



The Hub Dental Practice

Consent Form for Crown Lengthening



This consent form should be ready in conjunction with the Oral Surgery and Local Anaesthetic Consent forms.

Crown Lengthening 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 Crown Lengthening

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

Aims of Crown Lengthening

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.

Crown Lengthening

The gingival margin (gum-line) is altered to expose more of the tooth. This may be desirable to decrease the pocket depth around the teeth, to improve cleanliness, or to allow the restorative to restore a badly broken down tooth. This procedure often requires removal of some of the bone around the necks of the teeth.

This particular treatment is also carried out in the frontal teeth for aesthetic reasons. It has to be remarked, that the soft tissue may have a relapse after the surgery, and more surgical modification will be needed.

Furthermore before the surgery the patient needs to understand totally the final position of the gums and agree with this final position because it may be difficult or impossible to move the gums to the original position.

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 to further reduce bacteria and tartar under the gum-line with the expectation that this may not fully eliminate deep bacteria and tartar and may not reduce gum pockets which may not reduce gum pockets and will require more frequent professional care and time commitment and may result in worsening the 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 desensitizing 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 healed.

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

I have read this consent form in full and understand what it says. I was able to ask questions and raise concerns with the dentist about my condition, the procedure and its risks, and my treatment options, as well as the options to delay and/or decline treatment. My questions and concerns have been discussed and answered to my complete satisfaction.

I realize that signing does not mean that I am under an obligation to have any treatment and that I may decide not to proceed with all or any part of the treatment. Similarly signing this means that I pay for the treatment that I actually have done. I hereby consent to the proposed dental treatment and acknowledge that it is being provided as a private patient.

(CF Crown Lengthening)

Name of Patient : _____ Date of Birth:- _____

Signature : _____ Date : _____