



## **Removal of Teeth (inc Wisdom)– Patient Consent Form**

Wisdom teeth are often removed due to one or more of the following reasons:

- Persistent and/or recurrent pain and/or infection.
- Damage from decay.
- Possible damage to the adjacent teeth.
- Damage to surrounding tissues – e.g. - swollen gums, cheek biting/trauma, bone damage.
- Difficulty cleaning due to their position and/or orientation in mouth.
- Prophylactic (or preventative) removal – e.g. - prior to travelling overseas.
- Lack of space in the back of the mouth to allow straight eruption.

For whatever reason you have decided to have your wisdom teeth removed, it is important that you are aware of the possible *likely* and *unlikely* complications of the procedure. As every jaw is unique to individuals, the risks for you will need to be individually assessed.

**Common complications** you need to be aware of after the procedure are:

- Pain, discomfort and tenderness of the extraction site and surrounding area are to be expected.
- Swelling – there will be swelling which will at its greatest around 24 to 48 hours after the procedure.
- Difficulty opening your mouth for that period.
- Inability to eat solid foods for around 4 or 5 days.
- Dry Socket if the blood clot is lost due to premature rinsing, smoking, hot drinks, weak immune system etc.
- Bleeding and oozing for around 24 hours.
- Bruising of your face.
- Expressing small sharp bone fragments afterwards.

Other **uncommon complications**:

- Post operative infection – Routine prescription of Antibiotics as prevention. Very rarely, you may get a late (2-4 weeks after surgery) post operative infection ie swelling will occur even though the gum seems to have healed. Please contact us straight away, you will need a 2<sup>nd</sup> and longer prescription of antibiotics.
- **Women** : Please note that antibiotics *may* interfere with any oral contraceptives you may be taking, so please ensure you use extra precaution (eg barrier contraceptive) for one full cycle following the usage of antibiotics.
- Maxillary Sinus exposure – This can rarely occur if the upper wisdom tooth is positioned very high up in the jaw (near the sinus) or there is a cyst/pathology associated with the tooth.
- Osteonecrosis (non-healing of the bone) – very rare in healthy patients, only mildly likely in patients with history of IV bisphosphonates (eg IV Fosamax for cancer treatment) or those currently on it.

- Swallowing or inhaling the tooth fragment or debris.
- Nerve damage – Temporary or Permanent. This will only affect the sensory nerve supplying the lower lip, teeth, gum (touch, temperature) and tongue (touch temperature AND taste) on affected side. This applies to only a small number of patients who have very deep rooted lower wisdom teeth, molars or premolars that are very close to, or wrapped around the lower jaw nerve. Your risk will be individually assessed.
- Leaving root fragments behind – occasionally if the roots are very deep, curled or 'wrapped' around your nerves, we may have to do what we term a 'Decoronation' which means to remove most of the tooth, but some of the root is left behind. The reason we do this is the removal of the last portion of the root carries a greater risk of damage to surrounding structures eg permanent nerve damage. If any fragment of the root is left behind, the majority of the time it will heal very well around the area, alternative in a small proportion of cases, the root will 'float' up to the top of the gum, where it is more easily removed at a later stage (between a few months – years).

Please remember that any surgery carries some small degree of risk, however we will do our utmost to deliver the highest quality care to minimise any post-operative problems, however, sometimes unexpected events may occur.

Due to nature of the risk involved in some cases, sometimes it is recommended that you be referred to a specialist (Oral Maxillo Facial Surgeon) for the removal of your wisdom teeth.

The Dentist (named below) has explained the procedure I am about to receive prior to the operation. I was provided with the option of being referred to a specialist. I have had the opportunity to have any questions answered to my full satisfaction. Finally I acknowledge that I have read the consent form and fully understood the procedure, therefore I sign it freely and voluntarily.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Dentist: Jungin Park (BDS Otago)

Lorraine Lim (BDS Otago)

Amar Khosa (BDS Otago)

### **Straight after the procedure:**

- Please go straight home, no shopping, sightseeing after the procedure
- On the car ride home, a small proportion of patients feel slightly nauseous after the procedure, so please recline the seat slightly, and have a container/bucket/towels handy for the patient to spit into if necessary
- Please have a some fluids eg diluted juice (half juice/half water) or 'up and go' available for the car ride home. Most people feel sick due to hunger or dehydration.
- MAKE SURE you take your prescribed pain relief and /or antibiotics within 1-2 hours of leaving the surgery, with 1-2 cups of yoghurt/ice cream (not on an empty stomach) with a glass of diluted juice. The local anaesthetic or numbness will begin to wear off within 2-4 hours.
- Please ensure that you EAT ENOUGH FOOD the day of, and after the surgery. This means 1-2 cups of very soft mushy foods, eg ice cream/yoghurt/mashed potatoes/scrambled eggs every 2-3 hours. It is NOT enough to just drink water and juice, this will increase the chance of feeling sick after the procedure.

- Please call us if you are concerned about anything. Please remember that there will be some bleeding/ excessive saliva for the next 24 hours, it is best for the patient to spit it out rather than swallow it .
- Begin your salt rinsing the next day, you may be unable to open your mouth or brush your teeth for 3-4 days if the swelling is excessive.