

POTENTIAL RISKS AND LIMITATIONS OF ORAL & MAXILLOFACIAL SURGERY AND ANESTHESIA

I. As a rule, excellent oral surgery and anesthesia results can be achieved with informed and cooperative patients. Nevertheless, you should also be aware that oral surgery and anesthesia, like any treatment to the body, have inherent risks and limitations. These risks are rarely great enough to rule out treatment, but they should be considered when deciding whether to have any treatment performed. It is impossible to list every possible risk. This should be considered an incomplete list, and you should ask if you have any questions.

Discomfort and Swelling – This may necessitate several days of home recuperation.

Bleeding – This may be heavy or prolonged, but can usually be controlled at home by following the given instructions.

Injury – Surgery may result in damage to adjacent teeth and fillings or other dental work.

Infection – This may require additional treatment, and in rare cases, hospitalization and further surgery.

Bruising – Stretching of the corners of the mouth may occur, with resulting cracking or black and blue areas elsewhere.

Opening – You may experience restricted mouth opening for several days or weeks, or longer.

Fragments – A small piece of tooth may be deliberately left in the jaw when its removal would require extensive surgery or present other problems. Small bone chips may come out during healing, or sharp edges of the bone may remain which can be smoothed if required.

Fracture – Breakage of a jawbone may result. This could require wiring the jaws together, hospitalization or further surgery.

Sinuses – The sinuses (normal spaces above the upper teeth) could open, and require additional surgery, medication and/or extra visits.

Numbness – There may be a loss of function of a sensory nerve in the area of surgery resulting in tingling, numbness, or pain of the lip, chin, gums, teeth or tongue. Such loss of function may be accompanied by drooling on the affected side and alteration of taste perception or speech. These effects do not occur often, and their occurrence is unpredictable. These symptoms may persist for weeks or months while the nerve returns to normal function. In some instances, such loss of nerve function and accompanying symptoms can be permanent.

Blood Clot – When a tooth is removed, the hole fills in with a blood clot which protects the area and turns into healing tissue. Sometimes, after three or four days, the blood clot may be lost, either because it was of poor quality, it disintegrates, or it is dislodged. You may have discomfort around the ear and the side of the face, especially at night. If this occurs, the doctor can place a dressing in the area to make you comfortable until new healing tissue forms.

TMJ Pains – There may be pain, dysfunction or noise of the jaw joint following treatment. This may require physical therapy and in some instances, joint surgery.

II. **Anesthesia** – The administration and monitoring of deep sedation or general anesthesia may vary depending on the type of procedure, the type of practitioner, the age and health of the patient, and the setting in which anesthesia is provided. The use of a general anesthetic inherently involves some risk, including the risk of serious bodily injury. In addition, when any anesthetic is injected in the body, there may be soreness, inflammation and bruising in the area of injection. Unfavorable or allergic reactions may also occur. Risks may vary with each specific situation. The decision whether to use deep sedation or a general anesthetic belongs to the patient unless medical or dental considerations indicate otherwise. If the treatment is being considered for a minor child, you are encouraged to explore all the options available for your child's anesthesia for their dental treatment, and consult with your dentist, family physician or pediatrician as needed.

III. **Precautions After Surgery** – Medication, drugs and anesthetics may cause drowsiness and reduced awareness and coordination. The effects can be increased by the use of alcohol or other drugs. The patient should not work or operate any vehicle or hazardous device until at least twenty-four (24) hours after release from surgery or until recovery from the effects of the anesthetics, medication and drugs. The patient should have a responsible adult drive him/her home after surgery.

I have been informed about the risks of anesthesia, and I consent to the administration of anesthesia for the proposed surgery. I agree that the doctor's best judgment will be used in the selection and administration of an anesthetic consistent with my decision. I agree and understand I am not to eat or drink anything for six hours before my surgery if I am having any anesthesia other than local anesthesia.

IV. **Additional Treatment/Doctors** – Unforeseen circumstances may cause the doctor to recommend treatment not previously discussed. If this occurs, the doctor will explain the reasons for a change in the treatment plan and any extra fee before proceeding. If any unforeseen condition should arise during the operation, calling for additional or different procedures, I authorize the doctor to do whatever is advisable in his best judgment. In addition I understand that I may at times receive treatment from one or more doctors who practice with the undersigned doctor. This consent form shall extend to treatment by such additional doctors.

V. **Success of Treatment** – This office intends to do everything possible to provide the best result. However, complete success in every case cannot be guaranteed. Due to individual patient differences, there exists a possibility of failure, relapse, or worsening of the present condition despite the best of care. Successful treatment will take cooperation from everyone – the doctor, the staff, your family and most of all, you the patient. Our office thanks you in advance for cooperation in this matter.

The doctor has explained the nature of the specific surgical procedure to me, including the risks listed above, the alternatives to surgery, and the potential consequences of not having the surgery. I have read and understand the above, including the risks and limitations of anesthesia, the possibility of additional treatment, and the possibility that treatment will not be 100% successful, and I consent to the following procedure: _____

Patient's Name (Please Print): _____

Dated: _____ Signed: _____

Dated: _____ Doctor: _____