



## Consent for Periodontal Surgery

After a careful oral examination and study of your dental condition, Dr. Kasperowski has recommended the following periodontal surgical treatment:

All efforts have been made to treat your periodontal disease non-surgically. When deep pockets are present, the bacteria in the base of the pockets are not accessible. Regularly scheduled cleanings are not sufficient to keep the bone loss from stopping, and eventually teeth may be lost. Periodontal surgery will allow access to clean the teeth and bone infected with bacteria. Inflamed and infected gum tissue will be removed, the root surfaces will be thoroughly cleaned, and the bone defects reshaped and smoothed. Sometimes a bone graft material is inserted to reconstruct the lost dental structures due to the disease process. Your gums will then be sutured and a periodontal bandage or dressing may be placed.

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 completion of all of the surgery originally outlined.

After surgery, pockets will be shallower, allowing routine bacteria control with regular periodontal maintenance visits (cleanings). However, because of the bone loss, when pockets are reduced the teeth appear longer and the spaces between the teeth appear larger. Root surfaces will be exposed, which can be sensitive and more susceptible to decay. If you have caps/crowns on the back teeth, thin metal margins may be exposed after healing. After gum surgery is performed most patients are successful at retaining their teeth, but the patient must be dedicated to long-term periodontal maintenance to allow the best success possible with periodontal surgery. Factors that will lower the success rate include: poor plaque control, smoking, grinding/clenching, uncontrolled diabetes, immune diseases, and failure to restore damage or missing teeth.

A small number of patients do not respond successfully to periodontal surgery. Periodontal surgery may not be successful in saving the teeth, function, or appearance. Because each patient's condition is unique, long-term success may not occur.

As with all surgical procedures, complications may result from the periodontal surgery, drugs, or anesthetics. These complications include, but are not limited to: post-surgical infection, bleeding, swelling and pain, facial discoloration, transient but rarely permanent numbness of the jaw, lip, tongue, teeth, chin or gum, jaw joint injuries or associated muscle spasm, transient but rarely permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth, tooth mobility, infection, bleeding, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days, impact on speech, allergic reactions, and accidental swallowing of foreign matter. The exact duration of any complications cannot be determined, may require further treatment, and may be irreversible.

The alternatives to periodontal surgery include: no treatment-- with the expectation of possible advancement of my condition which may result in premature loss of teeth; extraction of teeth involved with periodontal disease; and non-surgical scraping of tooth roots and lining of the gum (scaling and root planing) only, with or without medication, in an attempt further to reduce bacteria and tartar under the gumline--with the expectation that this may not fully eliminate deep bacteria and tartar, may not reduce gum pockets, will require more frequent professional care and time commitment, and may not arrest the worsening of my condition and the premature loss of teeth.

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Patient

Date

Witness

Date