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Informed Consent for Surgical Crown Lengthening/Gingivectomy

Diagnosis: After a careful oral examination and study of my dental condition, my periodontist has advised me that I have insufficient crown length(s). I understand that insufficient crown length may prevent adequate restorations and/or hinder esthetics.

Recommended Treatment: In order to treat this condition, my periodontist has recommended that my treatment include surgical crown lengthening. I understand that sedation may be utilized and that a local anesthetic will be administered to me as part of the treatment. I further understand that a laser may be utilized.

During this procedure, my gum may be opened to permit better access to the bone. Gum and bone irregularities may be reshaped and my gum may be sutured into position, and a periodontal bandage or dressing may be placed.

I further understand that unforeseen conditions may call for a modification or change from the anticipated surgical plan.

Expected Benefits: Surgical crown lengthening may be done to: even the gum line, to remove excess gum and bone tissue, and/or expose more tooth structure so that restorations can be done. The surgery is intended to make a restorative or cosmetic procedure/result possible.

Principal Risks and Complications: I understand that a small number of patients do not respond successfully to surgical crown lengthening and, in such cases, the procedure may need to be re-done. Surgical crown lengthening may not be successful in preserving function or appearance. Because each patient's condition is unique, long-term success may not occur.

I understand that complications may result from the surgical crown lengthening, drugs, or anesthetics. These complications include, but are not limited to post-surgical infections, bleeding, swelling and pain, facial discoloration, transient but on occasion permanent numbness of the jaw, lip, tongue, teeth, chin or gum, jaw joint injuries or associated muscle spasm, transient but on occasion permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reactions, and accidental swallowing of foreign matter. The exact duration of any complications cannot be determined, and they may be irreversible.

There is no method that will accurately predict or evaluate how my gum and bone will heal. I understand that there may be a need for a second procedure if the initial results are not satisfactory. In addition, the success of surgical clinical crown lengthening can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and medication that I may be taking. To my knowledge I have reported to my periodontist any prior drug reactions, allergies, diseases,

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symptoms, habits, or conditions which might in any way relate to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by my

periodontist and taking all prescribed medications is important to the ultimate success of the procedure.

Alternatives to Suggested Treatment: I understand that alternatives to surgical crown lengthening include: No treatment – with the expectation of possible advancement of my condition, which may result in an inability to place adequate restorations or achieve a satisfactory esthetic result.

Necessary Follow-Up Care and Self Care: I understand that it is important for me to continue to see my regular dentist. Existing restorative dentistry can be an important factor in the success or failure of periodontal therapy. From time to time, my periodontist may make recommendations for the placement of restorations, the replacement or modification of existing restorations, the joining
together of two or more of my teeth, the extraction of one or more teeth, the performance of root canal therapy, or the movement of one, several, or all of my teeth. I understand that the failure to follow such recommendations could lead to ill effects, which would become my sole responsibility.

I recognize that natural teeth and appliances should be maintained daily in a clean, hygienic manner. I will need to come for appointments following my surgery so that my healing may be monitored and so that my periodontist can evaluate and report on the outcome of surgery upon completion of healing. Smoking or alcohol intake may adversely affect gum healing and may limit the successful outcome of my surgery. I know that it is important (1) to abide by the specific prescriptions and instructions given by the periodontist and (2) to see my periodontist and dentist for periodic examination and preventive treatment. Maintenance also may include adjustment of prosthetic appliances.

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. In most cases, the treatment should provide benefit in reducing the cause of my condition and should produce healing which will help me keep my teeth. Due to individual patient differences, however, a periodontist cannot predict the absolute certainty of success. There is a risk of failure, relapse, additional treatment, or worsening of my present condition, including the possible loss of certain teeth, despite the best of care.

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