

Sedona Periodontics

Informed Consent and Authorization for Periodontal Treatment For Laser Periodontal Surgery.

Diagnosis: After careful oral examination of my condition, Dr. Sakkaris has informed me that I have periodontal disease. I understand that periodontal disease weakens the support of my teeth by separating the gum from the teeth. The “pockets” caused by this separation allow for greater accumulation of bacteria, plaque and tartar under the gum and can result in further infection and loss of bone and gum supporting the roots of my teeth. I have also been made aware of the fact that if left untreated, periodontal disease can cause me to lose my teeth and can have other adverse consequences to my general health.

Recommended Treatment: In order to treat my periodontal condition, Dr. Sakkaris has recommended that my treatment include either laser periodontal surgery (LPS) utilizing the Powerlase AT (Nd:YAG/Er:YAG laser) and/or the Diodent 980 diode laser. I understand that, despite his best efforts, a conventional open flap surgery may need to be utilized. During laser periodontal surgery procedure, the Powerlase AT® Nd:YAG/ Er:YAG laser will be used to remove the inflamed and infected gum tissue and also allow for better access to the root surfaces so that they may be thoroughly cleaned with Piezo ultrasonic scalers and hand scalers (Piezo scalers may adversely affect how a cardiac pacemaker functions). The Er:YAG component of the laser may be utilized to remove hard root deposits and smooth/recontour the underlying bony defects. The laser will then be used again to remove any remaining infected gum tissue and to kill any remaining bacteria in the gum pocket. The final step of the LPS requires the establishment of a stable blood clot along the gum-tooth junction to “seal” the area for periodontal healing. Occlusal (bite) adjustments and equilibration (which has been explained to me in detail) may be necessary during the procedure. Occlusal adjustments may also be performed at subsequent post-op visits and wearing an occlusal guard may also be recommended. Patient compliance is extremely important here. The use of antibiotics and antimicrobial rinses is also an important part of the procedure and must be taken as prescribed.

3. Principal Risks and Complications: Any time the oral soft and hard tissues are manipulated, whether by drill, scalpel or laser, there is always a possibility and risk of unexpected and undesirable side effects. These complications, although rare, include and are not limited to: post-surgical infection, swelling, bleeding, headache, TMJ (jaw joint) pain, tooth/gum pain, tooth sensitivity to hot, cold and sweets; shrinkage of gum tissues, muscle soreness, soft tissue numbness, and cracking of the corners of the mouth. Occlusal adjustment requires the removal of tooth enamel or porcelain from existing crowns which may result in areas of exposed dentin and/or metal which may lead to teeth needing root canal therapy and/or new crowns. It is important to note here that in spite of observing every reasonable precaution—prior nerve damage, infection, or tooth trauma may have pre-existed in a tooth in an asymptomatic, chronic state. Dental procedures in general can sometimes turn a chronic, pre-existing problem in a tooth into an acute one. I therefore understand that complications that sometimes arise in teeth after any type of dental or gum treatment may not have occurred as a direct result of the periodontal treatment. The Powerlase AT and DioDent 980 lasers are classified as tissue cutting lasers and pose a significant risk to your eyes. These lasers are very powerful and can travel for great distances through air, non-filtering glass and semi-transparent materials. You must understand

that it is essential to wear your protective eye wear at all times during the procedure and you will only remove them when directed by the doctor. Vision damage from these lasers may be debilitating and permanent.

4. Expected Results and No Guarantee: There is no method currently available that will predict how the gum and bone will heal following any periodontal procedure. I understand that some aggressive and/or more persistent forms of gum disease may require a second procedure (laser or conventional) if the initial results are not satisfactory. In addition, the success of any periodontal procedure can be affected by other factors such as: pre-existing medical conditions, medications used to treat these conditions, dietary and nutritional problems, genetics, smoking, alcohol consumption, clenching and grinding of teeth, failure to adhere to recommended maintenance visits, inadequate home care, failure to take prescribed medications, failure to comply with post-surgical instructions, and noncompliance in wearing an occlusal guard if one was recommended.

5. Expected Benefits: The purpose of the advised laser surgical procedure and other periodontal procedures is to reduce the infection and inflammation associated with gum disease and to reduce the amounts of harmful bacteria present in gum pockets which have been shown in studies to contribute to other health problems such as heart disease, stroke, respiratory diseases and pre-term child births. Studies also indicate that the rate of periodontal deterioration may be significantly increased in periodontal patients who also have diabetes. With diabetic patients, not only are they more prone to gum disease, but the gum disease itself may also make it more difficult for them to control their blood sugar levels. Additional benefits of laser periodontal therapy include minimal post-op pain and swelling in most cases, reduced halitosis (bad breath) and an increased sense of well-being.

6. Necessary Follow-up Care and Self-Care: I understand that the success of any periodontal procedure is extremely dependant on good home-care and regular maintenance visits. Failure to comply with follow-up visits and self-care may result in treatment failure and relapse to the present condition. The laser periodontal protocol that Dr. Sakkaris is recommending will provide your gums with an environment it needs to stimulate healing. It is up to *you* to maintain that environment in order to realize treatment success!

7. I have read and agreed to the foregoing. I have had the opportunity to ask treatment related questions and have been advised of the risks and benefits of treatment. I understand that it is necessary to complete all phases of recommended treatment, and agree to do so. I certify that I have read and fully understand this document and authorize Dr. Sakkaris to perform the laser periodontal surgery he is recommending.

Patient/Guardian Signature _____ Date _____

Witness _____ Date _____