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**General Information / Informed Consent For Removal Of Third Molars (Wisdom Teeth)**

**Timing:** It is unwise to have significant surgery within 30 days of departure from the area. All patients need to be carefully followed after surgery and this is best done by the Dentist who is most familiar with your care. If you are leaving the area within 30 days, elective surgery should not be performed. Exceptions will be made on an individual basis.

**Why should I consider having my wisdom teeth removed?**

Many problems related to erupted or impacted wisdom teeth are related to the inability to properly clean the area. Accumulation of plaque bacteria can lead to tooth decay and gum disease, which not only damage the wisdom tooth but may seriously jeopardize the adjacent tooth as well. Another problem is related to an infection of the gum tissue around the wisdom tooth. This condition, called pericoronitis, may spread to the cheeks, throat or neck causing severe pain, swelling and stiffness, in severe cases it can spread throughout the body. Impacted teeth can decay causing severe toothaches or abscesses.

They may also damage the roots and supporting bone of adjacent teeth causing their early loss. On rare occasions a cyst or tumor may develop around an impacted tooth.

**What is an impacted tooth?** All teeth are formed deep within the jawbones and erupt into the dental arch. If a tooth is blocked by another tooth, or other obstruction, and can not reach its normal position, it is impacted.

**How is surgery done?** In most cases it is less traumatic if all of the teeth are removed in one appointment. You have two choices of anesthesia:

**Local Anesthesia:** areas involved with the surgery will be numbed; much in the same way you are numbed when you receive a filling.

**Local Anesthesia with Intravenous Conscious Sedation:** In addition to the numbing medicine, medications are administered through a vein in the arm to assist in relaxing you during your surgery. You must not have anything to eat or drink (including water) for a minimum of 6 hours prior to sedation, if you do your appointment may be cancelled. The surgery may involve incisions in the gum tissue if necessary, removal of bone, and sectioning of impacted teeth into multiple pieces in many cases. This is an operation in every sense of the word.

**What can I expect after surgery?**

**Discomfort:** Since this is an operation discomfort is to be expected. The 2nd or 3rd day is usually the most uncomfortable. Pain medication will be prescribed by your Dentist to help keep you as comfortable as possible.

**Swelling:** A variable amount of swelling can be expected for several hours after surgery with oozing up to 48 hours. This should be minimal and rarely causes problems.

**Infection:** The surgical site can become infected up to 6 weeks after your surgery. Any unusual pain, swelling or fever after the first couple of days should be reported to your Dentist.

**Dry Socket:** The blood clot in the tooth socket may break down prematurely about 3-5 days after surgery, causing increased pain not resolved by your medication, foul taste and often an earache. Your Dentist usually treats this condition by packing the socket with medicated gauze.

**Parasthesia:** The nerves of the lower jaw may be disrupted at the time of surgery. This is a rare condition which causes numbness of the tongue, lips, teeth and chin. This is usually temporary but may be permanent in rare cases.

**Sinus Exposure:** On rare occasions the removal of an upper tooth may cause damage to the sinus. This is usually treated with antibiotics and may require a corrective surgery in the future.

**Other Problems:** Other unforeseen problems can occur on occasion such as breaking or chipping adjacent teeth, fractured jaw, tissue burns from the surgical hand piece, drug reactions and vein related problems.

***If you do not follow the instructions for IV sedation your appointment will be cancelled.***

I have had an opportunity to ask questions about the procedure, and I understand the nature of my condition and the proposed treatment. I also understand the health risks that exist.

**This is my consent to third molar surgery: \_\_\_\_\_**

Date: \_\_\_\_\_  
Patrick E. Jankowski D.D.S.  
President, JayHawk Dental LLC

(patient signature)