

## **Tooth extraction information and consent**

If your tooth is damaged or decayed it may be impossible or impractical to repair, you may choose to have it extracted. As with any intervention, there are risks and limitations that you need to consider. The treatment is carried out under local anaesthetic. Your dentist will give you detailed postoperative care instructions. Please contact the Practice if you experience any problems after your treatment.

A dental extraction involves removing one or more teeth. This may require making a cut in the gum in order to remove some bone around the tooth. In some cases, the tooth may need to be sectioned to make removal easier and safer. You may need to attend a few days later if you have had any stitches placed. Your dentist will inform you if this is the case.

### **Risks of extractions are:**

- Pain, infection, bleeding
- Additional treatment may be needed if complications arise (for example, delayed or poor healing).
- The healing process varies from person to person. Smokers usually experience a higher incidence of complications and slow healing.
- A dry socket may develop in the extraction site. This happens when the blood clot breaks down and the normal healing process stalls. This is extremely painful for a few days. Anyone can get a dry socket but is more common if you smoke or take the contraceptive pill.
- Your jaw may feel stiff, or you may be unable to open as wide as normal for several days.
- Some upper teeth have roots that are in very close proximity to the sinuses. Removing the tooth may reveal an opening into the sinus. This may require additional treatment to close the communication.
- Wisdom teeth extractions have a risk of nerve damage. This may result in numbness or tingling of the lip or tongue. In most cases this is mild and temporary but permanent nerve damage is possible in cases where the roots lie in close proximity to the nerve. You may require a special scan to determine this.
- There is an increased risk of osteonecrosis of the jaws (ONJ) if you take Bisphosphonate medication (eg Fosamax, Fosavance, Didronel, Aredia among others). This risk ranges from 1 in 10,000 (bisphosphonates used in the treatment of cancer) to 1 in 100,000 (bisphosphonates used for treatment of osteoporosis). Ideally, you should be dentally fit PRIOR to starting bisphosphonate treatment.
- Extraction may cause fracture of the surrounding bone. The tooth may be fused to the bone, resulting in a more complex surgical procedure and additional fees.
- It may be impossible to remove the whole tooth safely, resulting in a small piece of root being left in situ. In the vast majority of cases, the socket heals uneventfully and no further treatment is needed. On rare occasions an additional procedure is needed to remove the fragment if it becomes infected.
- The instruments used in the extraction may chip or damage neighbouring teeth, fillings or crowns.
- There is a risk of adverse reactions if you take any medications.
- Certain systemic conditions (eg diabetes) can mean a higher infection risk.
- If your extraction is complex or complications arise, you may need to be referred to a specialist oral surgeon.

Your dentist will take every care to plan and carry out your treatment as carefully and safely as possible.

**Please sign to indicate that you understand the treatment and associated risks, alternatives and the risk of these alternatives including the consequences of doing nothing. I have had a chance to have all my questions answered.**

**Signature:**

**Date :**