

Informed Consent

Impacted Tooth Removal

I understand that an impacted tooth is one that begins to erupt in the wrong direction and is blocked by another tooth or dense bone. I understand that an infection can start around the crown of the tooth and may spread to surrounding tissues. Pressure from impacted teeth against other teeth may injure the roots of good teeth, push them out of position, or create a food trap resulting in decay of good teeth. A cyst may form around an impaction, destroying bone as well as damaging other teeth.

Impacted teeth may cause no symptoms but may still need to be removed. Removing such teeth prior to problems may prevent many complications. If an infection has begun it must be treated first. If a patient is older or has any disease such as heart trouble, high blood pressure, diabetes, or others, risks and complications can be more serious. As time goes by, roots of an impacted lower tooth may come close to the nerve in the lower jaw, and the nerve may be injured during removal of the impaction.

Recommended treatment is removal of the impaction. Risks of this treatment include, but are not limited to:

- Damage to adjacent teeth or fillings
- Drug reactions and side effects
- Post-operative infection or inflammation
- Formation of blood clots or bleeding requiring more treatment
- Possibility of a small fragment of root or bone being left in the jaw when it's removal is not appropriate (such fragments may work their way partially out of the tissue and need treatment)
- Delayed healing (dry socket) necessitating repeated post-operative care
- Damage to sinuses requiring additional treatment or surgical repair at a later date
- Fracture or dislocation of the jaw
- Damage to the nerves during tooth removal resulting in **temporary or possibly permanent numbness or tingling** of the lip, chin, tongue, or other areas
- Bruising, swelling, inflammation and pain
- Complications requiring hospitalization

I understand the recommended treatment, the fee(s) involved, the risks of such treatment, any alternatives and risks of these alternatives, including the consequences of doing nothing. I have had all of my questions answered, and have not been offered any guarantees.

Patient Signature _____ Date _____

Dr Byers _____