

## Consent for Gingivectomy

### What is a gingivectomy and what are its benefits?

A gingivectomy is a procedure where excessive gum tissue is removed. We use an Nd:YAG laser to accomplish this task. The benefit of selective gum removal is for esthetic improvement or to gain access to a lesion on a tooth for restorative repair.

### What are the risks?

1. There may be some soreness or sensitivity for a few days afterwards and it may appear red. With time this will improve.
2. The gum tissue may grow back. In the case of gaining access for a restorative procedure, regrowth of the gum tissue is of little significance. However, if the regrowth is in an esthetic area then a more invasive procedure called crown lengthening may be needed. This procedure involves the reduction in gum and bone tissue and is performed by a periodontist.
3. Unevenness of final result. In esthetic areas our goal is to reveal more enamel and aim for symmetry. However, as the gums heal this may not be perfect. One follow up recontouring (another gingivectomy) can be done to fine tune symmetry. After that the gums will have settled into their final position and further gingivectomies will not improve symmetry.

### What are my alternatives?

For esthetic areas a crown lengthening procedure can be done as described above. For restorative access areas cord may be placed under the gums to expose the lesion but it may be obstructive. Of course, choosing no treatment is an option, but the desired outcome will be compromised.

**INFORMED CONSENT:** I can read and write English and have been given the opportunity to ask any questions regarding the nature and purpose of the proposed treatment and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, which may be associated with any phase of this treatment in hopes of obtaining the desired result. The fees for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the doctors and staff at Cross Timbers Dental in rendering any services they deem necessary or advisable to treat my dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications.

**Anesthetic:** The use of local anesthetic is used for pain control during dental procedures. There are inherent risks and side effects. They include, but not limited to: swelling, bruising, soreness, elevated blood pressure or pulse, allergic reaction, and altered sensation that may lead to self-injury. Partial or complete numbness may linger after the dental appointment. In rare cases it can last for an extended time and potentially it can be permanent.

**Medications:** Any medications dispensed or prescribed are the patient's responsibility to understand before taking. Medication inserts are available from our office upon request. Particular attention should be given to possible allergic reactions, drug interactions with current medications and their specific side effects.

**Guarantees:** The practice of dentistry is not an exact science and no procedure is 100% successful. The doctors and/or staff at Cross Timbers Dental have made no guarantees of a successful outcome.

**Notifications:** If a patient develops a problem it is the patient's responsibility to notify the doctors and/or staff of Cross Timbers Dental. Through this notification we will be able to act on the patient's behalf. Attempts to correct a problem may occur at our office or a referral to another health care practitioner may be warranted.

Patient's name (please print) \_\_\_\_\_

Signature of patient/legal guardian \_\_\_\_\_

Date \_\_\_\_\_