

POSSIBLE COMPLICATIONS OF ANY ORAL SURGERY OR EXTRACTION(S)

- **Swelling, bruising (black eyes) and pain**
These occur with any surgery in varying degree, depending on the patient and particular surgery.
- **Trismus**
This means a temporary limitation in the opening of jaw due to inflammation and/or swelling of the muscles. It is most common with impacted tooth removal, but is possible with almost any surgery.
- **Infection**
This can happen as a result of any oral surgery due to a number of bacteria in the mouth, and may necessitate medication and/or further surgery.
- **Bleeding**
Some bleeding is expected following most oral surgeries and is normally controlled if the patient carefully follows the written post-operative instructions. Heavy bleeding can occur, which might require the doctor's assistance to control, but it is not common.
- **Drug Reactions**
Any medication can cause adverse reactions, including but not limited to nausea, rash, anaphylactic shock and even death. It is absolutely imperative that you tell our doctor, and any anesthesiologist if one is involved in your case, of any drug reactions you have had in the past.
- **TMJ Dysfunction**
This is a rare complication, where the jaw joint may be injured and may not function properly requiring treatment ranging from heat and rest to further surgery. A pre-existing problem with clicking, popping, problems with opening or chewing and pain, may be aggravated by the prolonged opening required with mouth surgery.
- **Dry Socket**
This is a condition that can cause varying degrees of pain but is not a dangerous complication. It is caused by loss of the blood clot in the socket of a removed tooth. It commonly occurs after removal of lower wisdom teeth but is possible after any extraction and may require additional office visits for treatment and pain relief. The pain from dry socket may radiate from the jaw into the ear.
- **Damage to other filling(s) and teeth**
This may occur due to the very small operative field and closeness of diseased teeth to healthy teeth.
- **Sharp ridges or Bone splinters**
Sometimes, after an extraction, the edge of the socket where the tooth was will be sharp, or a bone splinter will come out through the gum. This may require another surgery to smooth or remove the bone splinter.
- **Incomplete removal of tooth fragments**
The doctor may decide to leave in a fragment root of a tooth in order to avoid damaging nearby nerves, blood vessels, sinus, etc.
- **Numbness**
Because of the closeness of the roots to nerves, especially wisdom teeth, it is possible to bruise or damage a nerve when removing a tooth. As a result, the lip, chin and/or tongue may feel numb, may tingle or have burning sensation. This could continue for days or weeks and very rarely is permanent.
- **Swallowing of a foreign object**
This is a rare complication were objects such as root tip, tooth, bone, etc. can be aspirated into the lungs.

- **Sinus Problems**

Because of the closeness to the roots of the teeth (especially upper back teeth) to the sinus, it is possible that an opening may develop from the sinus to the mouth, or that a root may be displaced into the sinus. This can result in a sinus infection and/or a permanent opening from the mouth to the sinus, and may require medication and/or later surgery for correction.

- **Local Anesthesia**

Serious complications are uncommon. The risks, though rare, include pain, swelling, bruising, infection, and nerve damage. Even rarer are idiosyncratic or allergic reactions, which can cause increased heart rate, or fainting.

- **General Anesthesia**

Uncommon complications include: vomiting, pain, swelling, inflammation and/or bruising at the injection site, and vein inflammation (phlebitis). Rare complications include nerve damage to the arm, allergic or idiosyncratic drug reactions, pneumonia, heart attack, stroke, brain damage and death. I have or will have abstained from eating or drinking fluids for 6 hours prior to IV anesthesia. I have not taken and will not take any undisclosed medications, alcohol or drugs prior to treatment or surgery.

I have read and understand both pages of the form and understand that it is my decision, and my doctor's to have this surgery.

ALTERNATIVES

I HAVE BEEN ADVISED that the alternative(s) to the particular recommended procedure(s) are:

None except to have this surgery

I was given the option of different anesthetic techniques, and I consent for the following anesthetics to be used:

_____ Local anesthesia (injection)

_____ Local anesthesia (injection) with intravenous sedation

_____ Local anesthesia (injection) with oral premedication's (pills before treatment)

I hereby acknowledge that I have completely read the foregoing, have discussed any questions or concerns that I may have regarding my proposed surgery/dental treatment, and have been given satisfactory answers. I am aware that the practice of dentistry is a science and that no guarantees can be provided and none have been made to me.

It is our office policy: We Are Unable to Release Extracted Teeth and/or Crowns

We Will Be Extracting Teeth #: _____

Doctor

Witness

Patient/Guardian

Date

Consent for IV Conscious Sedation

Patient Name _____

I have been informed that my treatment can be performed with the variety of types of anesthesia. These include local anesthesia as normally used for minor dental treatment, local anesthesia supplemented with Nitrous/Oxygen (laughing gas), local anesthesia supplemented with IV conscious sedation and general anesthesia in the hospital or out-patient surgical center. I desire to have Dr. Sadakah use IV conscious sedation during the procedure.

Recommended Treatment: I understand that in IV conscious sedation, small doses of various medications will be administered through an IV line on one of my veins to produce a state of relaxation, reduced perception of pain, and drowsiness. However, I will not be put to sleep as with general anesthetic. In addition, local anesthetics will be administered to numb the area of the mouth to be operated and thus further control pain. I understand that the drugs to be used may include valium, versed, fentanyl, and ketamine.

I understand that I must do several things in connection with IV conscious sedation. Specifically, I must refrain from eating for eight (8) hours before my dental appointment. I must not drink any alcoholic beverage or take certain medications for twelve (12) hours before and twenty-four (24) hours after the procedure. Further, I will arrange for a responsible adult to drive me home and stay with me until the effects of the sedation have worn off. I will not drive a motor vehicle, operate dangerous machinery, handle sharp objects, or make any financial decisions on the day that I receive the sedation.

Expected Benefits: The purpose of IV conscious sedation is to lessen the significant and undesirable side effects of long or stressful dental procedures by chemically reducing the fear, apprehension, and stresses sometimes associated with these procedures.

Principal Risks and Complications: I understand that occasionally complications may be associated with IV conscious sedation. These include pain, facial swelling or bruising, inflammation of the vein (phlebitis), infection, bleeding discoloration, nausea, vomiting and allergic reaction. I further understand that, in extremely rare instances, damage to the brain or other supplied by an artery, and even death, can occur.

To help minimize risks and complications, I have disclosed to Dr. Sadakah any and all drugs and medications that I am taking. I have also disclosed any abnormalities in my current physical status or past medical history. This includes any history of drug or alcohol abuse and any reactions to medications or anesthetics. *Females Only:* I am not currently pregnant nor is it possible that I am pregnant. If I am unsure of my pregnancy status I have the opportunity to request a laboratory evaluation of my pregnancy status.

Alternatives To Suggested Treatment: Alternatives to IV conscious sedation includes local anesthesia, oral sedation, intramuscular sedation, and general anesthesia in the hospital or an outpatient surgery center. Local anesthesia and oral sedation may, however, not adequately dispel my fear, anxiety, or stress. If certain medical conditions are present it may present a greater risk. There may be less control of proper dosage with oral sedation than with IV conscious sedation. General anesthesia will cause me to lose consciousness and generally involves greater risk than IV conscious sedation.

Necessary Follow-up Care And Self-Care: I understand that I must refrain from drinking alcoholic beverages and taking certain medications for a twenty-four (24) hour period following administration of IV conscious sedation. I also understand that a responsible adult should drive me home and remain with me until the effects of sedation have worn off that I should not drive a motor vehicle, operate dangerous machinery, handle sharp objects, or, make any financial decisions on the day that I receive the sedation.

Consent for IV conscious Sedation (continued)

No Warranty or Guarantee: I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. I recognize that, as noted above, that are risks and potential complications in the administration of IV conscious sedation.

Publication of Records: I authorize photos, slides or any other viewings of my care and treatment during or after its completion to be used for advancement of dentistry and reimbursement purposes. My identity will not be revealed to the general public, without my permission.

I have been fully informed of the nature of IV conscious sedation, the procedure to be utilized, the risk, benefits of this form of sedation, the alternatives available, and the necessity for follow-up. I have had an opportunity to ask any questions I may have in connections with the procedure and to discuss my concerns with Dr. Sadakah. I hereby consent to the performance of IV conscious sedation as presented to me during consultation and in the treatment plan presentation as described in the document.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

Date

Signature

Date

Print Name of Patient, Parent, or Guardian

Signature of Witness

Printed Name of Witness

Soft Touch Dental
1727 NE 13th Ave
Portland, OR 97212
503.249.1100

PATIENT FOLLOW-UP INSTRUCTIONS

LOCAL ANESTHETIC

1. When you receive local anesthetic, you must wait for the feeling to come back before continuing your regular diet, unless otherwise instructed.
2. You may continue your regular activities, unless otherwise instructed.
3. If you have any questions or problems please contact us immediately.

GENERAL ANESTHESIA- I.V. SEDATION

1. The medicine that was used to put you to sleep, or relax you, will be acting in your body for about the next 24 hours. This may cause you to be a little sleepy. The feeling will slowly wear off. However, because the medicine is still in your system you are advised to not:
 - a) Drive a car, operate machinery or power tools.
 - b) Drink any alcoholic beverages (not even beer).
 - c) Make any important decisions, such as signing a check or important papers.
 - d) Take ANY additional medications that have not been prescribed by your physician
 - e) SMOKE ANYTHING for the next 12 hours.
2. Go home and stay there the rest of the day. Either go to bed or relax in an easy chair. All strenuous activity should be avoided. We strongly suggest that a responsible adult be with you for the rest of the day, and during the night if possible, for your safety and protection.
3. For the next 6 hours after surgery we recommend a light diet. It is best to start with liquids such as water, juices, and broths. Then warm (not hot) soups, crackers, etc. Working up gradually to solid foods, avoiding greasy foods for today.
4. If you have any questions or problems contact us immediately. If unable to reach anyone call or go to the emergency department at a hospital near you.

SIGNATURE

DATE

WITNESSED

Soft Touch Dental
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**PRE-OPERATIVE INSTRUCTIONS FOR OUR PATIENTS RECEIVING:
I.V SEDATION OR A GENERAL ANESTHESIA**

1. A parent **MUST** accompany minors.
2. The patient **CANNOT** drive home, so they must accompanied by a responsible adult.
3. Patients should wear a short-sleeved, button down the front shirt or blouse.
4. Patients **MUST** remove contact lenses prior to surgery.
5. Patients with heart valve disease or synthetic prosthesis should notify office at least 24 hours in advance for pre-medication instructions.
6. **FOR ALL SURGERIES:** The patient must not have anything to eat or drink (water included) 6 hours prior to surgery unless instructed to do so.
7. If the patient is presently taking any medication(s), continue to do so as scheduled. However, use only a small amount of water to take the medication(s).
8. Patients should plan on eating some light nutritious foods post-operative.
9. If you have any questions about these instructions please do not hesitate to call us.
10. The fee for IV sedation will be due in full at the time of scheduling the surgery. This deposit reserves the time for the nurse-anesthetist and is non-refundable.
11. **NO SMOKING** after midnight for all surgeries!

SIGNATURE

DATE

WITNESS

POST SURGICAL INSTRUCTION

THINGS TO EXPECT

SWELLING: This is normal following surgery in the mouth. It should reach its maximum in 3-4 days and diminish thereafter. Mild bruising may accompany this.

DISCOMFORT: The most discomfort you will experience will be during the period immediately after the sensation returns to your mouth.

HEMORRHAGE: Some bleeding or "oozing" for the first 24-36 hours is common.

THINGS TO DO

Bleeding: Keep your head well elevated the first 24 hours. Bite on the gauze placed in your mouth at the end of the procedure for 45 minutes. If bleeding persists, place new dampened gauze over the bleeding area firmly hold it in place for one hour so no blood escapes. Repeat this procedure several times. If bleeding persists, bite on moistened tea bag for one hour after wiping away any surface clots.

SWELLING: It is usually in proportion to the surgery involved. However, it may be minimized by the immediate use of ice or cold packs applied to the face over the site. Place on the ace for 15 minutes. Repeat this procedure for 36 hours while awake.

DIET: Wait for the numbness to go away before eating. Fluids may be taken after 1 hour. A soft or liquid diet is desirable for the first day. This includes soups, mashed potatoes, yogurt, scrambled eggs, juices, milk, etc. An adequate fluid intake of at least 2 quarts a day is essential.

MEDICATIONS: It is essential to take all medications as directed. They will help control pain and prevent infection. If 2 medications are given make sure to take one hour apart.

WOMAN: Some antibiotic medication may reduce the effectiveness of birth control pills. Until your next menstrual period, additional birth control precautions should be taken.

MOUTH INDE: Do not rinse on the day of surgery. After 24 hours, rinse the mouth with warm salt water (1/2 tsp. salt with 8oz glass of water) every 1-2 hours when awake.

THINGS NOT TO DO:

Avoid smoking, spitting or drinking with a straw for the first 48 hours after surgery. These tend to dislodge the blood clot, which causes additional bleeding and increase pain (dry socket).

DO NOT APPLY HEAT to the face during the first 4 days as will increase swelling.

AVOID STRENUOUS PHYSICAL ACTIVITY for 48 hours, as this may cause a renewal of bleeding.

IMPACTED TEETH

The Following conditions are common with the removal of impacted teeth:

- Difficulty in opening your mouth
- Pain when swallowing
- Ear ache on the side of surgery
- Bruising of the face and neck
- Dry socket
- Biting checks when closing mouth

Occasionally numbness of the lower lip or tongue occurs. This is usually a temporary discomfort. If your bite seems different, your dentist should check it.

Your treatment continues until healing is complete. In the event you feel your-operative course is marked by excessive pain, swelling, bleeding, vomiting, itching or rash, call the office. If I am not available, call your physician or hospital emergency room. This is especially true if you develop a rash, a high fever, excessive bleeding or have great difficulty breathing or swallowing.

IN CASE OF EMERGENCY CALL D. SADAKAH AT 503-249-1100

Signature: _____ Date _____