

**INFORMED CONSENT FOR CROWN LENGTHENING SURGERY**

**Diagnosis:** After a careful oral examination, radiographic evaluation and study of my dental condition, my periodontist has advised me that I would benefit from crown lengthening surgery. I understand that when a tooth is fractured or decay extends below the gumline, the bone and gum needs to be reduced in size around the tooth in order to obtain access to remove and restore the cavity, or to fix the tooth and place a filling or crown past the fracture. In order for the gum to heal against the tooth in a healthy manner, there must be 3mm of healthy tooth between the margin of the filling or crown and the crest of bone that supports the tooth. This allows for proper attachment of the gum to the tooth.

In the case of a gummy smile, the gums need to be reduced in size so the teeth have a more normal appearance.

**Recommended Treatment:** My periodontist has recommended crown lengthening surgery. I understand that a local anesthetic will be administered as part of the surgery. During the procedure, my gums will be opened to permit better access to the roots and jawbone. The following treatment will be performed:

- Inflamed and infected gum tissue will be removed and the root surfaces will be thoroughly cleaned.
- In order to gain greater tooth length, some bone will be removed around the tooth/teeth to be lengthened as well as the adjacent teeth.
- Any bone irregularities may be reshaped.
- My gum will then be sutured into position and a periodontal dressing may be placed.

**Expected Benefits:** The purpose of crown lengthening surgery is to provide my general dentist or prosthodontist better access and visualization, as well as providing more tooth structure to work with when restoring/repairing my tooth/teeth. It will also help create a biologic width that will reduce post-operative inflammation and is intended to help me keep my tooth/teeth in the operated area(s).

**Principal Risks and Complications:** I understand that some patients do not respond successfully to crown lengthening surgery. The surgery may not be successful in preserving function or appearance. Since each patient's condition is unique, long-term success may not occur. In rare cases the involved tooth/teeth may ultimately be lost. Transient, but on occasion permanent, increased tooth looseness may occur. If during the surgery the dentist finds a very deep cavity, fracture or any other finding that would compromise my tooth/teeth, the crown lengthening procedure will be stopped and the tooth will be extracted at or after the time of surgery.

Complications may result from the crown lengthening surgery involving the gums, jawbone, drugs or anesthetics. These complications include, but are not limited to, the following: post-surgical infection; bleeding; swelling; pain; bruising; numbness of the jaw, lip, tongue, chin or gum; jaw joint pain or muscle spasm; cracking or bruising of the corners of the mouth; restricted ability to open the mouth for several days or weeks; impact on speech; allergic reactions; accidental swallowing of foreign matter; transient (on rare occasion permanent) increased tooth looseness; and tooth sensitivity to hot, cold, sweet or acidic foods. The exact duration of any complication cannot be determined, and may be irreversible.

There is no method that will accurately predict or evaluate how the gum and bone will heal before the surgery is done. I understand that there may be a need for a second surgery if the initial results are not satisfactory.

**Alternatives to Suggested Treatment:** I understand that alternatives to crown lengthening surgery include no treatment. By electing no treatment, my dentist may not be able to place a proper restoration. Another alternative is extraction of the tooth/teeth involved.

**Necessary Follow-Up Care and Self Care:** I understand that it is important for me to continue to see my general dentist for routine care, as well as to get the crown lengthened tooth/teeth restored with a filling or crown after surgery has healed (approximately 3 to 6 weeks).

To my knowledge, I have told my periodontist about any pertinent medical conditions, allergies (especially to medications or sulfites) and medications I am taking, including over-the-counter medications such as aspirin.

In addition, I will need to come for post-op appointments following my surgery so that healing may be monitored and so my periodontist can evaluate and report on the outcome of surgery to my general dentist. Smoking, excessive alcohol intake or inadequate hygiene may adversely affect gum healing and may limit the successful outcome of my surgery.

**Informed Consent for Crown Lengthening Surgery - cont'd.**

I know that it is important to: **(1)** abide by the specific prescriptions and instructions given; **(2)** see my periodontist for post-operative check-ups as needed; **(3)** quit smoking; **(4)** perform excellent oral hygiene; and **(5)** have my general dentist restore the tooth/teeth once the gums are healed.

**Females Only:** Antibiotics may interfere with the effectiveness of oral contraceptives (birth control pills). Therefore, I understand that I will need to use an additional form of birth control along with my birth control pills for one complete cycle after a course of antibiotics is completed.

**Administration of Local Anesthetic:** Medications, drugs and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased with the use of alcohol or other drugs; thus I have been advised not to work or operate any vehicle, automobile, or hazardous device while taking medications and/or drugs until fully recovered from their effects.

**No Warranty or Guarantee:** There is no method that will accurately predict or evaluate how my gum and bone will heal. I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. In most cases it should be, however, due to individual patient differences there can never be a certainty of success. There is a risk of failure, relapse, additional treatment, or even worsening of my present condition, including possible loss of teeth despite the best of care.

**Communication with Insurance Companies and Dental/Medical Providers:** I authorize sending correspondence, reports, chart notes, photos, x-rays and other information pertaining to my treatment before, during and after its completion with my insurance carrier(s), the doctors' billing agency, my general dentist, and any other health care provider involved with my case who may have a need to know about my dental treatment.

**PATIENT CONSENT**

**I certify that I have been informed of the nature of my dental problem, the procedure to be utilized, the risks and benefits of having this oral surgery, the alternative treatments available, the necessity for follow-up and self-care, the necessity of notifying my periodontist of any pertinent medical conditions and of any prescription/non-prescription medications I am taking and that there are no guarantees. I have had the opportunity to ask questions in connection with the treatment and to discuss my concerns with my periodontist. I hereby consent to the performance of crown lengthening surgery as presented to me during my consultation and as described in this document. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist.**

**I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT BEFORE I SIGNED IT AND CONSENT TO CROWN LENGTHENING SURGERY.**

\_\_\_\_\_  
Signature of Patient (Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient (Parent/Guardian)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

**Initial and Date If Applicable:**

Patient: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
            2nd Surgery                      3rd Surgery                      4th Surgery

Witness: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
            2nd Surgery                      3rd Surgery                      4th Surgery