

Patient Consent to Surgery – Part I



DR. Yezerski

Surgical Procedure _____

The assistant or doctor must inquire:

Does the patient read and understand the English Language?

Yes _____ No _____

Potential risks and limitations of oral & maxillofacial surgery and anesthesia.

The patient should initial each section that he has read and understood.

I. As a rule, excellent oral surgery and anesthesia results can be achieved with informed and cooperative patients. While recognizing the benefits of good dental health, 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 always the decision of the patient whether to treat or not to treat a condition. It is impossible to list every possible risk. This should be considered an incomplete list, and you should ask if you have any questions. **Please hand initial before each explanation if you understand the risk discussed.**

_____ **Discomfort and Swelling** – This may necessitate several day 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.

_____ **Numbness** – There may be a loss of function of a sensory nerve in the area of surgery resulting in tingling or drooling on the affected side. There may also be tingling and numbness of the tongue and/or lip on the operated side, accompanied by a possible alteration of taste perception and speech. This is usually unpredictable. If this should occur, the symptoms may persist for weeks or months while the nerve returns to normal function. **In some instances, such loss of nerve function can be permanent.**

_____ **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 day or weeks, or longer.

_____ **Fragments** – A decision may be made to leave a small piece of tooth in the jaw when its removal would require extensive surgery or present other problems. Also, 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, which may require additional surgery, medication and extra visits.

_____ **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.



Patient Consent to Surgery – Part II



DR. Yezerski

II. Anesthesia

hand initialize

The use of a general anesthetic inherently involves some risk, including the risk of serous bodily injury. In addition, when any anesthetic is injected into the body, there may be soreness, inflammation and bruising in the area of injection. Unfavorable or allergic reactions may also occur. **The decision whether to use general anesthetic belongs to a patient unless medical or dental considerations indicate otherwise.** That decision has been thoroughly discussed by doctor and patient.

III. Precautions After Surgery

hand initialize

Medications, 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.**

hand initialize

I have been informed about and understand the risks of anesthesia. I consent to the administration of anesthesia in order to accomplish the proposed surgery, I understand that the doctor will use his best judgement in the selection and administration of an anesthetic consistent with my decision. I agree and understand I am not to have anything to eat for eight (8) hours, or drink (including water) for six (6) hours before my surgery if I am to have any anesthesia other than local anesthesia.

IV. Additional Treatment

hand initialize

Unforeseen circumstances may cause the doctor to recommend a form of treatment not previously discussed. If this occurs, the doctor will carefully 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.**

V. Success of Treatment

hand initialize

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. On that basis I consent to the following procedure.

Patient's Name (Please Print)

Signed

Date

Doctor

Date

Doctor's comments regarding this procedure:

Discussed and understood by patient:

Patient

Date

Doctor

Date

