



# The Hub Dental Practice



Love Your Smile

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## Root Resection Information and Consent

Periodontal surgery may be seen as a secondary line of treatment of those pockets persisting after initial treatment. These are often the area's most severely affected by ... periodontal disease. Surgery has the advantage of allowing direct access, inspection and cleaning of the affected root surfaces. Many long term periodontal studies have demonstrated the benefit and success of periodontal surgery.

### Benefits of Root Resection

- More predictable results in reducing pocketing and inflammation
- Reduce the possibility of future bone support loss, and therefore tooth loss
- Can help to allow for easier cleaning
- Able to investigate the areas with inflammation and pocketing, and remove diseased tissue

### Aims of Root Resection

Periodontal surgery is primarily carried out to eliminate/reduce pockets, and create healthy root surfaces. The plaque growing on the root surfaces is the causative factor for periodontal disease, and associated bone support loss. Clean root surfaces leads to healthy gum tissue.

It is also carried out to provide a more favourable long term outcome.

### Root Resection

In some cases, only one root of a multi-rooted tooth is affected. Rather than remove the entire tooth, the infected root can be removed using surgical procedures described above (replaced flap/crown lengthening). Sometimes a portion of the crown is removed at the same time.

This treatment involves an endodontic procedure.

### Alternative to suggested treatment

I understand that alternatives to periodontal surgery include: no treatment-with the expectation of possible advancement of my condition which may result in permanent loss of teeth: extraction of teeth involved with periodontal disease; and non-surgical scraping of tooth roots and lining of the gum (scaling and root planning), with or without medication, in an attempt further, to reduce bacteria and tartar under the gum-line with the expectation that this may not fully eliminate deep bacteria and tartar, may not reduce gum pockets, will require more frequent professional care and time commitment and may result in worsening of my condition and the premature loss of teeth.

### Side Effects

Following on from periodontal surgery there can be swelling, bruising and discomfort around the treated area. This usually settles within 3-5 days.

There can be more dental hypersensitivity (this means that you can have pronounced sensation to hot and cold). This sensitivity is usually short-term, and can be relieved by desensitising tooth pastes.

The teeth being operated on can appear longer. This can be aesthetically significant if surgery is being performed on teeth at the front of the mouth.

Occasionally the teeth may become more mobile and suffer of aesthetic exposure of margins.

Infections and necrosis of the tissues may occur. In this situation the use of antibiotics is required to reduce the load of bacteria. Nevertheless, a necrotic site requires several months to be totally healed.

Profuse bleeding is not so common and is normally treated with haemostatic agents in the dental environment.

**Success**

The long term success of any periodontal procedure depends on a variety of factors. This includes the extent of disease on initial presentation, the complexity of the lesions that are being operated on.

Effective plaque control is vital, and you will need to continue to maintain a good standard of oral hygiene.

Avoiding smoking is also very important especially in the early days of healing. Smokers have delayed healing and a less favourable response to treatment.

Generalised risk factors are smoking, and uncontrolled diabetes.

Other very important factors are maintaining a high standard of oral hygiene, and regular maintenance.

**LONG-TERM CARE**

Many authorities have demonstrated that a long term maintenance programme is the most important predictor of success in periodontal disease treatment outcome. The most important factor in maintaining gum health is the daily removal of plaque from the tooth-gum junction by the patient. Most patients find it necessary to see a dentist/hygienist at regular intervals to ensure that a good standard of oral hygiene is maintained and to monitor gum health, enabling any problems to be identified and dealt with early. We recommend periodontal maintenance on a three monthly basis for the first year after surgery.

**Informed consent**

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

The dentist has explained the likely outcomes and possible complications of each alternative option.

The dentist has made leaflets and other relevant information available to me to help with my decision making.

The dentist has given me an opportunity to ask questions about any matters related to my treatment, raise any other concerns and given me the opportunity to postpone the treatment or seek a second opinion.

The dentist has explained any significant risks and problems associated with Gum Surgery specific to me, and the likely outcomes if complications occur.

The dentist has explained the options for anaesthesia (local, sedation, general) and problems specific to each choice, and the likely outcomes if complications occur.

**The Dentist has explained to me that the procedure can be stopped at any time. The patient only needs to say stop, put up a hand, shout or make another signal etc. We say again, the patient can decide to stop the procedure at any time and for whatever reason they wish. We will always respect the patient’s decision.**

**The dentist has explained the importance of following the post Treatment instructions and any additional instructions that are given verbally.**

The dentist has explained the options for waiting before I make my decision.

You have given us an up to date account of your medical and dental history, especially about any recent changes.

**You 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.**

You were able to ask questions and raise concerns with the dentist about my condition, the procedure and its risks, and my treatment options. And that your questions and concerns have been discussed and answered to your complete satisfaction.

You 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. And that you understand that if teeth are removed during the dental treatment, that these may be retained for training purposes and then disposed of sensitively.

You understand that no guarantee has been made that the procedure will improve the condition, and may even make your condition worse.

**On the basis of the above statements, I request to have the Root Resection described above**

**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.**

**(Root Resection)**

**Name of Patient:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_//\_\_\_\_//\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_//\_\_\_\_//\_\_\_\_