

Art of Periodontics  
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**About Proposed Treatment**  
**Surgical Consent**

The re-evaluation of your periodontium (gums) after initial scaling and root planning therapy was completed and revealed that additional periodontal surgery is necessary. It is often difficult for the dentist or dental hygienist to remove tartar from deep pockets (over 5 mm); likewise, it is impossible for patients to keep deep pockets clean and free of plaque and tartar. When the presence of deep pockets, continue to infect the gum and the bone, surgery is sometimes a necessary part of treatment for advanced periodontal disease.

The goals of surgical periodontal treatment are to remove tartar beneath inflamed and infected gums, to reduce the pocket, and to arrange the soft gum tissue into a shape that will be easier to keep clean. Before treatment begins, you will completely numb and relaxed.

**Benefits and Alternatives**

When your gums show little response to initial periodontal therapy, surgical treatment is the next step in promoting a cleaner environment for your gums to heal. It also minimizes further bleeding and swelling enabling you to keep your teeth clean. Given your condition, this treatment has been proven to be one of the most effective techniques for treating severe gum disease and preventing loss of the affected teeth.

**Different types of dental procedures are used to accomplish these goals. The procedures that may be prescribed to meet your specific dental needs include the following:**

Crown lengthening will enable your tooth to be protected, strengthened, and readied by crown placement. In cases where a cavity is located deep or a tooth is fractured below the gum line, this procedure will ensure access for complete removal of decay and preparation of a crown. \_\_\_\_\_ Initial/Date \_\_\_\_\_

Gum tissue grafting will help cover unsightly areas of recession and help reduce sensitivity or in some cases only increase the thickness of non-movable tissue around the teeth. \_\_\_\_\_ Initial/Date \_\_\_\_\_

Bone Graft-Bone Grafting will assist in formulation of supporting tissue around the tooth, either synthetic or donated is used to preserve deteriorating bone structure. \_\_\_\_\_ Initial/Date \_\_\_\_\_

Flap/Osseous surgery-This procedure involves incision of the gum tissue to allow complete access to the tooth surface for the purposes of thorough cleaning. Occasionally the boney defects of the jawbone will require bone contouring (osseous surgery). \_\_\_\_\_ Initial/ Date \_\_\_\_\_

Surgical Tooth Extraction\_ This procedure involves the removal of the unhealthy tooth or teeth. Bone grafting may also be done at this time to preserve the ridge and increase the options for future replacement of the tooth. \_\_\_\_\_ Initial/Date \_\_\_\_\_

**Common Risks**

1. Uncomfortable, bleeding, bruising and swollen gums may occur for several days after the surgical treatment and may be relieved by taking prescribed medications. Because therapy involves disrupting bacteria, you may experience an infection, which would be treated with antibiotics.
2. Reaction to anesthesia/sedation such as an allergic response or drowsiness may occur. If sedatives (tranquilizers) are prescribed to keep you comfortable during treatment, they may make you temporarily drowsy and reduce your level of coordination.
3. Temporary stiff or sore jaw joints after holding your mouth open during treatment.

4. As your gum tissues heal, they may shrink somewhat, exposing some of the root surface. This could make your teeth more sensitive to temperature. This is a normal side effect of treatment and temperature sensitivity is a short-term condition.
5. Upon healing, surgical gum treatment may make your teeth appear slightly longer and exposure of root and the margins of crowns may occur in the affected areas. This may cause damage to adjacent teeth, I.e. chipped filling/tooth. Depending on your condition, additional treatment may be needed to protect or improve the appearance of these teeth.
6. Nerves give sensation to your mouth, lips, chin, tongue and gum tissue through your jaw. During surgery it may be impossible to avoid brushing, stretching, or cutting a nerve. This could alter normal nerve sensation causing itching, burning, or tingling for several weeks or months. In rare instances you may have a total lack of sensation indefinitely.
7. In rare instances, tissue grafting can result in resorptive damage to the roots that could result in having the tooth extracted.

Depending on the severity of your current condition, existing medical problems or medications you may be taking, the proposed treatment alone may not completely reverse the effects of gum disease or prevent further problems in the future. Teeth that become loose as a result of periodontal disease may be removed and could require replacement with a fixed bridge, removable partial denture, or artificial tooth called an implant.

**Consequences of Not Performing Treatment**

The prescribed treatment will help improve your gum condition and prevent this disease from spreading. If you decline treatment or if ongoing treatment was interrupted or discontinued, your condition would continue to worsen. This may lead to further inflammation and infection of the gums, tooth decay, (both above and below the gum line), deterioration of the bone, and early loss of the teeth.

Scientific studies have established a possible link between periodontal disease and an increased occurrence of stroke, heart disease, liver disease and pre-term low birth-weight babies.

Every reasonable effort will be made to treat your condition properly although it is not possible to guarantee results of the treatment. There is no complete cure for periodontal disease.

**Specialists Are Independent Contractors:** Specialists furnishing services to the patient, including the periodontist are independent contractors and are not employees or agents of this office. The patient is under the care and supervision of his/her specialist and it is the responsibility of the office to carry out the instructions of a specialist. It is the responsibility of the specialist to obtain the patient’s informed consent when required, for specialist dental treatment, including diagnosis, and for office services rendered the patient under general and special instructions of the specialist.

***By signing below you agree and you have read this document, understand the above information and the proposed treatment, and have had all of your questions fully answered.***

I read and write in English and give my consent for the proposed treatment as described above .\_\_\_\_\_ Initial

Treatment Refusal: I \_\_\_\_\_ refuse to give my consent for the proposed treatment as described above. I have been informed of the possible consequences of my decision to refuse treatment.

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

Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_