

**CONSENT FORM FOR ORAL SURGERY OR TOOTH EXTRACTION**

PRINT: **Patient's Name** \_\_\_\_\_

It has been recommended that I have the following procedure:

Extraction(s) of tooth number(s): \_\_\_\_\_

Root amputation of tooth number(s): \_\_\_\_\_

The risk and complications of the recommended oral surgical procedure, anesthesia, and the proposed drugs including but not limited to, pain, infection, swelling, heavy or prolonged bleeding, discoloration, numbness and tingling of the lip, tongue, chin, gums, (checks and teeth cheeks and teeth tough, chin, gums), cheeks and teeth; pain, numbness and phlebitis (inflammation of a vein) from the injection; injury to and stiffening of the neck and facial muscles; malfunction of the adjacent facial muscles for an indefinite time, change in occlusion or temporomandibular (jaw) joint difficulty; or injury to adjacent teeth or restorations in other teeth, or injury to adjacent soft tissue.

I understand that I will be given local anesthetic injections that in rare instances patients have had an allergic reaction to the anesthetic, an adverse medication reaction to anesthetic, or temporary or permanent injury to nerves and/or blood vessels from the injection. I understand that the injection area(s) may be uncomfortable following treatment and that my jaw may be stiff and sore from holding my mouth open during treatment.

I have provided as accurate and complete a medical history as possible including antibiotics, drugs, or other medications I am currently taking as well as those to which I am allergic. I will follow any and all treatment and post-treatment instructions as explained and realize that any deviation from the instructions or lack of cooperation could result in less than an optimum result.

I am aware that the practice of dentistry and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure.

I understand that this procedure can also be performed by an oral surgeon and elected to have it performed here. I also understand that if any unexpected difficulties occur during treatment, I may be referred to an oral surgeon for further care.

I have received information about the proposed treatment and **I have been given the opportunity to ask questions.** I certify that all my questions have been answered. I understand the nature and risk of the recommended treatment and alternate treatment options.

**Patient's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Post Operative Care Following Oral Surgery**

### **The Day of Surgery:**

- **Bleeding:** If given gauze, bite down to apply firm pressure to the area.
- Change every 45-60 minutes until active bleeding has subsided (usually 2-3 hours).
- You may remove gauze to begin drinking, but place fresh gauze on extraction site(s) if bleeding continues.
- It is normal to experience light bleeding for up to 24 hours. If there is severe bleeding follow instructions below under “**Excessive Bleeding**”

**Do not rinse your mouth, spit or drink through a straw for 3-4 days.**

**Swelling:** Ice packs may be used to reduce swelling. Rotate ice pack on & off, or side to side, every 30 minutes for 24 hours.

**Smoking/Alcohol:** Avoid alcohol or smoking today and for a week following surgery.

**Numbness:** You will probably remain numb for several hours after surgery, so it is recommended that you begin to drink fluids, and take pain medications (over-the-counter or prescribed) before the anesthetic wears off (or when you begin to feel a tingling sensation).

### **The First Day after Surgery:**

**Hygiene:** Return to your normal brushing routine, being very careful around extraction site(s).

Avoid using full-strength mouthwashes for 2 weeks.

Begin using a warm salt-water rinse (1/4 teaspoon salt in a glass of warm water) every 2-3 hours for 3 days. Pain and swelling is normal and expected, and may last for 10-14 days. Don't be alarmed if the third day is the worst.

Continue eating soft foods. You may begin to gradually return to your normal diet as tolerated.

Avoid spicy foods and drinks for 2 weeks.

### **The Following Days after Surgery:**

**Sutures/Stitches:** You may have sutures placed in your mouth to control the bleeding & speed healing. They will dissolve on their own over 3-7 days. It is normal if your sutures/stitches come loose or break apart.

**Medications:** you may have been given the following medications:

\_\_\_\_\_Pain medication: Take 800mg of Motrin & 4 hours later 1000mg of Tylenol. Alternate between Motrin & Tylenol every 4 hours for 2-3 days. Only take prescribed pain medication if needed. Eating something prior to taking pain medicine can reduce nausea.

\_\_\_\_\_Antibiotics: Should be taken as directed until gone. **Be aware that some antibiotics can reduce the contraceptive effect of birth control pills.** Please contact your gynecologist or pharmacist if you have concerns.

**Excessive Bleeding** (Only Follow these instructions if experiencing severe bleeding):

- Take a large amount of gauze or 2 tea bags moistened with water & place over bleeding area & close mouth, applying constant pressure and call office immediately.

If you have any questions/concerns you may call our office between 7 a.m. and 3:30 p.m. Monday-Thursday, 7a.m and 12 p.m. Fridays. Please note, after 9 p.m. calls may not be returned until the following morning. Should you experience a medical emergency, call 911 immediately.