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Informed Consent for Oral Surgery and IV Sedation

In General: Oral surgery includes but is not limited to simple and difficult extractions, removal of impacted teeth, and removal of badly decayed or broken down teeth. Surgery may require cutting of soft tissues, removal of bone, division of roots, and stitches. During surgery, other teeth may be at risk of injury which may result in damaged or lost teeth or fillings. There are instances when a root tip may be knowingly left in place.

After any operation, a degree of discomfort, oozing of blood, swelling, limitation of jaw function, stretched corners of the mouth, and skin discoloration can be expected for several days. Prolonged or heavy bleeding, infection, and dry socket all require additional treatment. Nausea, vomiting, allergic reactions, and delayed healing are also possible during and after surgery.

Lower Teeth: It is common for lower teeth to develop roots which are near to or in contact with major nerves that pass through and around the jaw. This relationship may occasionally lead to a prolonged numb or tingling sensation in the lower lip, chin, cheek, gums, and more rarely to the tongue on that side. Usually this is temporary, lasting on some occasions for weeks or months, but sometimes this is permanent. Also if a large amount of bone needs to be removed, jaw fracture is rare but possible.

Upper Teeth: The roots of these teeth often project into the sinus and during extraction there is a possibility of an opening being created through the tooth socket, and more rarely a fractured root entry into the sinus. Roots can be removed surgically. When the sinus is healthy, openings generally heal uneventfully. If the sinus is infected or if the opening is large, an operation may be required to close the opening.

IV Sedation: You must **NOT** eat or drink eight (8) hours prior to your appointment. During treatment, medications are injected into a vein in your arm. Occasionally, the injection site in the arm may appear bruised, feel firm or be irritated for several days with generally uneventful recovery. The sleepy or relaxing effect of the drugs used may last for several hours after the completion of the appointment. Therefore, you must **NOT** drive, work or engage in hazardous activities. You **MUST** have a ride to and from your appointment. Also, this person **MUST** remain at the office during your entire procedure.

I* have read and understand this consent form. I understand that I may ask any questions before, during and after surgery. I agree to the use of local anesthetic, sedation, and analgesia depending on the judgment of the dentist involved in treatment. I have been informed of possible complications of the surgery, anesthesia, and other drugs or medications.

*In case the patient is a minor, "I" refers to the parent or guardian.

Tooth/teeth involved in treatment: _____

Patient, Parent, Guardian _____ Date _____

Witness _____ Date _____