

## **EXTRACTIONS**

### **About the Proposed Treatment**

An extraction involves removing one or more teeth. This may require cutting the gums, teeth or removing bone. If any unexpected difficulties occur you may be sent to an oral surgeon who specializes in surgical extractions of teeth and other such procedures.

The extraction of teeth are usually the last resort to treating teeth except for wisdom teeth (called third molars). Wisdom teeth are often removed because there is inadequate room in a patient's mouth for the tooth to fully erupt. This will not allow for proper cleaning and maintenance resulting in potential caries and periodontal disease affecting the wisdom teeth and even adjacent teeth.

Other teeth may be removed for various reasons including but not exclusively because the tooth cannot be restored, a root canal treatment is not feasible to relieve the pain from infection, the bony support of the tooth is inadequate due to periodontal disease, and even to make more room for other teeth as in orthodontic treatment.

The loss of a tooth or teeth can lead to very serious consequences such as posterior bite collapse. This occurs when a space left by the extraction is not filled with another tooth and involves the remaining teeth to shift and tilt into this space. This movement causes shifting in the opposing and opposite sides of the mouth where the tooth was removed. These changes ultimately undermines the ability of the teeth to chew properly, inhibits proper oral hygiene and can lead to tooth decay, periodontal disease and a non esthetic appearance. To avoid these problems, the missing tooth or teeth can be replaced with a fixed or removable bridge or an implant.

### **Benefits and Alternatives**

The proposed treatment will help relieve your symptoms and may enable us to perform more proposed treatment. Alternative treatments include root canal treatment, periodontal therapy, splinting, or periodontal surgery such as bone augmentation. If these are not feasible, extraction is the only reasonable treatment to relieve your symptoms.

### **Common Risks**

1. **Bleeding, swelling, discomfort, and infection:** You may experience bleeding, pain, swelling and discomfort for several days, which may be treated with pain medications. If you experience an infection, you will be given antibiotics. You will be given a detailed instruction sheet which will help you avoid most common problems associated with extractions.
2. **Reaction to anesthesia:** To keep you more comfortable during treatment you will receive a local anesthetic. In rare instances patients have an allergic reaction to the anesthetic, which may require emergency medical attention, or find that anesthesia reduces their ability to control swallowing, which increases the chance of swallowing small objects during treatment.
3. **Stiff or sore jaw joint:** Holding your mouth open during treatment may temporarily leave your jaw feeling stiff and sore and may make it difficult for you to open your mouth wide for several days afterwards. Treatment also may leave the corners of your mouth red or cracked for several days.

4. **Hot and cold sensitivity:** As your gum tissues heal, they may shrink somewhat, exposing the roots of adjacent teeth. This could make those teeth more sensitive to hot or cold.

5. **Collateral damage:** Because of the large instruments used during extractions, there may be damage to adjacent teeth, fillings or crowns, bruising of the nearby tissues, sinus entry and associated problems. Additionally, because of the presence to nerve and blood vessels in the bone around the tooth or teeth to be extracted, there may be temporary or permanent lip or tongue numbness.

**Consequences of not performing treatment**

This course of treatment will help to relieve your symptoms. If you do not have the extraction(s) or other appropriate treatment, your discomfort could continue and you could face the risk of a serious, potentially life-threatening infection, abscesses in the tissue and bone surrounding your teeth and eventually, the loss of adjacent teeth.

Every reasonable effort will be made to ensure that your condition is treated properly, although it is not possible to guarantee perfect results. By signing below, you acknowledge that you have received adequate information about the proposed treatment, that you understand this information and that all of your questions have been answered fully.

I give my consent for the proposed treatment as described above.

I refuse to give my consent for the proposed treatment as described above. I have been informed of the potential consequences of my decision to refuse treatment.

_____ Patient's last name	_____ Patient's first name	_____ Patient ID #
_____ Patient's Signature		_____ Date
_____ Dentist's Signature		_____ Date
_____ Witness's Signature	_____ Witness's name	_____ Date