

# CONSENT FOR TOOTH ROOT SURGERY

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\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date

**Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.**

You have the right to be informed about your diagnosis and planned surgery so that you can decide whether to have a procedure or not after knowing the risks and benefits.

My diagnosis is: \_\_\_\_\_

The procedure(s) necessary to treat the condition has been explained to me as:

- Removal of the end of the tooth root(s) (**Apicoectomy**)
- Placement of a filling at the end of the root(s) (**Retrograde filling**)
- Removal of an entire root of a tooth that has several roots (**Hemisection**)
- Pulling the tooth, completion of root canal fillings, apicoectomy and/or retrograde fillings and putting the tooth back into its socket (**Intentional Replantation**)
- Use of bone grafting material.
- Other: \_\_\_\_\_

Alternative treatment: methods include: \_\_\_\_\_

All surgeries have some risks. They include the following and others:

- \_\_\_\_ A. Post-operative pain and swelling needing several days of at-home recovery.
- \_\_\_\_ B. Prolonged or heavy bleeding that may need more treatment.
- \_\_\_\_ C. Injury or damage to tooth roots that are close by. I may later need root canal treatment, or even lose certain teeth.
- \_\_\_\_ D. I may get an infection after the procedure that may need more treatment.
- \_\_\_\_ E. Scarring at the site of incisions inside the mouth, which rarely may also have cosmetic effects on the skin.
- \_\_\_\_ F. The roots of the lower teeth might be very close to the nerve. After the surgery, there might be pain or a numb feeling in the chin, lip, cheek, gums, teeth or tongue. It is possible that I might lose my sense of taste. These things might last for weeks or months. They can be permanent, but this rarely happens.
- \_\_\_\_ G. If, during the course of the procedure, there are surgical findings that indicate the tooth cannot be saved, I agree to have the tooth removed..
- \_\_\_\_ H. Leaving a small piece of root in place if doing a much larger surgery would be needed to remove it.
- \_\_\_\_ I. Unusual or allergic responses to medicines used in the procedure.
- \_\_\_\_ J. Discoloration (tattooing) of gum tissue from the retrograde filling material.

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- M. The tip of a tool can possibly break off. If you are unable to take the tip out of the tooth, the result may not be as planned.

### **Additional risks if Hemisection is planned:**

- A. Some looseness of the remaining tooth. This is usually temporary, but might need more care or extraction of the tooth.
- B. Fracture of the tooth, usually resulting in its loss.
- C. Longer healing time.
- D. Discovery of other conditions at surgery that may prevent us from doing the planned procedure.

### **Additional Risks if Intentional Replantation is planned:**

- A. Fracture of or damage to the tooth during extraction.
- B. Fracture of the bony socket walls during extraction, possibly resulting in inability to complete the planned procedure.
- C. Failure of the re-implanted tooth to bond securely to bone. The tooth may fail to heal, usually resulting in needing to pull the tooth.

### **Additional Risks if Grafting is planned:**

- A. *BONE GRAFTING* involves taking a segment or particles of bone and transferring them to the site(s) of root surgery. You usually take the bone from the lower jaw on either/ both sides.
- B. Failure of the graft to integrate with surrounding natural bone, loss of vitality or other unexpected loss of the bone graft.
- C. Other forms of synthetic bone may be used to supplement natural bone graft. These particles may also become devitalized and be lost, often over some period of time.
- D. Biologic/synthetic membranes may be used to contain and protect the graft. Some may require a second procedure to remove them; or some may be unexpectedly lost, in which case the graft may be adversely affected.
- E. Metallic screws or plates may be used to fix the graft or membrane in place. These may be spontaneously lost or require a later procedure to remove them.

### **Information For Female Patients:**

- A. I have told my doctor that I use birth control pills. My doctor has told me that some antibiotics and other medications may reduce the preventive effect of birth control pills, and I could conceive and become pregnant. I agree to discuss with my personal doctor using other forms of birth control during my treatment, and to continue those methods until my personal doctor says that I can stop them and use only oral birth control pills.

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### ANESTHESIA

I have had the opportunity to speak with Dr. \_\_\_\_\_ about my options for anesthesia. These options include Local Anesthesia, Nitrous Oxide/Oxygen Analgesia with Local Anesthesia, Oral Medication with Local Anesthesia, Intravenous Sedation, or Deep Sedation/General Anesthesia. After this discussion, I have chosen to have \_\_\_\_\_ as my anesthesia. I understand the risks and potential complications of anesthesia to include:

- \_\_\_\_A. Discomfort, swelling or bruising where the drugs are placed into a vein.
- \_\_\_\_B. Vein irritation, called phlebitis, where the drugs are placed into a vein. Sometimes this may grow to a level of discomfort or disability where it may be difficult to move my arm or hand. Sometimes medication or other treatment may be needed.
- \_\_\_\_C. Nerves travel next to the blood vessels where the drugs are placed into a vein. If the needle hits a nerve or if drugs or fluid leaks out of the vessel around a nerve, I may have numbness or pain in the nerve where it runs along the arm. Usually the numbness or pain goes away, but in some cases, it may be permanent.
- \_\_\_\_D. Allergic reactions (previously unknown) to any of the medications used.
- \_\_\_\_E. Nausea and vomiting, although not common, are possible unfortunate side effects. Bed rest, and sometimes medications, may be needed for relief.
- \_\_\_\_F. Conscious sedation and deep sedation/general anesthesia are serious medical procedures and, whether given in a hospital or office, carry the risk of brain damage, stroke, heart attack or death.
- \_\_\_\_G. In situations where a breathing tube is used, I may have a sore throat, hoarseness or voice change.

### MY OBLIGATIONS:

- \_\_\_\_H. Because anesthetic or sedative medications (including oral premedication) cause drowsiness that lasts for some time, I MUST be accompanied by a responsible adult to drive me to and from surgery, and stay with me for several hours until I am recovered sufficiently to care for myself. Sometimes the effects of the drugs do not wear off for 24 hours.

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- \_\_\_\_ I. During recovery time (normally 24 hours), I should not drive, operate complicated machinery or devices or make important decisions such as signing documents, etc.
- \_\_\_\_ J. I must have a completely empty stomach. It is vital that I have **NOTHING TO EAT OR DRINK** for **six (6) hours** prior to my treatment. **TO DO OTHERWISE MAY BE LIFE-THREATENING.**
- \_\_\_\_ K. **Unless instructed otherwise**, it is important that I take any regular medications (high blood pressure, antibiotics, etc.) or any medicines given to me by my surgeon **using only small sips of water.**

### CONSENT

I understand that my doctor can't promise that everything will be perfect. I understand that the treatment listed above and other forms of treatment or no treatment at all are choices I have. I have read and understand the above and give my consent to surgery and chosen anesthesia. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

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Patient or Legal Guardian's Signature

Date

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Doctor's Signature

Date

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Witness' Signature

Date