

Wisdom Teeth Removal

Material Risks and Consent Form

Consent form to be signed by patient 16 years of age or older, otherwise, parent or guardian.

I have been advised to have the following wisdom teeth removed:

I understand why this treatment has been recommended. I understand the nature of the surgical procedure and have had the opportunity to discuss it with Dr. Giuliani, Dr. Rawluk or Dr. Wong.

I have been given the following options for anesthesia and have chosen:

Local Anesthesia Only _____ Nitrous Oxide _____ Valium _____ Oral Sedation _____

Hospital (General Anesthetic) _____ I.V. Sedation _____

Please be aware that with any of the above sedations, other than local anesthesia and nitrous oxide, **you must be accompanied by a responsible adult who will drive you to the office, stay during the entire procedure and drive you home after.** You must have an adult, 18 years and over, stay with you until you can take care of yourself; this may take up to 24 hours.

I understand that wisdom teeth removal and oral surgery, like any surgical procedure, are not without risk. These risks include, but are not limited to:

1. Swelling and/or bruising and discomfort in the surgery area.
2. Bleeding – usually well controlled and rarely requiring medical attention. Persistent oozing can be expected for several hours.
3. Pain and Discomfort – usually well controlled by prescribed medication.
4. Infection – uncommon, especially if good oral hygiene is maintained. Usual treatment is a 7 day course of Antibiotics and Oral Bacterial Rinse
5. Dry Socket – a persistent painful tooth socket which can be slow to heal, requiring additional treatment. Very common with smokers.
6. Damage to the adjacent teeth and fractures of the mandible – very rare complications and you will be advised if the risk applies to you.
7. Stiffness of the jaw muscles and stretching of the corners of the mouth, with resultant cracking or bruising. Duration is short lived, and due to inflammation of the musculature.
8. Numbness or altered sensation (tingling) of the lip, chin, tongue, gums, and teeth – due to the closeness of nerves to the surgical area. The nerves are sometimes bruised, damaged, or, very rarely, completely severed. Sensation usually returns to normal, but may take weeks to months, and rarely can be permanent. If nerve damage is a serious concern, the dentist will specifically address that concern with you.

9. Sharp ridges or bone splinters forming at the edges of the socket. These may require a second surgery to smooth or remove.
10. Incomplete removal of tooth fragments – to avoid injury to vital structures such as nerves or sinus, small root tips may be left in place. As well during some extractions, the tooth needs to be sectioned (cut) into multiple pieces, and some small loose fragments may remain suspended in the socket.
11. Sinus involvement – when an upper back tooth root tip is close to the sinus, sometimes a piece of root may be displaced into the sinus or an opening may occur into the mouth which may require additional care. This is very rare.
12. Allergic or other adverse reaction to drugs which are prescribed or administered, such as local anesthesia and pain relief medication.

I understand the above risks for the procedure.

I also understand the following benefits of the procedure. They are:

1. Due to inadequate arch size, the wisdom teeth do not have sufficient room to erupt fully. A partially erupted tooth will be a food trap, and bacteria will use that food to create an infection.
2. Infection may result in only a local disturbance, or it could increase into a fever, and in rare circumstances can lead to death. There will be swelling and pain.
3. Inadequate arch size will not allow the wisdom teeth to erupt properly. These teeth will then push forward onto my erupted teeth. This may move my permanent teeth and create crowding and/or spaces.
4. Post orthodontic movement of teeth into a crowded or spaced position due to wisdom teeth removal will not be corrected by free replacement of braces. I will be charged a new full braces fee. I understand that it is my responsibility to wear my retainer for the time requested by my orthodontic provider.
5. As I get older, the roots of my wisdom teeth become longer and may become involved with nerves. This may make surgery more complicated with a greater risk of nerve damage.
6. As I get older, the bone around my wisdom teeth becomes less flexible, and surgery becomes more complicated as there is less play in the bone for the tooth to come out. This may result in more post operative pain and swelling.

I hereby understand all risks and benefits for the procedure, and I offer my consent to the above outlined treatment.

Patient Name

Patient Signature

Date