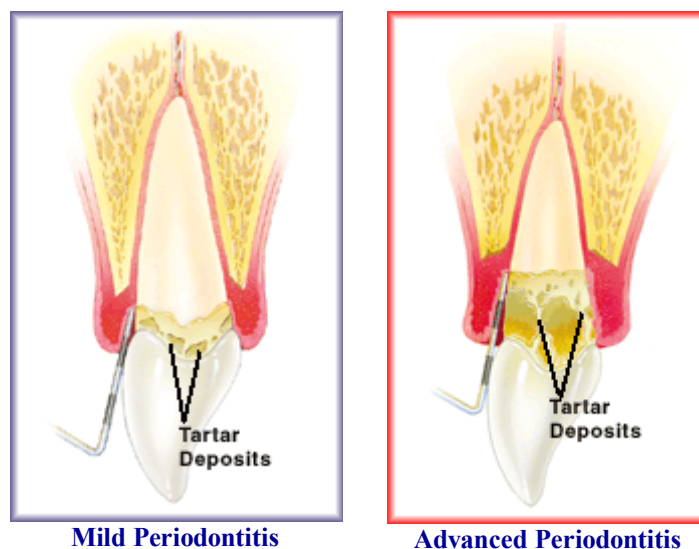


POST OPERATIVE INSTRUCTIONS AND CONSENT FORM FOR PERIODONTAL SURGERY

Your bone and gum tissue should fit snugly around your teeth like a turtleneck around your neck. When you have periodontal disease, this supporting tissue and bone is destroyed, forming "pockets" around the teeth.

Over time, these pockets become deeper, providing a larger space for bacteria to live. As bacteria develop around the teeth, they can accumulate and advance under the gum tissue. These deep pockets collect even more bacteria, resulting in further bone and tissue loss. Eventually, if too much bone is lost, the teeth will need to be extracted.



Your periodontist has measured the depth of your pocket(s). A pocket reduction procedure has been recommended because you have pockets that are too deep to clean with daily at-home oral hygiene and a professional care routine.

During this procedure, your periodontist folds back the gum tissue and removes the disease-causing bacteria before securing the tissue into place. In some cases, irregular surfaces of the damaged bone are smoothed to limit areas where disease-causing bacteria can hide. This allows the gum tissue to better reattach to healthy bone.

What are the benefits of this procedure?

Reducing pocket depth and eliminating existing bacteria are important to prevent damage caused by the progression of periodontal disease and to help you maintain a healthy smile. Eliminating bacteria alone may not be sufficient to prevent disease recurrence. Deeper pockets are more difficult for you and your dental care professional to clean, so it's important for you to reduce them. Reduced pockets and a combination of daily oral hygiene and professional maintenance care increase your chances of keeping your natural teeth – and decrease the chance of serious health problems associated with periodontal disease.

- Please expect some swelling and discomfort following the procedure in the area that the periodontal surgery is carried out.**
- This procedure carries a risk of failure. If on review the treatment is not successful your options will be discussed in full at this time**
- There is a risk of infection following this procedure. If appropriate, your dentist will prescribe you a dose of antibiotics.**
- You will require stitches following the procedure and you will need to be seen one week later to have these removed.**
- There is a risk of temporary or permanent numbness of your lip or tongue when carrying out this procedure**
- There is a chance that the gum will recede in the area following treatment**
- Do not spit or rinse in the 24 hour period following the procedure. This means not brushing your teeth in this period.**
- Do not drink alcohol in the 24 hour period following the extraction.**
- Smoking reduces the success rate of this procedure.**
- If you have a denture, if possible it will be relieved from the recipient site to reduce pressure on it. If this is not possible, please wear your Essix retainer as instructed.**
- If there is any bleeding bite down on the packs which have been provided for a period of 45 minutes. If there is any bleeding that you cannot control with the packs that have been given to you, call us on one of the numbers below or go to hospital.**
- Avoid heavy exercise for 24 hours. Ideally rest by sitting in a chair and use an extra pillow for the first night.**
- After 24 hours rinse with warm salty water (level teaspoon of salt to a cup of water) 3 times a day for 7 days. This will help with the healing.**
- Try not to disturb the area with your tongue, by eating food on that side, or by vigorous rinsing. This will delay the healing process.**

- It is likely that some bone grafting material will need to be used in your case. This graft material will be derived from both pigs and cows. If this is of concern for you please let us know well in advance of the procedure.
- Take any pain-killing tablets as advised by your dentist. Follow any instructions regarding dosage carefully.
- It is not unusual to experience swelling or discomfort for a few days. However if pain, swelling or bleeding persists, contact the dentist.

Patient Initials.....

If you are happy to proceed with this procedure, please print, sign and date below:

Patient's Name..... Date.....

Patient's Signature..... Date.....

Dentist's Signature..... Date.....

PRACTICE TELEPHONE: 02088705059

DUTY DENTIST CONTACT: 07775815709