

POSSIBLE POST-SURGICAL RISKS AND COMPLICATIONS

1. **DISCOMFORT** –Variable discomfort following surgery is to be expected, the worst of which coming within the first 24 hours. Medication will be prescribed, such as Percocet and Motrin, to help decrease pain and increase patient comfort.
2. **SWELLING** –Some swelling following oral surgery is to be expected. It will normally develop over several days after the procedure but should resolve at the end of the first week.
3. **BLEEDING** –Expect some bleeding up to several hours following surgery. There may also be slight oozing from the extraction site up to 48 hours post-op but it will be minimal.
4. **BRUISING** –Occasionally there will be some intraoral and/or extraoral bruising in the area that the surgery was performed.
5. **CRACKED OR ULCERATED LIPS**–During the procedure, slight stretching of the corners of the mouth will be necessary in order for the doctor to visualize the third molars. As a result of this, minor cracking and ulcerations of the lip may result, especially if the lips are dry.
6. **INTRAORAL OR PERIORAL LACERATION** –Sharp instruments and rotary handpieces or “drills” are used to surgically remove teeth. Rarely an unintentional laceration to the cheek, tongue, or lip may occur.
7. **INFECTION** –On rare occasions, the surgical site may become infected up to 6 weeks following surgery. Any unusual pain, swelling, or bleeding should be reported to the office.
8. **JAW STIFFNESS (TRISMUS)** –The muscles of the jaw may stiffen during surgery causing a limited opening of the mouth that can last for several days.
9. **INJURY TO THE JAW JOINTS (TMJ)** –During any lower jaw surgery, it is possible to injure the joint of the jaw called the TMJ. Patients may occasionally experience soreness in their jaws following surgery but the soreness usually resolves as the surgical sites heal. Rarely permanent injury to the joint can occur which can result in changes in the patient’s bite or constant soreness in that area. Follow-up care would be needed if this occurs.
10. **ADJACENT TOOTH DAMAGE** –Infrequently, adjacent teeth or fillings are damaged or loosened during surgical procedures. Teeth with extensive decay, large fillings, root canals, crowns, and periodontal disease (gum disease) are at the greatest risk. Damaged teeth can usually be repaired.
11. **DRY SOCKET** –Following surgery, a blood clot that had formed in the socket may break down prematurely and cause increased discomfort. The usual treatment consists of placing a medicated dressing into the tooth socket.
12. **“NUMB” LIP, TONGUE, OR CHEEK (PARESTHESIA)** –The nerves in the lower jaw can be disturbed during the surgical procedure. This uncommon condition may cause a temporary or permanent “numbing” of the tongue, teeth, lips, chin, and cheek.
13. **SINUS INVOLVEMENT** –The roots of the last four or five teeth in the upper jaw may protrude into or be separated from the maxillary sinus by only a paper-thin thickness of bone. In some instances removal of these teeth will result in an opening between the tooth socket and sinus. Most will heal normally without intervention but some instances will require medications and specific precautions. Few will require surgery.
14. **RETAINED TOOTH ROOTS** –Occasionally small portions of the root will break during removal and the surgeon may decide that the risks of retrieving the roots outweigh the benefits. Small roots that are left usually cause no difficulties.
15. **JAW FRACTURES** –This extremely rare complication may occur during the removal of deeply imbedded 3rd molars or if the patient has weakened bone structures. The jaw will remain susceptible to fracture 2-3 months following surgery.
16. **ASPIRATION/INGESTION OF TOOTH OR FOREIGN OBJECT** –It is possible that a small piece of tooth or bone structure may be swallowed during the procedure. The risk of this occurring will be minimized as much as possible but if it were to happen, immediate treatment and follow-up would be necessary.

17. **ANESTHETIC RISKS** –During IV sedation, a catheter will deliver sedative medication to the patient that is placed into a vein in the hand or arm. These medications have the ability to effect breathing and in very rare instances can cause death. However, this method has proven to be safe and allows to patient to better tolerate surgery.

18. **VEIN-INFLAMMATION** –Bruising or inflammation may occur at the site of the IV injection in the hand or arm. Most cases are minor and are easily treated.

The proposed surgery has been explained to me including the potential risks, benefits, complications and alternatives. I have had the opportunity to discuss the procedure with the surgeon. All of my questions have been answered thoroughly; I understand them and I wish to proceed. **FEMALES** –I deny the possibility of pregnancy. I have been offered a pregnancy test before the procedure. I understand the potential risks to an unborn child from the sedation medication. All of my questions have been answered, I understand, and I wish to proceed.

(Printed name of patient)

(Date)

(Signature of patient)