

AUBURN NY ORAL SURGERY

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CONSENT FOR TORI REDUCTION AND ANESTHESIA

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.

Your diagnosis is: Lumps/Bumps of bone (tori) preventing fabrication of dentures and limitation in oral hygiene

Your planned treatment is: Tori reduction with/without IV Sedation

Alternative treatment methods include: No treatment/Partial treatment

Tori reduction is a permanent process. Whether the procedure is easy or difficult, it is still a surgical procedure. All surgeries have some risks. They include the following and others:

- ___ 1. Swelling, bruising and pain.
- ___ 2. Stretching of the corners of the mouth that may lead to cracking or bruising.
- ___ 3. Possible infection that might need more treatment.
- ___ 4. Possible damage to other teeth close to the ones being taken out, more often those with large fillings or caps.
- ___ 5. Numbness, pain, or changed feelings in the teeth, gums, lip, chin and/or tongue (including possible loss of taste). This is due to the closeness of the tori to the nerves which can be injured or damaged. Usually the numbness or pain goes away, but in some cases, it may need more treatment or may be permanent.

- _____6. Trismus – you can only open your mouth a little. This is most common after wisdom teeth are taken out. Sometimes it happens because of jaw joint (TMJ) problems already there. Damage can occur to the ligaments of the jaw joint (TMJ) from having your mouth open wide and/or for a period of time. This is more common if you already have symptoms or signs. This may need separate additional treatment.
- _____7. Bleeding – oozing can often happen for several hours, but a lot of bleeding is not common.
- _____9. Sharp ridges or bone splinters may form later at the edge of the tori reduction. These may need another surgery to smooth the surgical area.
- _____10. It is understood all encounters at Exclusive Oral Surgery LLC, including my consultation/surgery/follow-up/phone calls to patients/guardians/insurance companies may be recorded for the purpose of training and/or documentation. This recording may become part of my permanent dental record or may be discarded at the sole discretion of the dental office.

INFORMATION FOR FEMALE PATIENTS

- _____11. 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.

ANESTHESIA:

LOCAL ANESTHESIA: (Novocain, Lidocaine, etc.) A shot is given to block pain in the area to be worked on.

NITROUS OXIDE WITH LOCAL ANESTHESIA: Nitrous Oxide (or Laughing Gas) helps to lessen uncomfortable sensations and offers some relaxation.

ORAL MEDICATION WITH LOCAL ANESTHESIA: A pill is taken for relaxation prior to giving local anesthesia.

INTRAVENOUS SEDATION WITH LOCAL ANESTHESIA: Makes you less aware of the procedure by making you calmer, sleepy, and less able to remember the procedure.

INTRAVENOUS GENERAL ANESTHESIA WITH LOCAL ANESTHESIA: You will be completely asleep for the procedure.

Whichever technique you choose, giving any medication involves certain risks. These include:

- _____ 1. Discomfort, swelling or bruising where the drugs are placed into a vein.
- _____ 2. 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 your arm or hand. Sometimes medication or other treatment may be required.
- _____ 3. 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, you 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
- _____ 4. Allergic reactions (previously unknown) to any of the medications used.
- _____ 5. Nausea and vomiting, although not common, are possible unfortunate side effects. Bed rest, and sometimes medications, may be required for relief.
- _____ 6. Conscious sedation and 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.
- _____ 7. In situations where a breathing tube is used, you may have a sore throat, hoarseness or voice change.

YOUR OBLIGATIONS:

- _____ 8. Because anesthetic or sedative medications (including oral premedication) causes drowsiness that lasts for some time, you **MUST** be accompanied by a responsible adult to drive you to and from surgery, and stay with you for several hours until you are recovered sufficiently to care for yourself. Sometimes the effects of the drugs do not wear off for 24 hours.
- _____ 9. During recovery time (normally 24 hours), you should not drive, operate complicated machinery or devices or make important decisions such as signing documents, etc.
- _____ 10. You must have a completely empty stomach. It is vital that you have **NOTHING TO EAT OR DRINK for six (6) hours** prior to your treatment. **TO DO OTHERWISE MAY BE LIFE-THREATENING.**
- _____ 11. **Unless instructed otherwise**, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any medicines given to you by your surgeon **using only small sips of water.**

I have read and understand the above and choose:

- Local Anesthesia
- Nitrous Oxide/Oxygen Analgesia with Local Anesthesia
- Intravenous Sedation with Local Anesthesia

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 and the risks of those choices have been presented to me. 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.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date

Day of Surgery

*** PLEASE ANSWER THE FOLLOWING:**

What time did you last have anything by mouth?

Date: ____/____/____ Time: _____AM/PM

Patient/Guardian/Escort Signature

Witness Signature