

## Consent to Treatment of Periodontal Disease

I have been offered treatment for periodontal disease. I have been informed that control of periodontal disease is important for a number of reasons, namely:

- To stop my teeth becoming mobile, drifting and ultimately being lost
- To stop the inevitable shift and loss of function of my bite due to gaps that will occur as a result of tooth loss
- To reduce the potential for dysfunction (poor function) of the jaw joint due to bite collapse as a result of tooth loss
- To reduce halitosis i.e. bad breath
- To reduce the risk of diabetes, cardiovascular disease, pre-term infants, and a host of other medical disease (I have been informed that periodontal research cites an association between medical disease and gum disease but a cause and effect relationship has not been clearly established)

Periodontal procedures (treatment involving the gums supporting the teeth) commences with assessment of oral hygiene, a very detailed pocket assessment (measurement of the depth of pockets and gum recession around the teeth), a gum bleeding assessment, assessment of gaps between the roots known as “furcations”, assessment of tooth mobility, and the rate of loss of bone support for age. The clinician will also assess manual dexterity and ability to clean the teeth including a review of the host of oral hygiene aids that are used. A detailed nicotine history (including smoking cigarettes, cigars, and vaping) will be considered including family history of tooth loss, stressors and finally a detailed medical history will be taken.

Treatment will invariably commence with a multi-visit plan which may involve oral hygiene instruction, smoking cessation advice, and debridement of root surfaces with fine scaling tools to clean the root surfaces adjacent to the gums. Further treatment may involve gentle adjustment of the bite to minimise ‘jiggling’ of teeth during functional movements.

Even though the utmost care and diligence is exercised in the treatment of periodontal disease and associated conditions through scaling and root surface debridement and related procedures, there are no promises or guarantees as to the anticipated results as these are very much dependent on compliance with smoking cessation, ability to perform oral hygiene procedures effectively, and the biological response to root surface debridement and associated procedures. Associated procedures may include extractions of hopeless teeth, trimming of fillings to ensure that these are not plaque traps, slenderisation of teeth, removal of excessive overgrown tissues, relieving tight tissue spaces to enable a tooth-brush to enter and such like.

After the initial root surface debridement is complete there is a need to determine a recall interval and enter a phase of ‘supportive periodontal care’. This may involve lighter scalings every 3 months or so to maintain a healthy tissue response to initial therapy.

Whereas a provisional cost is estimated for initial periodontal disease management, ongoing costs will apply for ongoing care to maintain and support the outcome.

I agree to assume risks and possible unsuccessful results associated with, but not limited to, the following:

1. **Response to treatment:** Because of many variables within each patient's physiological make-up, it is impossible to precisely determine whether or not the healing process, in which tissue response is a vital element, will achieve the desired results. Should the desired results not be attained, additional therapy or extractions may be required.
2. **Postoperative patient responsibility for care:** With the types of treatment required in correcting periodontal problems, it is mandatory that the patient exercises extreme diligence in performing the home care required after treatment as instructed by the treating clinician. Without the necessary follow-up care by the patient, the probability of unsatisfactory results is greatly increased.
3. **Pain, soreness and sensitivity:** There may be post-operative discomfort which may be transitory or permanent, related to hot and cold stimuli, contact with teeth, and sweet and sour foods. The gums will also be sore immediately following treatment. Cracking or stretching of the lips/corners of the mouth during treatment is possible. There is the possibility that additional surgical treatment may be necessary after root surface debridement
4. **Bleeding during or after treatment:** Laceration or tearing of the gums may occur which might require suturing. The gums may bleed as well during or after treatment.
5. **Recession of the gums after treatment:** After healing occurs, there may be gum recession which exposes the margin or edge of crowns or fillings, increases sensitivity of teeth, creates aesthetic or cosmetic changes in front teeth which results in longer teeth and wider interproximal spaces visible as a black triangle. These wider interproximal spaces are more likely they are to trap food.
6. **Broken cures, scalers or other instruments, and post-treatment infections:** It may be necessary to retrieve broken instruments surgically. Post treatment infection may also result from calculus being lodged in the tissue which may also require surgical intervention.
7. **Increased mobility,** or tooth looseness, should be anticipated during the healing period.
8. **Noise and water spray:** Ultrasonic instrumentation is noisy and the water used may cause cold sensitivity during treatment on anaesthetized teeth not in the treatment field. The aspiration of fluid and foreign material is possible. We will take measures to minimize your risk of aspiration or swallowing of fluids and aerosols. Most hearing aids are sensitive to the high pitches created by ultrasonic scaling devices. It is recommended that you remove, turn off, or lower the volume of these devices prior to therapy.
9. **Local anaesthetic administration:** I understand that the administration of local anaesthesia ("numbing solution") and its performance carries certain risks, hazards, and unpleasant side effects which are infrequent, but nonetheless may occur. They include, but are not limited to nerve damage or paraesthesia, increased heart rate and/or a flushed feeling, allergic reaction (including death in rare circumstance), hematoma or swelling near or at the injection site, trismus or difficulty opening jaw for

a short time after the injection, facial paralysis, soft tissue damage after the dental procedure due to biting of tongue and cheek, or burning tissues with hot food or beverage while still numb, infection, sloughing of tissue, ocular complications, and needle breakage.

10. **Unusual reactions to medications given or prescribed:** Reactions, either mild or severe, may possibly occur from anaesthetics or other medications administered or prescribed. It is important to take all prescription drugs according to instructions. Women on oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Caution must be exercised to utilize other methods of contraception during the treatment period.
  
11. **Laser assisted curettage/debridement:** Occasionally, we recommend the use of a laser to be used adjunctively to traditional scaling procedures. During the laser periodontal procedure, the laser will be used to disinfect and decontaminate your gum tissue and also allow for better access to the root surfaces so that they may be thoroughly cleaned with piezoelectric (piezo) ultrasonic scalers and hand scalers. Piezo scalers have been known to adversely affect how some cardiac pacemaker functions, and it may be necessary to consult with your cardiologist prior to therapy. The laser will then be used again (a second laser debridement process) to remove any remaining bacteria in the gum pocket. The final step of the debridement process requires the establishment of a stable blood clot along the gum-tooth junction to “seal” the area for periodontal healing. Occlusal (bite) adjustments and equilibration (which has been explained to me in detail) may be necessary during the procedure. Occlusal adjustments may also be performed at subsequent post-op visits and wearing an occlusal guard may also be recommended. Patient compliance is extremely important here. The use of antibiotics and anti-microbial rinses is also an important part of the procedure and must be taken as prescribed.
  
12. **Lasers and Your Vision:** Some dental lasers are classified as tissue cutting lasers and pose a significant risk to your eyes. These lasers are very powerful and can travel for great distances through air, non-filtering glass and semi-transparent materials. You must understand that it is essential to wear your protective eye wear at all times during the procedure and you will only remove them when directed by the clinician. Vision damage from these lasers may be debilitating and permanent.

I confirm that I have read and understood the information contained within this guide, and I have had the opportunity to ask questions. I feel that I understand the risks, benefits and limitations of the procedures described, and I understand that no promises or guarantees of the proposed outcome can be made. By signing this form I am providing my explicit consent to render necessary treatment to assist my dental condition.

Name of Patient \_\_\_\_\_

Date of Birth \_\_\_\_\_

Patient signature \_\_\_\_\_ Dated \_\_\_\_\_

Parent/Guardian/  
Legal Representative \_\_\_\_\_ Dated \_\_\_\_\_