

Informed Consent for Laser Surgical Procedure

Laser procedures as a general rule, offer positive results that can be achieved by informed and cooperative patients. Thus, the following information is routinely supplied to all who are considering a laser procedure. While recognizing the benefits of healthy teeth and tissues, you should also be aware that laser treatment has limitations and potential risks. These are seldom serious enough to indicate that treatment should be avoided, but they should be considered in making the decision whether or not to undergo laser surgery. Laser treatment usually proceeds as planned; however, as in all areas of medicine, results cannot be guaranteed, nor can all consequences be anticipated.

Laser surgery strives to improve either the overall appearance of the smile by reducing and recontouring the gingival tissues, or by removing the excess gum tissue that is preventing the timely eruption of permanent teeth, which slows the progression of orthodontic treatment.

Laser surgery is performed in our office utilizing a strong topical anesthetic which is painted onto the gums that are being treated. The surgery cauterizes the tissue, therefore bleeding is minimal. The recovery period is brief, lasting for as little as three days, but for some patients may last up to two weeks. The area being treated will be a “caramel” color after the procedure is completed and the patient will experience bleeding during brushing for the first few days, but brushing should not be discontinued.

All forms of medical and dental treatment have risks and limitations. Fortunately, complications are infrequent with laser procedures. Nevertheless, they should be taken into account in deciding whether to undergo laser surgery. Some of the primary concerns may include:

1. Prolonged healing at the surgical site.
2. Possible gingival recession that may require intervention by a periodontist
3. The topical anesthetic may leave the area numb for a minimum of ten minutes. Some younger patients may find this feeling awkward and may make swallowing difficult. Younger patients are cautioned to avoid chewing or biting their lip or cheek while numb.

As with any elective procedure, there are alternatives that patients/parents may consider. You may choose to accept your present oral condition, or chose one of the following alternatives:

1. Have the procedure performed by an oral surgeon under a local anesthetic
2. Have the procedure performed by a periodontist, also under a local anesthetic
3. Decline the surgery, understanding that orthodontic treatment may be delayed.

There is no additional cost to the patient to have this procedure performed by Associated Dental Specialists, but the patient must understand that if a choice is made to return to your family dentist or to another dental office, charges may be incurred.

ACKNOWLEDGMENT OF INFORMED CONSENT

I hereby acknowledge that the major treatment considerations and potential risks of laser surgery have been presented to me, I have read and understand this form and also understand that there may be other problems that occur less frequently or are less severe, and that the actual results may be different from the anticipated results.

Dr Cannon, Dr Tylka has discussed this treatment for _____ with me. I have been asked to make a choice about treatment. I have been presented information to aid in the decision-making process and I have been given the opportunity to ask Dr Cannon, Dr Tylka all questions I have about the proposed laser treatment and information contained within this form.

Signature:

Signature/Patient, Parent or Guardian

Date

Staff Member