



The Hub Dental Practice

Consent Form for Coronectomy



This consent form should be ready in conjunction with the Molar Tooth Extraction and Local Anaesthetic Consent forms.

A coronectomy or partial Odontectomy is a procedure used to remove a tooth that has not yet broken through the surface of the gum but has an increased chance of injuring the nerve that provides feeling to the lower lip and chin. The procedure is done by moving the gum away from the tooth and then cutting the crown (top) of the tooth. It is done in such a way so that the surrounding bone will "fill in" the space that was occupied by the crown of the tooth. The roots of the tooth are left in place so that the risk of injuring the nerve that give the feeling to the lower lip and chin are reduced.

Risks

There are some risks/ complications which include:

1. Please see the risks associated with Local Anaesthesia
2. Please see the risks associated with Molar Tooth Extraction
3. There is still risk of injury to the nerve that supplies feeling to the teeth, gums, lower lip, chin and tongue where the procedure is done. In most cases the altered sensation is temporary but in rare cases can be permanent.
4. Risk of infection requiring additional treatment.
5. Risk of development of a cyst or other growth around the tooth root that might need more treatment.
6. Movement of the root is possible over a period of years. In most cases if the root moves, it usually moves away from the nerve.
7. You should get x-ray over a period of several years to look at the area and determine how the bone is filling in the area.
8. In some cases, if the root fragment becomes loose during the surgery, we might have to take out the entire tooth. Most of the time we can tell from x-rays taken prior the procedure, so we need to make that decision during the course of the procedure.
9. If my dentist finds a different condition than expected and feels that a different surgery or more surgery needs to be done, I agree to have it done.
- 10. Patients should assume that there will always be pain and/or discomfort and/ or swelling and/ or bruising. The duration will sometimes be 2 weeks or more.**
11. Infection of the extraction socket (dry socket). This may cause pain and discomfort but is easily managed by the dentist.
12. Biting of the numb lip which may cause damage after the teeth have been removed. Children should be watched closely by parent/ guardian until the numbness wears off.
13. 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 the affect 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 other page about the CT Scan X-ray option)**
14. Damage to the inferior Lingual 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 the affect 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 other page about the CT Scan X-ray option)**
15. 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 damage during the removal.
16. Damage to teeth growing tightly against the wisdom teeth during removal of the wisdom teeth.
17. Damage to fillings or other restorations including crowns in teeth growing tightly against the wisdom teeth during removal of the wisdom teeth.
18. Weakness of the jaw due to removal of the wisdom teeth. The jaw may break during the procedure or during the healing period.
19. There will be some pain and swelling following a tooth extraction. This may be moderate or severe and could require pain killers.
20. There will also be bleeding of the socket. This usually minor and easily controlled by applying pressure.

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.

(Informed Consent for Root Resection)

Name of Patient: _____

Date of Birth: _____

Signature: _____

Date: _____