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Consent for Treatment with General Anesthetic

You have the right to accept or reject dental treatment recommended by your dentist. This form is intended to provide you with an overview of potential risks and complications. Prior to consenting to treatment you should carefully consider the anticipated benefits, commonly known risks and complications of the recommended procedure, alternative treatments or the option of no treatment.

It is very important that you provide your dentist with an accurate medical history before, during and after treatment. It is equally important that you follow your dentist's advice and recommendations regarding medication, pre- and post-treatment instructions, referrals to other dentists or specialists, and return for scheduled follow-up appointments. If you fail to follow the advice of your dentist you may increase the chances of a poor outcome. Please read the items below, answer where indicated and sign at the bottom of the form. Do not sign this form or agree to treatment until you have read, understood and accepted each item carefully. Be certain your dentist has addressed all of your concerns to your satisfaction before commencing treatment.

During your/your child's course of treatment the following care may be provided:

EXAMINATIONS AND X-RAYS

Radiographs may be required to complete your examination, diagnosis and treatment plan. The dentist will read and diagnose any x-rays taken.

DENTAL PROPHYLAXIS/PERIODONTAL TREATMENT (CLEANING)

A routine dental cleaning involves the removal of plaque and calculus.

RESTORATIONS (FILLINGS)

Dental fillings are required to restore decayed or fractured teeth. Fillings may be done using a variety of different materials. At this office we use materials that are tooth coloured. Another option is a material called amalgam (silver fillings). This office does not use amalgam, however you may be able to have this type of filling done at a different office.

A more extensive restoration than originally diagnosed may be required due to additional decay or unsupported tooth structure that can only be found during preparation of the tooth. This may lead to pulpotomy, pulpectomy, root canal treatment or even extraction. Sensitivity is common after a newly placed filling. Occasionally after receiving a filling, an adjustment may be required. You may need to return to the office for the adjustment.

☐ **I understand and agree** ☐ **I do not agree**

PULPOTOMY ("BABY TEETH")

If cavities are left untreated, the decay will increase in size and the tooth may fracture or become infected. A pulpotomy may be required if decay has progressed into the nerve of the tooth. This treatment involves the removal of some (or all) of the nerve that is in the tooth. The benefit would be preventing extraction of the tooth. There is the risk of re-infection even though this procedure has been done.

ROOT CANAL ("ADULT TEETH")

A root canal is required when infection is present at the root tip or when decay has progressed into the nerve of a permanent tooth with closed root tips, or with a necrotic/dead tooth. This treatment involves removal of the nerve from the nerve canals of the tooth, shaping the canal(s) and filling them with dental material.

A crown is typically recommended on a root canal treated tooth. The benefit of having a root canal is preventing extraction of the tooth. There is a risk of reinfection even though the root canal has been completed, or the tooth may fracture and require further treatment or even extraction.

APEXOGENESIS

This procedure is required on an immature/young, permanent tooth that is vital/alive, its root tips are still open and decay has extended into the nerve. Only the infected part of the nerve is removed. The tooth may become infected or require root canal therapy in the future. The benefit of this procedure is to prevent infection or extraction of the tooth.

EXTRACTION

An extraction of a tooth may be required if the decay has progressed too far, has caused an infection or the tooth is fractured and cannot be restored. Some of the risks of having an extraction done include bruising, swelling and pain. Having a tooth extracted should resolve the infection. In most cases it is recommended that missing permanent teeth be replaced.

SPACE MAINTAINERS

Many times the dentist will recommend placing a space maintainer to replace an extracted primary (baby) tooth. Sometimes they are not possible. The space maintainer is intended to hold the space for the permanent tooth to come into its proper place. It should stay in place until the permanent tooth starts to erupt.

CROWNS/STAINLESS STEEL CROWNS

In certain circumstances, due to the amount of decay and loss of tooth structure, traditional filling material may not be sufficient to restore certain teeth. In these cases a crown/stainless steel crown may be required. Placing a crown protects the tooth and helps to prevent fractures.

In some cases white crowns for primary teeth may be available. They cannot always be placed. Placing white crowns on primary teeth may result in additional treatment, such as a pulpotomy, which can result in additional anesthetic time. They are not usually covered by dental benefits. It is up to the parent/guardian to request white crowns. Fees will be due on the day of the appointment.

☐ **I understand and agree** ☐ **I do not agree**

TEMPOROMANDIBULAR JOINT (TMJ) / JAW DISCOMFORT

Symptoms of popping, clicking, locking and pain can intensify or develop in the jaw during or after treatment. However, symptoms of TMJ associated with dental treatment are usually temporary in nature and will be tolerated by most patients. If treatment should arise, you could be referred to a specialist, the cost of which is your responsibility.

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CHANGES IN THE TREATMENT PLAN

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during the initial examination. The most common being more extensive decay, additional teeth requiring treatment, pulpotomy, pulpectomy, root canal treatment, stainless steel crowns, or extraction of tooth/teeth.

I understand additional treatment may be required which can result in additional costs that may not be covered by my benefits.

☐ **I understand and agree** ☐ **I do not agree**

HEALTH HISTORY CHANGES/ALLERGIES/MEDICATIONS

I have informed the dentist, nurse and anesthesiologist of all medical conditions, any known allergies and all medication that my child may have. I understand that antibiotics, analgesics and other medications can cause allergic reactions including rashes and swelling of tissues, pain, itching, vomiting and/or anaphylactic shock (severe allergic reaction), or they may cause drowsiness, lack of awareness and coordination.

(For Adults)
These effects may be increased by the use of alcohol or other drugs. I understand and fully agree not to operate any vehicle or hazardous device as per the post-operative instructions until fully recovered from the effects of general anesthetic or medications that may have been given to me.

I understand that failure to take medications prescribed to me as directed may offer risks of continued or aggravated infection, pain or a negative result on the outcome of my treatment.

(For Adults) I understand that antibiotics can reduce the effectiveness of oral contraceptives (birth control pill).

GENERAL ANESTHESIA FOR CHILDREN: What Parents/Guardians Should Know

General Anesthesia is very safe for most children. Serious complications are rare, but it's important to know the possible risks.

MINOR SIDE EFFECTS OF GENERAL ANESTHESIA (common)

- Fatigue (tiredness)
- Headache
- Dizziness
- Numbness
- Irritability
- Tingling
- Sore throat
- Facial/sternum bruising
- Cough
- Dental damage
- Nausea (feeling sick to the stomach)
- Vomiting (throwing up)
- Behavioural changes (restlessness, anxiety, bad dreams)

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SERIOUS SIDE EFFECT (RARE)

There is a very small chance that there will be serious problems during or after the general anesthesia. These complications are rare but may include:

- An allergic reaction to a drug
- Breathing problems
- Aspiration
- Damage to teeth, lips, mouth
- Heart or blood pressure changes
- Nerve injury
- Awareness during surgery
- Emergency treatment — which may involve paramedics, ambulance, hospitalization
- Brain injury
- Long-term learning or behavioural effects
- Cardiac arrest, which means the heart stops beating; this can cause death

How Common are these risks?

- Most children do not experience any serious complications.
- Severe allergic reactions: about 1 in 40,000 cases
- Major breathing problems: about 1 in 10,000 to 1 in 100,000 cases
- Unplanned stay in intensive care: about 4 in 10,000 cases
- Lasting nerve damage: less than 1 in 100,000 cases
- Risk of death or severe brain injury is extremely rare for healthy children.

What to Remember

- Most side effects are short-lived and resolve on their own.
- The team caring for our child is trained to spot and treat complications quickly if they occur.
- Let the team know about our child's health history, allergies and any recent cough or cold.

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If you have any questions or concerns, speak to your anesthesia team — they are there to help explain what will be done to keep your child safe before, during and after surgery.

I have read each paragraph above and understand and consent to treatment as needed. I understand the anticipated benefits and commonly known risks and complications of each treatment.

I have been given pre-operative and post-operative instructions and they have been fully explained to me.

I understand that I am financially responsible for all treatment provided. The office will help you submit any necessary forms for your dental benefits. The relationship for dental benefits is between you, your employer and your benefits provider.

I have had the opportunity to ask questions and all of my questions have been answered. I understand the information that has been provided.

Patient's Name:

_____

Parents/Legal Guardian's Name:

_____

Date:

_____

Response Date:

_____

Signature:

_____