



Certified Specialist BSc, DDS, Dip Periodontics, FBCCD
Periodontics, Implant Surgery
502-275 Lansdowne Street
Kamloops, BC, V2C 1X8
PH 250-851-2570, FAX 250-851-9929

INFORMATION & CONSENT FOR CROWN LENGTHENING SURGERY

Diagnosis After a careful oral examination and study of my dental condition, Dr. Desai has advised me that I require crown lengthening surgery. I understand that greater crown room is required by my dentist in order to fabricate a retentive crown or bridge above the gum line due to inadequate tooth length. In addition, if a restoration or decay extends deep under the gum line, my dentist will be unable to effectively restore the tooth or establish a healthy environment for the gums. If untreated, a less than ideal restorative option may cause future failure of the crown or bridge.

Recommended Treatment In order to treat this condition, Dr. Desai has recommended that my treatment included periodontal surgery which usually requires 1-1.5 hours. It is done using local anesthetic similar to my dental office. Small incisions are made to temporarily lift up my gums which will permit better access to the roots and bone. Gum and bone tissue may be recontoured to establish the tooth length required. My gums will then be stitched back into position and a medicated dressing placed. The stitches and dressing remain for 7 days and are then removed.

Expected Benefits The purpose of this periodontal surgery is to create adequate crown length in order to restore the tooth adequately. Also any surrounding infection and inflammation will be reduced. The surgery is intended to help me keep my teeth in the operated areas and to make my oral hygiene more effective.

Principal Risks and Complications Postoperative complications are rare. Should side effects occur, I may experience minor discomfort, swelling and bleeding. This discomfort can be easily controlled with the prescription that Dr. Desai will provide on the day of surgery. *Swelling around the surgical site can occur anywhere from 2-5 days after surgery and is normal.* Bleeding can occur and mix with saliva to appear more voluminous within the first 2 days. Bleeding is controlled with pressure, moistened gauze or a tea bag. I might also experience cracking at the corner of the mouth, occasional jaw discomfort from prolonged jaw opening. Other potential risks includes post operative infection (requiring medication or further treatment) or transient numbness in an area for a variable length of time. When the dressing is removed, the surgically induced recession may result in the following side effects: cold sensitivity, biting tenderness, tooth looseness during healing, teeth feeling longer, sensation of more space between teeth for food traps, perceived changes in phonetics.

Necessary Follow-up Care and Self Care The success of periodontal procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene and medications that I may be taking. To my knowledge, I have reported to Dr. Desai any prior drug reactions, allergies, diseases, symptoms, habits or conditions which might in any way relate to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by Dr. Desai and taking all prescribed medications are important to the ultimate success of the procedure. *I also understand that I need to see my family dentist 2-3 weeks after this surgery to ensure success of the surgery and the crown/bridge to be placed.*

The probable benefits and risks of this procedure have been explained to me by Dr. Desai. I understand that in all dental and surgical procedures there are remote risks that cannot be anticipated and I accept this fact. Dr. Desai has explained to me the sequence and duration of therapy and the possible alternative methods of treatment. The possibility of not undergoing treatment has also been discussed with me. If during the course of treatment, if procedures different to those originally planned become necessary, they will be discussed with me.

I have been fully informed of the nature of periodontal surgery, the procedure to be utilized, the risks and benefits of periodontal surgery, the alternative treatments available, and the necessity for follow-up and self care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with Dr. Desai.

Date

Patient's Printed Name & Signature

Witness