or permanent, damage to other oral structures, severe infections, jaw joint problems and broken jaws. In extremely rare circumstances even death may occur.

THE EXPECTED POST-OPERATIVE PROBLEMS ASSOCIATED WITH THE REMOVAL OF IMPACTIONS AND SURGICAL EXTRACTIONS INCLUDE DISCOMFORT, SWELLING, BLEEDING, AND LIMITED JAW OPENING.

We will do our very best to make this a comfortable experience. If you have any questions please ask for clarification.

I HAVE READ AND UNDERSTAND THE ABOVE ENTIRELY AND HEREBY CONSENT TO THE PERFORMANCE OF SURGERY AS PRESENTED TO ME.

Patient's or Guardian's Signature

Date

Witness Signature

Date

Doctor's Signature

Date