

Consent Form for Treatment Under IV Sedation

Below is an example of the consent form you will be asked to sign. Please read it carefully and ask your oral surgeon any questions. **You do not need to print this form.**

Patient Name	<input type="text" value="First"/>	<input type="text" value="Last"/>
Date of Birth	<input type="text" value="DD/MM/YYYY"/>	

TO BE COMPLETED BY THE ORAL SURGEON

Dental treatment to be carried out under intravenous sedation as discussed with patient/guardian:

I confirm that I have explained the operation, investigation or treatment, and the appropriate options that are available (including no treatment) and the type of anaesthetic, (IV sedation/local anaesthetic) proposed to the patient in terms, which in my judgement, are suited to the understanding of the patient and/or to one of the parents, guardian who accompanied the patient where appropriate.

Oral Surgeon Name	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>		

Patient/Parent/Guardian

Please read this form carefully and check that all information is correct. If there is anything you do not understand or if you require more information, please ask the Dentist or Oral Surgeon.

Once you have read all the information and understand the explanation please sign the form. Otherwise please discuss with the Dentist/Surgeon.

I agree to what has been explained to me by the Dentist/Oral Surgeon/Staff and other instructions regarding the presence of accompanying escorts, treatment and possible after effects of sedation, given to me both verbally and in written form.

I agree to undergo the type of anaesthetic that I have been informed about-injection in the gum (local anaesthetic) and injection in a vein in the arm or back of hand (IV sedation) as per my treatment plan.

I consent to have radiographs taken of my gums or teeth if necessary while sedated, to aid treatment (and record keeping).

I understand that the Dentist/Oral Surgeon who carries out the initial consultation or other treatment may not carry out the procedure.

I understand that any form of treatment is not guaranteed (e.g. apicectomies).

I understand that venepuncture might be attempted more than once at the beginning, and the cannula might need to be repositioned at a later stage in cases where veins are difficult to locate and/or due to excessive movement from the patient. Bruising of the injection site is common and can be expected following the procedure. Dizziness, disorientation, crying, double-vision, forgetfulness (short-term amnesia) and abnormal reactions may occur during and in the post-sedation (recovery) period.

I understand that in certain circumstances the procedure may have to be terminated without completion of the dental treatment (especially in the case of recent or past recreational drug use i.e. cannabis, heroin, cocaine, ecstasy, methadone or any other similar drugs or prescribed medication) due to unexpected/adverse reactions rendering the surgery inappropriate.

I have told the Dentist/Oral Surgeon about any procedures I would NOT wish to be carried out whilst I am sedated.

I understand that the following risks may apply to me as a result of the proposed dental surgery, and have had the opportunity to discuss them, which are not limited to:

PAIN A certain amount of post-operative discomfort and pain is to be expected for several days and should be controlled with over-the-counter pain medication. If the pain is severe or persistent, additional treatment may be required.

BLEEDING There may be some oozing of blood for up to 24 hours after surgery. Biting with pressure on gauze will assist in controlling the bleeding.

SWELLING You may experience a variable amount of swelling and difficulty with opening your mouth and /or bruising around the surgical site. Most swellings take 5-6 days to resolve.

Stretching of the corners of your mouth can result in cracking- the use of moisturiser for your lips is advised.

INFECTION As with any surgery, there is a possibility of post-operative infection. This may occur from 1 to 8 weeks after your surgery and may require antibiotic and /or minor surgery to resolve.

ALTERED SENSATION- If surgery involves a risk of damage to an associated nerve, after surgery you may experience some altered feeling to your lip/chin/gums/ tongue or teeth for a varying period of time, which can be temporary or permanent. In addition, the loss of taste may occur. In most cases, this gradually resolves.

FRACTURE In rare cases, fracture of the jaw can occur. If this happens, you will be referred for immediate treatment.

MAXILLARY SINUS In removal of upper teeth, sinus problems and a communication between the sinus and mouth may occur. Soft tissue closure may be necessary.

TEMPOROMANDIBULAR JOINT (TMJ) During surgery your mouth may remain open for an extended period of time. Afterwards, you may experience pain and discomfort in your TMJ (temporomandibular joint).

ROOT TIPS The decision is sometimes made to leave a small root tip in the jaw when its removal would require extensive surgery with higher risk of complications for its removal, than leaving it in place.

PERIODONTAL DEFECT When impacted teeth resorb the bone of adjacent teeth, a periodontal or periodontal/endodontic defect may develop, requiring periodontal or possibly endodontic treatment.

DAMAGE TO ADJACENT TEETH Due to the difficulty in removal of teeth, crowns or large restorations on adjacent teeth may become damaged.

BONE SPLINTERS Sharp ridges or bone splinters may become prominent in the healing phase which may require additional surgery for removal.

BIRTH CONTROL PILLS Antibiotics (i.e. penicillin, amoxicillin, erythromycin, and tetracycline) may interfere with the effectiveness of oral contraceptives. Since oral contraceptives may be rendered ineffective when taken concurrently with antibiotic, it is recommended an additional method of birth control be used for the rest of that cycle's package of pills.

Signature

DD/MM/YYYY

Patient/Parent/Guardian (please state)

If Parent/Guardian please provide name

First

Last

PATIENT TAKING MEDICINES: Do NOT interrupt any treatment that has been prescribed to you UNLESS specifically told to do so by the Doctor/Oral Surgeon