

PERIODONTAL TREATMENT (non-surgical)

About the proposed treatment

Non-surgical periodontal treatment involves thoroughly cleaning your teeth in the office to help heal inflamed or infected gum tissue. Treatment involves removing the bacterial substance known as *plaque* and harder mineral deposits called *calculus* from tooth surfaces above and below the gum line (called *scaling*). It may also involve smoothing the roots of your teeth (called *root planing*).

Your condition will be monitored through regular examinations of your teeth and gums and measurement of the pockets that have formed in the gums surrounding your teeth. Dental x-rays will be taken to check the condition of the roots of your teeth and the bone that supports your teeth. You may also receive medications or a special mouth rinse to help control the growth of bacteria that accumulate around your teeth and cause inflammation and infection of gum tissues.

You will also be taught the proper methods for caring for your teeth at home. The long term success of this treatment depends on your efforts to frequently *brush and floss*, receive *regular dental cleanings* as directed, follow a *healthy diet*, *avoid tobacco products*, and follow other recommendations.

Should your condition deteriorate, further treatment may involve surgical treatment of your periodontal disease and may even result in the ultimate loss of all or some of your teeth.

Benefits and alternatives

Non-surgical root planing allows the healing of inflamed and infected gum tissue. Regular, professional cleanings help to create a clean environment in which your gums can heal. They also reduce the chances of further irritation and infection by making it easier for you to keep your teeth clean. Depending on the seriousness of your current condition, existing medical problems, or medications you may be taking, these methods alone may not completely reverse the effects of gum disease or prevent problems in the future.

Common risks

1. Bleeding, swelling, soreness and infection: During and shortly after treatment, your gums may bleed, swell or feel sore, which may be treated with pain medication. Because cleanings involve contact with bacteria and infected tissue in your mouth, you may also experience an infection, which would be treated with antibiotics.

2. Reaction to anesthesia: To keep you more comfortable during treatment you may 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. Hot and cold sensitivity: As your gum tissues heal, they may shrink somewhat, exposing some of the root surface. This could make your teeth more sensitive to hot or cold.

4. 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.

Consequences of not performing treatment

This course of treatment will help to improve your condition and prevent this disease from spreading. If you received no treatment or if ongoing treatment were interrupted or discontinued, your condition would continue and probably worsen. This could lead to further inflammation and infection of gum tissues, tooth decay above and below the gumline, deterioration of bone surrounding your teeth, and eventually, the loss of teeth.

Because periodontitis is a chronic illness, *most patients must return every 3 or 4 months for regular maintenance and monitoring after the root planing. Failure to do so will negatively affect treatment.* (Your insurance may not cover such treatment. You may call your insurance for further information).

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's ID#
_____	_____	_____
Patient's signature		Date
_____	_____	_____
Dentist's signature		Date
_____	_____	_____
Witness's signature	Witness's name	Date