



Informed Consent for Lower Molar Tooth Extraction

RISKS: There are some risks / complications, which are outlined in our extraction consent form.

But in addition there are some extra risks associated with the extraction of lower molar teeth.

(a) 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 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 about CT scan Option)**

(b) In the case of lower teeth: 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. When this nerve is very close to the area of surgery, there is 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 about CT Scan Option)**

(c) The tooth root tip may break off in small pieces when the tooth is taken out. The oral surgeon/ dentist may not remove those pieces if there is a chance that the nerves or other structures may be damaged during removal. When roots are left behind we will either keep them under observation and/or refer them to a specialist.

(d) Damage to teeth growing tightly against the wisdom teeth during removal of the wisdom teeth.

(e) Damage to fillings or other restorations including crowns in adjacent teeth during removal of the wisdom teeth.

(f) Weakness of the jaw due to removal of the teeth. The jaw may break during the procedure or the healing period.

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

- a. I have signed the main extraction as well as the Bone Augmentation at the time of extraction Consent forms.
- b. The dentist has explained my dental condition and the proposed procedure, which I understand to be removal or extraction of Lower Molar Tooth/Teeth.
- 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, including a partial Extraction (**Coronectomy**), as well as the risks of not having or delaying the procedure.
- d. The dentist has explained that I may seek a 2nd opinion from a Private or NHS specialist oral surgeon or Max-Fax Consultant and that he will facilitate this by giving me a copy of my x-rays.
- e. 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.
- f. That I have declined to have a CT X-ray Scan.
- g. The dentist has explained the NICE guidelines for Wisdom Tooth Extraction (available also on the NHS website)
- h. 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.
- i. I understand that no guarantee has been made that the procedure will improve the condition, and may make my condition worse.
- j. That the dentist has explained the procedure of extraction and how I will feel afterwards including the appearance of the socket (bony fragments etc).
- k. 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.
- l. 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.
- m. 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.

On the basis of the above statements, I REQUEST TO HAVE THE PROCEDURE (Molar 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.

(CF Lower Molar Teeth Extraction)

Name _____ Date of Birth ____//____//____

Signature _____ Date ____//____//____