

## Consent Form

### Extraction of the upper wisdom teeth

The anatomy of upper wisdom teeth varies significantly. The tooth roots can be in close proximity to the maxillary sinus floor, which if damaged on tooth removal will require repair after the tooth is extracted by either the treating dentist or on referral to the Oral and Maxillofacial Surgeon.

It is possible for a tooth root to be dislodged into the sinus which will require removal by the head and neck surgeon.

There are numerous blood vessels and nerves in the soft tissues around these teeth, and if damaged, may in severe cases result in numbness of the area and/or a continuous bleed, which will require treatment by a specialist.

### Extraction of lower wisdom teeth

The lower wisdom teeth vary in anatomy and position in the jaw. There are several important anatomical structures near the roots of lower wisdom teeth including a nerve, large artery and vein complex in the bone, and nerves and arteries in the surrounding tissues.

If a continuous bleed occurs after tooth removal or a tooth root is dislodged into the floor of the mouth you may require a referral to the oral and maxillofacial specialist for management.

Any further treatment required by the Oral and Maxillofacial Surgeon or another health practitioner will be at your cost.

St Mark Dental Group will endeavor to provide you with the best possible care for each situation.

Please discuss any concerns about any procedure with the dentist before agreeing to have the procedure completed.

You have options for treatment under local anesthesia, sedation/relative analgesia and under a general anesthetic in a hospital setting. Please note treatment at the hospital will incur further costs.

The dentist has explained the reason for removal of my wisdom teeth including

- Infection
- Crowding
- Pain
- Cyst
- Pericoronitis
- Food trap

As with all surgical procedures, wisdom teeth removal does have risks, despite the highest standards of surgical practice. While your surgeon makes every attempt to minimize risks, complications can occur. Most people having wisdom teeth extraction will not have many complications, but if you have any concerns about any side effects please discuss with your dentist before the procedure.

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### Common risks and complications include but are not limited to:

- Pain, discomfort and tenderness of the extraction site and surrounding area are to be expected
  - Pain or discomfort when opening the mouth is common after removal of wisdom teeth. This usually goes away in a few days after the swelling goes down
- Swelling.
  - If swelling occurs, it will last between 24 to 48 hours after the procedure.
- Dry socket
  - After the wisdom tooth is removed, a blood clot will form over the bone. This clot is important for proper healing and relief of pain. If the clot is washed away or dissolved, the bone will be exposed. This is called a 'dry socket'. The result is constant, throbbing pain that may last for a few days. If you have pain like this contact your surgery.
  - To help prevent a Dry socket. For the first day after surgery, do not rinse out your mouth or spit. This can loosen the blood clot and may slow healing. Also, do not brush the area around the area of the socket
  - After the first day you can rinse your mouth very gently with warm salt water. This will help healing, reduce swelling and pain and reduce the risk of infection.
- Infection.
  - An infection in the gum or bone is usually treated with an antibiotic
  - Please tell your dentist if you have had any allergic reaction to antibiotics
- Bruising
  - While the tooth is being removed, pressure or stretching of the lip by the surgical instruments may cause bruises. These will usually heal within a couple of days

### Uncommon risks and complications include:

- Bleeding (haemorrhage)
  - Although rare haemorrhage may occur.
  - Bleeding is more common if you have been taking blood thinning drugs such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Ef ent), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), ticlopidine (Tilodene), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto).
- Numbness or nerve damage
  - An impacted tooth may be close to major nerves. When the tooth is removed, the nerve may become bruised
  - This can cause pain, numbness, tingling and loss of feeling in teeth, gums, cheeks, lips, tongue and areas around the lower jaw.
  - If this occurs, the injured nerve may take up to 4-6 weeks to heal. As it heals the numbness, tingling, pain and any dysfunction go away. In some cases, it may take longer and in rare cases, there nerve may not heal completely and be permanent.

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- Bone or wisdom tooth root fragments left in the gum/socket.
  - Every attempt will be to remove all fragments but, in some instances, individual cases will be further assessed to determine any risk factors with removing small fragments. Referral to specialist may be required.
- Damage to nearby tooth or fillings willing removing the tooth
- Weak jaw
  - Removal of an impacted tooth may cause the jawbone to become weaker. Although rare the jaw might break during the procedure or during the healing period
- Sinus problems
  - The roots of some upper wisdom teeth are close to the sinus. In some cases, a sinus opening may occur when the tooth is removed known as an OAC.
  - If this occurs the opening will usually heal quickly without infection
- Jaw necrosis (the jaw bone dying)
  - If you are taking certain medications (e.g. Bisphosphonates or Prolia) to prevent or slow down osteoporosis, or if you are receiving radiation to the head and/or neck if notify the dentist before the procedure

The **Dentist** 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 my questions answered to my full satisfaction. Finally, I acknowledge that I have read the consent form and fully understood the procedure

### TO THE PATIENT / GUARDIAN

IF THERE IS ANYTHING THAT YOU DO NOT UNDERSTAND OR WISH TO DISCUSS FURTHER, PLEASE ASK THE DENTIST NOW. Please check that all the information above is correct and that you understand the information the dentist has advised or given.

I AM THE: (PLEASE CIRCLE) PATIENT / GUARDIAN

I agree to the treatment proposed, which has been explained to me by the dentist.

SIGNATURE OF PATIENT/GUARDIAN: ..... DATE:.....

PATIENT/ GUARDIAN FULL NAME: ..... DATE:.....

### THE TOOTH/TEETH TO BE EXTRACTED ARE:

I confirm that I have explained the treatment and appropriate options that are available including referral to an oral surgeon and the type of anaesthetic proposed to the patient, in terms which in my judgment are suited to the understanding of the patient and /or one of the parents or guardians of the patient.

SIGNATURE OF DENTIST: ..... DATE: .....

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