

INFORMED CONSENT FOR PERIODONTAL TREATMENT

DIAGNOSIS

Your Dentist has made a diagnosis that you have periodontal disease and has made a recommendation that you require periodontal treatment. This document is designed to outline this treatment, its risks, expected outcomes, alternatives and your responsibilities.

TREATMENT

Periodontal therapy includes conservative treatment, surgical treatment and periodontal maintenance. The treatment plan recommended to an individual patient may involve some or all of these types of periodontal treatment.

CONSERVATIVE TREATMENT

Involves comprehensive instruction in oral hygiene techniques, periodontal charting involving measurement of pocket depths and other clinical features and the use of hand and sonic instruments that are placed between the gum and tooth surfaces. These special instruments are used to remove bacterial bio film and infected gum tissue that accumulates over time on the root surfaces of teeth and in periodontal pockets. This treatment is also referred to as scaling and sub gingival debridement and may be carried out over several visits by your Periodontist, a Hygienist or both. In addition, administering local anaesthetic, antibiotics or antiseptics may form part of this treatment.

SURGICAL TREATMENT

Involves administering local anaesthetic prior to opening up the gum to permit better access to the roots and to the eroded bone. Inflamed and infected gum tissue will be removed, and the root surfaces will be thoroughly cleaned. Bone irregularities may be reshaped and bone and ligament regenerative material may be placed around teeth. The gum will then be sutured back into position, and a periodontal bandage or dressing may be placed. The administering of antibiotics and antiseptics may form part of this treatment. Unforeseen conditions may call for a modification or change from the anticipated surgical plan. These may include, but are not limited to,

- (1) extraction of hopeless teeth to enhance healing of adjacent teeth,
- (2) the removal of a hopeless root of a multi-rooted tooth so as to preserve the tooth, or
- (3) termination of the procedure prior to the completion of all of the surgery originally

outlined.

Periodontal surgical treatment also involves the patient returning for follow up visits to check on healing. Smoking or alcohol intake may adversely affect gum healing and may limit the successful outcome of surgery. It is important that patients abide by the specific prescriptions and instructions given by the Periodontist or his/her staff after surgery.

THE EXPECTED BENEFITS OF TREATMENT

It is expected that periodontal treatment will control periodontal disease to prevent potential loss of teeth in the future. It should also reduce or eliminate symptoms of the disease such as bad breath and bleeding of the gums when brushing and flossing. In addition, treatment may make oral hygiene techniques more effective and enable professionals to better clean the patient's teeth.

THE PRINCIPAL RISKS AND POTENTIAL COMPLICATIONS

A small number of patients do not respond successfully to periodontal treatment. Due to individual patient differences there remains some risk of treatment failure, relapse, additional treatment, or even worsening of the present condition, including loss of certain teeth, despite the best of care. There is no method that will accurately predict or evaluate how an individual's gum and bone will heal. There may be a need for a second procedure if the initial results are not satisfactory. In addition, the success of periodontal procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and medications. It is the patient's responsibility to disclose prior drug reactions, allergies, diseases, symptoms, habits, or conditions which might in any way relate to periodontal treatment. If you elect not to have local anaesthetic during conservative periodontal treatment some discomfort (mild to moderate depending on your individual pain threshold) may be experienced. If local anaesthetic is used no discomfort should be experienced.

However, care will be required for up to 4 hours following the procedure not to inadvertently cause damage to the numb area (either hot/cold or biting the lip). Some discomfort of the gum tissues is common following treatment. This is usually of very short term and controlled at worst with normal over-the-counter pain relievers. There may be some recession of gum tissues, especially upon improvement of and resolution of swelling and inflammation. Increased sensitivity of the root surfaces to hot and cold is also common (this will resolve in most cases if the oral hygiene instruction you will be given is followed carefully). Rarely, an abscess may occur in the gum following treatment and our practice will treat this if it occurs promptly.

Complications may also result from periodontal surgery, drugs, or anaesthetics. The exact duration of any complications cannot be determined, and they may be irreversible. These complications include, but are not limited to; post-surgical infection, bleeding, swelling and pain, facial discoloration, transient but on occasion permanent numbness of the jaw, lip, tongue, teeth, chin or gum, jaw joint injuries or associated muscle spasm, transient but on occasion permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods.

PERIODONTAL MAINTENANCE AND SELF CARE

The outcome of periodontal treatment is **highly** dependent on the levels of your home oral hygiene program and on **long term** professional periodontal maintenance. Natural teeth and their artificial replacements should be maintained daily in a clean, hygienic manner. You will need to brush your teeth as instructed and also be required to clean between your teeth (floss and inter dental brushes are most commonly used) daily.

PERIODONTAL MAINTENANCE

Involves examination and assessment of the teeth and periodontal tissues, re-instruction in oral hygiene techniques and removal of plaque and calculus from teeth. Maintenance also may include adjustment of prosthetic appliances. Further treatment (in addition to ongoing periodontal maintenance) may be recommended at these visits if required. Periodontal maintenance may be carried out by a Periodontist, a Hygienist, a Dentist or a combination of these. It is also important to continue to see a Dentist. Existing restorative dentistry can be an important factor in the success or failure of periodontal therapy. From time to time, the Periodontist may make recommendations for the placement of restorations, the replacement or modification of existing restorations, the joining together of two or more of my teeth, the extraction of one or more teeth, the performance of root canal therapy, or the movement of one, several, or all of my teeth. Failure to follow such recommendations could lead to ill effects, which would become the patient's sole responsibility.

NO WARRANTY OR GUARANTEE

We give no guarantee, warranty or assurance that the proposed treatment will be successful. In most cases, the treatment should provide benefit in reducing the cause of periodontal disease and should produce healing which will help the patient keep teeth. Due to individual patient differences, however, a dentist cannot predict certainty of success. There is a risk of failure, relapse, additional treatment, or even worsening of the present condition, including the possible loss of certain teeth, despite the best of care.

PATIENT CONSENT

I have been fully informed of the nature of periodontal therapy, the procedure/procedures to be utilized, the risks and benefits of periodontal therapy, the alternative treatments available, and the necessity for follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment.

After thorough deliberation, I hereby Consent/Do not consent to the performance of periodontal therapy as presented to me during consultation and in the treatment plan presentation as described in this document.

I also Consent/Do not consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my Periodontist.



I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

(If I have elected not to proceed with the recommended treatment I fully accept the possible results of such a decision to be mine alone).

Patient's Signature (Guardian, if patient is a minor)

Date

Dentist's Signature