



# MONESMITH & WOOD

## ORAL & MAXILLOFACIAL SURGERY, P.C.

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### SURGERY CONSENT FORM

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

You have the right to be informed about your diagnosis and planned surgery so you may make a decision whether to undergo a procedure after knowing the risks. This disclosure is not meant to frighten or alarm you. The chances of these complications occurring are small. It is simply an effort to make you better informed about your surgery.

#### POSSIBLE COMPLICATIONS OF:

##### 1. ALL SURGERIES

- a. Soreness, swelling, bruising, stretching corners of mouth, restricted mouth opening, sometimes related to swelling and muscle soreness and sometimes related to stress on the jaw joints (TMJ). Pre-existing TMJ problems may be worsened.
- b. Bleeding, usually controllable, but may be prolonged and require additional care.
- c. Drug reaction or allergies.
- d. Infection, possibly requiring additional care.

##### 2. ALL TOOTH EXTRACTIONS

- a. Dry socket: discomfort occurring a few days after extraction that requires further care.
- b. Damage to adjacent teeth or fillings.
- c. Sharp ridges or bone splinters that may require additional surgery to smooth area.
- d. Portions of a tooth may be left. Sometimes root tips may break off and may be deliberately left in place to avoid doing damage to nearby vital structures such as nerves or the sinus.
- e. **NUMBNESS:** Due to the proximity of tooth roots to the nerve (especially wisdom teeth), it is possible to injure the nerve during the removal of the tooth. The lip, chin, cheek, gums, or tongue could feel numb (paresthesia) resembling local anesthetic injection. This could remain for days, weeks, months, or very rarely, permanently. Dysesthesia (numbness that is painful) is also possible.
- f. **SINUS INVOLVEMENT:** Due to the closeness of the roots of upper back teeth to the sinus, there is danger of the sinus being opened or a root tip displaced into the sinus. A sinus infection and/or sinus opening may result which may require medication and/or later surgery to correct.
- g. Fracture of jaw.

##### 3. ANESTHESIA

- a. **LOCAL ANESTHESIA:** Certain possible risks exist that, although rare, could include pain, swelling, bruising, infection, nerve damage, and unexpected allergic reactions.
- b. **INTRAVENOUS SEDATION OR GENERAL ANESTHESIA:** Certain possible risks exist that, although uncommon, could include nausea, pain, swelling, inflammation, and/or bruising at the injection site (phlebitis).
- c. Rare complications include allergic or unexpected drug reactions, or other life threatening conditions.
- d. **IF I AM TO HAVE INTRAVENOUS SEDATION OR GENERAL ANESTHESIA, I UNDERSTAND THAT I AM TO HAVE NO FOOD OR DRINK FOR EIGHT HOURS BEFORE MY APPOINTMENT. TO DO OTHERWISE MAY BE LIFE THREATENING.**

- e. I have been made aware that certain medications, drugs, anesthetics, and prescriptions which I may be given can cause drowsiness, lack of coordination and awareness. The use of alcohol can increase the effects of these drugs. I have been advised not to operate any vehicle or hazardous machinery and not to return to work while taking such medications, or until fully recovered from the effects of the same. I understand that this recovery may take up to 24 hours or more after I have taken the last dose of medication. If I am to be given sedative medication during my surgery, I agree not to drive myself home and will have a responsible adult accompany me until I am fully recovered from the effects of the sedation. **I ALSO UNDERSTAND THAT IF I AM GIVEN AN IV SEDATION, THERE IS NO GUARANTEE THAT I WILL BE COMPLETELY ASLEEP DURING MY PROCEDURE. I UNDERSTAND THAT IN SOME INSTANCES, PATIENTS UNDERGOING SURGERY UNDER IV SEDATION CAN REMEMBER PORTIONS OR POSSIBLY ALL OF THE PROCEDURE, INCLUDING SOME PAIN.**

**4. ALTERNATIVE TREATMENT OPTIONS**

- a. No treatment  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_

I hereby authorize Drs. Monesmith & Wood and their staff to perform the following procedure(s): \_\_\_\_\_

I consent to the administration of the following anesthesia:

LOCAL                      NITROUS OXIDE                      IV SEDATION                      GENERAL ANESTHESIA

It has been explained to me that during the course of surgery, unforeseen conditions may be revealed which necessitate extension of the original procedure or a different procedure from that which was planned. In rare cases, it may not be possible to continue with the procedure. I authorize my doctor and his staff to perform such procedure(s) that are necessary and desirable in the exercise of professional judgment.

I have had an opportunity to discuss my past medical history with my doctor, including psychological disorders, drug use, medications I am taking, or other problems which may affect my anesthesia or surgery. I have truthfully revealed all aspects of my health history. It has been explained to me that if I am taking birth control pills that additional, alternative methods of birth control will be necessary while taking any drugs prescribed by this office for my entire cycle.

I understand that although good results are expected, the nature of all possible complications and individual patient differences cannot be accurately anticipated and therefore a perfect result is not and cannot be guaranteed or warranted.

I certify that I speak, read, and write English and have read and fully understand both pages of this consent for surgery and that all blanks were filled in prior to my signing this form. I have discussed the preceding with my doctor and all my questions have been answered to my satisfaction and I have made a voluntary choice to proceed with the proposed surgery.