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# MARC A. PANET-RAYMOND, D.D.S.

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Dear Patient,

You have the right to be informed about your diagnosis and planned surgery so that you may make a decision whether to undergo a recommended procedure after knowing the risks and hazards. This disclosure is not meant to frighten or alarm you. It is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

## POSSIBLE COMPLICATIONS TO ALL SURGERIES OR EXTRACTIONS

### **Swelling and Bruising:**

These can occur with any surgery and vary from patient to patient and from one surgery to another. If swelling occurs, it usually reaches a maximum 2-3 days after surgery, then resolves gradually over the next week.

### **Pain:**

Modern local anesthetics (lidocaine, mepivacaine) allow any procedures to be performed painlessly. An especially long acting local anesthetic (Marcaine) is used for post-operative pain relief. This provides 4-12 hours for prescription pain medications to take effect before the anesthetic wears off.

### **Trismus:**

This is a limited opening of the jaws due to inflammation and/or swelling in the muscles. This is most common with impacted tooth removal, but it is possible with almost any surgery.

### **Infection:**

This is possible with any surgical procedure and may require further surgery and/or antibiotics if it does occur.

### **Bleeding:**

Although significant bleeding can occur during or after surgery, it is not common. Some bleeding is, however, usual for most surgeries and is normally controlled by following the post-operative instruction sheet.

### **TMJ Dysfunction:**

This means the jaw joint (temporomandibular joint) may not function properly and, although rare, may require treatment ranging from use of heat and rest to further surgery. The threat of this complication is greatly reduced by the routine use of a rubber bite block to stabilize the jaw during manipulations.

### **Local Anesthesia or Drug Reactions:**

All medications have the possibility of causing unwanted side effects. The most commonly used medications in dentistry include local anesthetics, pain medications, antibiotics, and sedatives. Sedatives and narcotic pain medications frequently cause dizziness and/or nausea. Although uncommon, other side effects could include pain, swelling, infection, inflammation and/or bruising at the injection site. Rare complications include nerve damage, idiosyncratic or allergic reactions, which could result in heart attack, stroke, brain damage and/or death.

# ALL TOOTH EXTRACTIONS

## **Dry Socket:**

This is significant pain in the jaw and ear due to loss of the blood clot and most commonly occurs after the removal of lower wisdom teeth, but is possible with any extraction. This may require additional office visits to treat.

## **Damage to Other Teeth and/or Fillings:**

Due to close proximity of teeth, it is possible to damage other teeth and/or fillings when a tooth is removed. Teeth with very large fillings, crowns, or cavities are most easily damaged.

## **Sharp Ridges or Bone Splinters:**

Occasionally, after an extraction, the edge of the socket will be sharp or a splinter will come out through the gum. This may require another surgery to smooth or remove the splinter.

## **Incomplete Removal of Tooth Fragments:**

There are times the doctor may decide to leave in a fragment or root of a tooth in order to avoid doing damage to adjacent structures such as nerves, sinuses, etc.

## **Lower Teeth - Numbness:**

Due to the proximity of roots to the nerve (especially wisdom teeth), it is possible to bruise or damage the nerve with removal of a tooth. This could remain for days, weeks, or very rarely, permanently. The lip, chin, and/or tongue could feel numb, tingly, or have a burning sensation.

## **Upper Teeth - Sinus Involvement:**

Due to the location of roots (especially the upper back teeth) to the sinus, it is possible an opening may develop from the sinus to the mouth or that a root may be displaced into the sinus. A possible sinus infection and/or permanent opening from the mouth to the sinus could develop and may require medication and/or later surgery to correct.

**Notes or Questions to ask Doctor:** \_\_\_\_\_

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\_\_\_\_\_

Patient Name (Please print): \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to perform the following procedures:  
(Doctor's Name)

and to administer the necessary anesthesia. I understand the doctor may discover other or different conditions that require additional or different procedures than those planned. I authorize him to perform such other procedures that are advisable in his professional judgement.

I read and/or discussed the proceeding risks that may occur in connection with this procedure. I believe I have been given and understand sufficient information to give my consent to the above surgery.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Patient, Parent, or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor