

PATIENT'S CONSENT FOR SURGICAL CROWN LENGTHENING

**Diagnosis:** After a careful oral examination and study of my dental condition, my periodontist has advised me that I will need a surgical crown lengthening for one or more of the following reasons:

- ( ) Caries or decay or fracture below the gumline resulting in invasion of the supporting structures of the tooth/teeth
- ( ) Inadequate crown length or tooth structure for restorative procedures, to increase retention of the crown
- ( ) A restoration(s) whereby the margin has invaded the supporting structures of the teeth
- ( ) Planned restorations require alteration of my gumline
- ( ) Excessive gingival display or a "gummy smile"

**Recommended Treatment:** In order to treat this condition, my periodontist has recommended surgical crown lengthening to improve the prognosis of the present or planned restoration. I understand that a local anesthetic will be administered. I further understand that antibiotics and other substances may be applied to the healing sites and/or prescribed systemically. With surgical crown lengthening, the gum tissue is opened to allow access to the tooth or root so that bone and gum tissue can be removed to expose the cavity or fracture, and to gain access to sound tooth structure so a crown or restoration can be placed. Following the procedure, a suture(s) may be placed along with a dressing. Restoration on my tooth/teeth with my dentist can begin after I have seen my periodontist for my post-operative follow-up appointments and my surgical site is healed.

**Expected Benefits:** The purpose of surgical crown lengthening is to extend the prognosis of the existing or the planned crown(s) or restorations(s) for three reasons: 1) The exposure of sound tooth structure facilitates the restorative process allowing the dentist to obtain a more exact impression of the tooth. This results in a tighter 'crown margin' (where the tooth and crown meet) with less gap for bacteria to invade. This results in less inflammation around the crown once it is cemented. 2) The surgical procedure also exposes more tooth structure for the dentist to attach a crown, thus resisting chewing forces and making the crown more resistant to accidental removal. 3) The surgical crown lengthening of the tooth will allow the placement of a crown margin above the gumline that will allow better access for brushing and flossing, and will be less likely to cause inflammation.

**Principle Risks and Complications:** Complications may include, but are not limited to: post-surgical infection, bleeding, swelling, pain or facial discoloration; for mandibular (lower) teeth: transient but occasional permanent numbness of the lip, tongue, teeth, chin or gum, jaw joint injury or associated muscle spasm; transient but occasional permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet and acidic foods, cracking, stretching or bruising of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reactions, injury to adjacent teeth; for maxillary (upper) teeth: displacement of root tips into the maxillary sinus or a residual sinus exposure requiring a second surgical procedure, bone fractures, delayed healing and accidental swallowing of foreign matter. In rare instances a cavity or fracture is so severe that the tooth/teeth must be extracted. If an extraction is necessary the above complications may result, in addition to the possibility of displacement of root tips into the maxillary sinus. In very rare cases it may be necessary to leave a small piece of a root or tissue if the surgical procedure to retrieve it is too extensive. For patients who are taking or have taken medications (pills or injectable/intravenous) for cancer or osteoporosis such as bisphosphonates (Prolia, Fosamax, Didromel, Boniva, Aredia, Actonel, Skelid, Reclast and Zometa etc.) there is an increased risk for osteonecrosis or loss of bone, or part of the jaw due to non-living bone tissue. Treatment for osteoporosis can be very easy to manage or very difficult and painful. The exact duration of any complications cannot be determined, and they may be irreversible.

**Alternatives to Suggested Treatment:** Alternative treatment includes: 1) No treatment 2) Extraction/Implant 3) Bridgework 4) Denture

**Necessary Follow-Up Care and Self Care:** I know that it is important to 1) abide by the specific prescriptions and instructions given by the periodontist and to 2) see my periodontist and dentist for periodic examination and prevention treatment. Maintenance also may include adjustment of prosthetic appliances. I understand that personal daily care recommended by my periodontist and taking all prescribed medications are important to the ultimate success of the procedure. I have received written pre-surgical and post-operative care instructions.

**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. Due to individual patient differences a periodontist cannot predict certainty of success. There exist the risks of failure, relapse, additional treatment, or even 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 viewings of my care and treatment during or after its completion to be used for the advancement of dentistry. My identity will not be revealed to the general public without my permission.

**I HAVE BEEN FULLY INFORMED OF THE SURGICAL PROCEDURE, BENEFITS, RISKS AND ASSOCIATED PROCEDURES. I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND HAVE HAD ADEQUATE TIME TO REVIEW THIS DOCUMENT. I WILL COMPLY WITH THIS DOCUMENT AND MY PERIODONTIST/STAFF HAS ANSWERED ALL MY QUESTIONS TO MY SATISFACTION.**

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Patient's Printed Name

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Witness Printed Name

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