Consent for oral surgery under local anaesthesia

Extraction of teeth is an irreversible process and, whether routine or difficult, it is a surgical procedure. As in any form of surgery, there are some risks, which include but are not limited to those below. Please take time to read through the information provided. You will be given written aftercare information following your procedure.

RISKS AND COMPLICATIONS

1. **Bleeding.** It is normal to have some post-operative bleeding. This should stop within a few hours. Significant bleeding should be attended to as an emergency.
2. **Dry socket.** This begins a few days after the extraction and can cause pain for many weeks. It will require additional care by the surgical team. It is more common following the extraction of lower teeth, in smokers, and in certain medical conditions. It is not an infection.
3. **Infection.** This can occur at any time if the hygiene around the extraction site is not optimal.
4. **Fractured roots or incomplete removal.** It is not unusual for fractured root tips to be left in place if they are in areas difficult to access, or near other important structures. These retained roots do not usually cause problems, but can be dealt with in future should the need arise.
5. **Sharp bone.** Sharp ridges or bone splinters may form later at the edges of the extraction socket. Although some do fall out, others may need further treatment to smooth or remove them.
6. **Maxillary sinus involvement.** The roots of upper back teeth are often close to the sinus (antrum), and sometimes a piece of root broken off during the extraction may be displaced into the sinus. This will need additional surgical treatment.

   In other situations, following the complete removal of a tooth, there may be a resulting communication between the mouth and the sinus. This will usually be closed by the surgeon if immediately obvious, or may require additional treatment at a later date.

   If the sinus has been perforated, care should be taken not to smoke, blow your nose, or sneeze excessively until it has properly healed. This may take up to 6 weeks.
7. **Fracture of the jaw.** Although quite rare, this can happen with deeply impacted teeth, and in certain conditions where the jaw bone is much thinner or weaker.
8. **Dislocation of the jaw.** This is very rare and would be corrected immediately. It would result in stiffness and tenderness in the joint areas, which will gradually improve.
9. **Swelling and bruising.** This is a common after effect of extractions and will usually resolve within a few weeks following the procedure.
10. **Numbness or altered sensation.** Nerve injury resulting in numbness or altered sensation of the chin, lip, cheek, gums and/or tongue on the operated side. This can persist from several weeks into months. It is rarely permanent. Lower wisdom teeth extractions are mostly implicated, although it can also result from extraction of other lower teeth. For example, your surgeon may decide to leave fractured roots behind if they are close to a nerve, to prevent nerve injury.
11. **Damage to adjacent teeth.** Extraction procedures may occasionally cause damage to adjacent teeth, especially those with decay, large fillings and crowns.

12. **Delayed or poor healing.** Patients who have had radiotherapy to the jaws, and those on certain medication for certain medical conditions, are at increased risk of poor or non-healing of extraction sites. It is very important to declare a full medical history and a list of all your medication to your surgeon.

Most extraction procedures are routine, and serious complications are not expected.

TREATMENT TO BE CARRIED OUT

Removal of

DECLARATION

I have read, understood and accept the possible complications involved in this procedure.

I give consent for the treatment above, as well as any additional procedures considered necessary on the basis of findings during the actual surgery.

This permission is for myself, or my ward or minor child, named below. I fully understand this consent for surgery and the reasons why the recommended treatment is necessary. I have been given the opportunity to ask questions regarding the recommended treatment. I have been made aware of the risks, complications and alternatives, and I understand that no guarantee regarding the treatment has been made or implied.

Patient's name		**Date of birth**	
Signature		**Date**	

ORAL SURGEON

Name	Sherif Kamel	**Signature**	
GDC No.	233860	**Date**	

Please do not sign this form in advance. It is provided so that you can read it before your appointment. Your surgeon will go through it with you, answer your questions, and sign it with you on the day.