

**CONSENT FOR ANESTHESIA & ORAL SURGERY**

PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

You have a right to be informed about your diagnosis and planned surgery so that you may make a decision whether to undergo a procedure after knowing the risks and benefits. This disclosure is not meant to frighten or alarm you. It is simply an effort to make you better informed so you may give your informed consent to the procedure.

Oral Surgery may require an incision to reflect gums, remove bone and/or section the teeth to facilitate removal and use of sutures. This may be followed by discomfort and swelling that may require several days of recuperation. Due to anatomical relationships, density of bone, and/or complexity of the surgery, possible complications may include:

1. Bleeding, usually controllable, but may be prolonged and require additional care.
2. Injury to adjacent teeth/fillings/crowns/bridges.
3. Painful socket ("dry socket") that requires packing with medication.
4. Post-operative infection requiring further treatment.
5. Intentionally allowing small root fragments to remain in order to minimize complications.
6. Sharp ridges or bone splinters, which may require additional surgery to smooth the area.
7. Injury at, or near, the corners of the mouth from retraction or burr abrasion.
8. Numb, painful or altered sensation of lip, teeth, gum, chin, and/or tongue (usually temporary, but may be permanent).
9. Due to the closeness of the roots of the upper teeth to the sinus or from a root tip being displaced into the sinus, a possible sinus infection and/or sinus opening may result, which may require medication and/or later surgery to correct.
10. Stiffness or limited opening of the jaws.
11. Fracture of jaw that may require additional treatment.
12. Swelling and/or discoloration (black & blue) of face or jaw.
13. Soreness, phlebitis and/or discoloration at site of intravenous injection.
14. Change in occlusion (bite), muscle pain, and/or development of TMJ (jaw joint) problems, sometimes related to stress on the jaw joints, especially when TMJ problems already exist.
15. \_\_\_\_\_

You should also be aware that certain risks exist due to the administration of local anesthesia, intravenous sedation and/or general anesthesia. Although rare, these include nausea, allergic or unexpected drug reactions, pneumonia, heart attack, stroke, brain damage, and/or death.

**IF I AM TO HAVE INTRAVENOUS OR GENERAL ANESTHESIA, I UNDERSTAND THAT I AM TO HAVE NO FOOD OR DRINK FOR EIGHT HOURS BEFORE MY APPOINTMENT, TO DO OTHERWISE MAY BE LIFE THREATENING!**

DIAGNOSIS: \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

ALTERNATIVE TREATMENT OPTIONS (if any) \_\_\_\_\_

I understand the surgeon may discover other or different conditions that may require additional or different procedures than those planned. I authorize him to perform such other procedures as he deems necessary in his professional judgment in order to complete my surgery.

I have read and discussed the preceding with the surgeon and I have been given sufficient information to give my consent to the planned surgery.

\_\_\_\_\_  
Patient's (or legal guardian's) signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's signature

\_\_\_\_\_  
Witness