



Cambridge Dental Hub



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Informed Consent for Wisdom Tooth Extraction

The following dental treatment will be performed: Removal or extraction of Lower Wisdom Tooth/Teeth

RISKS:

There are some risks / complications, which include:

- (a) Patients should assume that there will always be pain and/or discomfort and/or swelling, and/or bruising. The duration will sometimes be for 2 weeks or more.
- (b) Infection of the extraction socket (dry socket). This may cause some pain and discomfort, but is usually easily managed by the dentist.
- (c) Biting of the numb lip which may cause damage after the teeth have been removed. Children should be watched closely by your parent/ guardian until the numbness wears off.
- (d) Damage to the Inferior Dental Nerve on each side of the Mandible (lower jaw). This nerve passes very close to the root of the lower wisdom tooth (often in contact with it) and gives feeling to the lower teeth, lower lip and chin on that side. This nerve is very close to the area of surgery, with a slight risk of some damage to the nerve. This may cause numbness of the lower teeth, lower lip and chin. This may be temporary (6–12 months) or permanent. **(See note on the other page about the CT Scan X-ray option)**
- (e) Damage to the Lingual Nerve on each side of the Mandible (lower jaw). This nerve passes very close to the tongue side of the lower wisdom tooth and posterior mandibular teeth and gives feeling and taste to that side of the tongue. This nerve is very close to the area of surgery, with a slight risk of some damage to the nerve. This may cause numbness and loss of taste to that side of the tongue. This may be temporary (6–12 months) or permanent. **(See note on the other page about the CT Scan X-ray option)**
- (f) The tooth root tip may break off in small pieces when the tooth is taken out. The dentist may not remove those pieces if there is a chance that the nerves or other structures may be damaged during removal.
- (g) Damage to teeth growing tightly against the wisdom teeth during removal of the wisdom teeth.
- (h) Damage to fillings or other restorations including crowns in teeth growing tightly against the wisdom teeth during removal of the wisdom teeth.
- (i) Weakness of the jaw due to removal of the wisdom teeth. The jaw may break during the procedure or during the healing period.
- (j) There will be some pain and swelling following a tooth extraction. This may be moderate or severe and may require pain killers.
- (k) There will also be bleeding of the socket. This is usually minor and easily controlled by applying pressure.

Anaesthesia

See "About your anaesthetic" information sheet for information about the anaesthetic and the risks involved with Local Anaesthetics. We always go through the risks, and we **ENCOURAGE** patients to ask questions to make sure they give their full informed consent. **Remember if you have any doubts then ask and don't sign anything.**

It is important to read the post extraction leaflets after treatment and follow any other advice that you are given. Following advice will usually prevent post treatment complications. We are only a phone call away!!

If you have any concerns what so ever, talk these over with your Dentist.

If you have not been given an information sheet, please ask for one.

PATIENT CONSENT: by my signature below, I expressly acknowledge that:

- a. The dentist has explained my dental condition and the proposed procedure, which I understand to be removal or extraction of Lower Wisdom Tooth/Teeth.
- b. The dentist has explained that patients should assume that after the extraction there will always be pain and/or discomfort and/or swelling, and/or bruising. The duration will sometimes be for 2 weeks or more.
- c. The dentist has explained any significant risks and problems specific to me, and the likely outcomes if complications occur. The dentist has also explained relevant treatment options as well as the risks of not having the procedure.
- d. The dentist has explained that I may seek a second opinion and that he will facilitate this by giving me a copy of my xrays.
- e. The dentist has explained the options, advantages and disadvantages, and risks associated with the various types of anaesthesia (including Local, Sedation and General Anaesthetic).
- f. The dentist has explained the importance of post operative care, especially as it relates to Local Anaesthetic and returning to the practice if there are any complications.
- g. The dentist has explained that I may seek the treatment from a specialist oral surgeon or Max-Fax Consultant.
- h. The dentist has explained that I may seek to have my treatment in a hospital.
- i. That I may have a CT x-ray scan done. And that the CT X-ray scan will be able to locate and identify the position of the nerves relative to the roots of the tooth to be extracted. This would mean that the risk of numbness can be identified.
- j. That I have declined to have a CT X-ray Scan.
- k. The dentist has explained the NICE guidelines for Wisdom Tooth Extraction (available also on the NHS website)
- l. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes. The dentist has explained other relevant treatment options and their associated risks. The dentist has explained my prognosis and the risks of not having the procedure.
- m. I was able to ask questions and raise concerns with the dentist about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- n. I understand that other dental procedures may be done if further dental disease is found during the procedure, or to correct other problems in my mouth.
- o. I understand that if teeth are removed during the dental treatment, that these may be retained for training purposes and then disposed of sensitively.
- p. I understand that no guarantee has been made that the procedure will improve the condition, and may make my condition worse.
- q. That the dentist has explained the procedure of extraction and how I will feel afterwards including the appearance of the socket (bony fragments etc).
- r. **That the dentist has explained the importance of post operative care, especially as it relates to local anaesthetic.**
- s. **The dentist has explained the importance of reading and understanding the various practice leaflets about wisdom tooth extraction included Post Treatment Instructions and following their guidance, including contacting us ASAP if there is any problem or complication afterwards.**
- t. The dentist has explained that I can delay having the treatment, and the possible consequences of doing so.
- u. The dentist has explained that I can refuse the treatment, and the possible consequences of doing so.
- v. **I confirm that I am not taking, nor have ever taken any medication that includes Bisphosphates. This is very important as this particular medicine can cause very serious and even life threatening complications after Dental Tooth Extractions.**

On the basis of the above statements, **I REQUEST TO HAVE THE PROCEDURE (Wisdom Tooth Extraction)**

I realise that signing this does not oblige me to have all or any part of the treatment proposed, but is simply an acknowledgement of the fact that I am giving my informed consent if I decide to go ahead.

Name of Patient : _____

Date of Birth:- _____

Signature : _____

Date : _____