

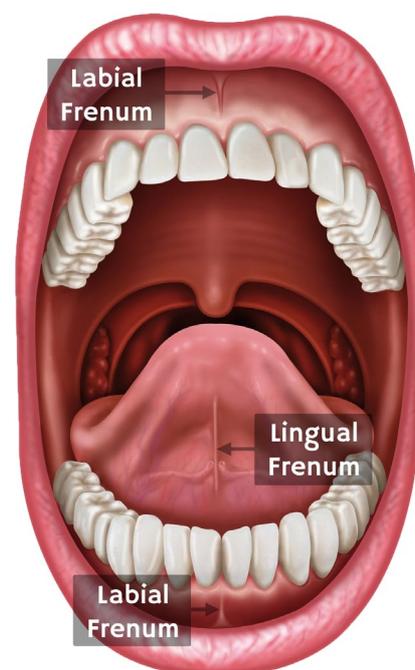
## Consent to receiving a Frenectomy Procedure

### What is a frenectomy?

A frenum is a thick band of gum tissue that is excessively short, thick, or tight. It is attached between the lips and the gums of the teeth. This tissue can become readily traumatised by a tooth brush, and can make it difficult to clean causing inflammation around the gums where the frenum is attached. This can cause gum disease and gum recession. Indeed, the mere position of the frenum high up on the gums, when frequently mobilised by the action of the lips in talking and eating may cause gradual and progressive gum recession over many years.

A thick frenum may cause a gap to exist between the teeth. This situation sometimes arises between the upper front teeth. During orthodontic procedures, it can be very difficult to successfully close a diastema (gap) between the front teeth because of a swollen frenum which sits in the way.

Removal of the frenum, either by a scalpel, or surgical scissors, or by a laser/diathermy device is called a frenectomy.



### What are the benefits of this procedure?

A successfully removed frenum will make the gum contours much more cleansable, and less prone to trauma when tooth-brushing. This means that there is the potential to reduce infection around the teeth, and there is a possibility that the gums will suffer less recession over the years although this is not proven by current evidence. There is the potential for hypomobility of the lip to be reduced, and there is a significant improvement in appearance as the large fleshy frenum no longer displays during the smile and mouth opening.

For those patients who have a diastema (gap between front teeth), removal of the frenum after space closure will result in scar tissue which may help assist maintenance of the space closure as long as a longer-term retainer is in use.

### What are the risks of the procedure?

Generally, a frenectomy procedure carries few risks and complications. As in all surgical procedures there is potential for bleeding, infection, swelling, bruising, delayed healing, pain or discomfort. Very rarely is there longer-term damage to nerves, salivary gland tissue, muscle and skin.

There is a risk of an allergic response to the anaesthetic used. While numb during or after the procedure, there is always the possibility of accidental swallow of foreign material. There is also a risk that the frenum will grow back, and there may be a need for retreatment.

### What are the limitations of the procedure?

When a frenum is treated successfully, there is residual scar tissue at the base of the frenum. This is demonstrable by a small segment of gum looking slightly discoloured. This is usually inconsequential unless you have a high smile line. In the event of a high smile line a small scar may be a better compromise than a thick band of tissue appearing at the front of your mouth whenever you smile. Rarely, a keloid scar will form which is a raised area of gum, and this will appear texturally thicker and usually lighter in colour.

### Compliance with post-operative care instructions.

To minimise the chances of pain, infection and regrowth of the frenum, you must follow some strict post-operative instructions. Take a painkiller such as Ibuprofen or Paracetamol 30 mins before the procedure and continue 4 hourly for 2 days after the procedure. Purchase some Curasept Gel (0.5% Chlorhexidine) and cotton wool buds. The wound, which may be left open without sutures should be dabbed with the Curasept gel 3-4 times per day for 1-2 weeks. This will decontaminate the surgical site and reduce the chance of regrowth of the frenum.

After surgery, you will need to eat soft non-spicy foods for one week, and after meal-times you should have a short rinse with warm salty water.

With good home care, the soft tissues will heal rapidly, usually with minimal pain and should be fully healed within 3-4 weeks. There is usually no need for a follow up appointment after a frenectomy is complete. It is important however that you contact us for an early review should you have any concerns or undue pain during the healing period.

I confirm that I have read and understood the information contained within this guide, and I have had the opportunity to ask questions. I consent to completing the frenectomy.

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

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

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

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