

PRE-SEDATION INSTRUCTIONS: Oral Surgery

Your safety/the safety of your child is the utmost importance to us. In order to provide you/your child with a safe and effective oral surgery experience, please read and carefully follow all instructions below BEFORE treatment is to be performed. Please be prepared to stay as long as necessary to complete the procedure and please be on time to your appointment. We will do our best to make your stay as comfortable as possible during that time and we thank you in advance for your understanding. If the patient is on any medications of any kind, please call and consult with the dentist prior to the day of the appointment.

ARRIVE ON TIME

It is very important that you arrive on time to your appointment. The scheduled time includes the time required for the sedation medication to take effect. A calm, orderly day would provide the best chance for quality sedation. Any rushing, either by you or us would jeopardize the chance of success.

BE CALM, CONFIDENT, AND KNOWLEDGEABLE ABOUT THE PROCEDURE

You, as patient or parent/legal guardian, play a key role in your/your child's dental care. Children often perceive a parent's anxiety which makes them more fearful. They tolerate procedures best when their parents understand what to expect and are calm and confident. If you have any questions about the sedation process, please ask; we are happy to answer any questions that you may have. As you become more calm and confident about dentistry, so will your child.

Therefore, in the interest of providing you the best dental care possible, we have provided you with some instructions prior to your/your child's dental treatment appointment.

NOTICE OF ISSUES OR CHANGES IN HEALTH

Please notify our office of any change in your/your child's health and/or medical condition. Fever, ear infection, nasal or chest congestion, or recent head trauma could place you/your child at increased risk for complications. Should you/your child become ill just prior to an oral surgery appointment, contact our office to see if it is necessary to postpone the procedure.

NOTICE OF MEDICATIONS

Tell us about any prescribed, over-the-counter, or herbal medications you/your child is taking and report any allergies or reactions to medications that you/your child has experienced. Check with us to see if routine medications should be taken the day of the sedation. Once again, if the patient is on any medications of any kind, please consult with the dentist prior to the appointment.

FASTING - NO FOODS AND LIQUIDS PRIOR TO SEDATION

Food and liquids must be restricted in the hours prior to sedation. Please ensure that the patient has not eaten or had anything to drink after midnight on the day before treatment. However, if you are given an afternoon appointment for any reason, please keep in mind that the patient may not eat or drink for six (6) hours prior to taking the medication. In particular, please refrain from eating or giving your child any sodas, candies, or other foods with high sugar content. Fasting decreases the risk of vomiting and aspirating stomach contents into the lungs, a potentially life-threatening problem. Fasting will also help make the sedation medication more effective on the appointment day. We will not proceed with the sedation if you do not comply with the following requirements. Let everyone in the home know about the fasting requirements, because siblings and others may unknowingly feed the child. Remember, the minimum time you/your child should fast prior to his or her appointment is Six (6) Hours. **The last meal before the appointment should be light. Fried foods, fatty foods, and meat should be avoided. Clear liquids should be avoided two hours prior to the appointment.**

LOOSE CLOTHING

Dress yourself/your child in loose fitting, comfortable clothing. Please no jewelry, hair accessories, or nail polish. However, you may bring any stuffed animal or toy that will help to comfort and soothe the child. This will allow us to place monitors that evaluate your/your child's response to the medications and help ensure your/your child's safety. These monitors may measure effects on your/your child's breathing, heart rate, and blood pressure.

PARENTAL CHAPERONING

On the night before the appointment, try to keep the child as calm and restful as possible. Try not to bring other children to this appointment so you can focus your attention on your child undergoing the sedation.

You may not leave the building while the child is sedated and you must accompany them to the restroom if it becomes necessary for them to use the facilities. Please use positive reinforcement techniques if the child asks you questions about the procedure. Just remember that our team deals with children of every age, personality, experience level, and treatment condition. We will take great care of your child during this procedure.

Once the procedure is complete, you will receive a take home Post-Sedation Instruction sheet to make sure you have all the information needed. Please read the instructions carefully and feel free to call us if you have any questions or concerns.

TOOTH EXTRACTION INFORMED CONSENT

Patient Name: _____ LAST _____ FIRST _____ MI _____ Date of Birth: _____

If I have elected Mild, Moderate, or Deep Sedation (General Anesthesia), I have not had anything to eat or drink for at least six (6) hours prior to my procedure. I understand that doing otherwise may be life-threatening. As instructed, I have taken my regular medications (blood pressure medications, antibiotics, etc.) and/or any medicine given to me by my doctor using only small sips of water. I am accompanied by a responsible adult to drive me to and from the doctor's office and he/she will stay with me after the procedure until I am recovered sufficiently to care for myself. I understand the drugs given to me for this procedure may not wear off for 24 hours. During my recovery from anesthesia, I agree not to drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.

3. I have been informed of and understand that follow up visits or care, additional evaluation, treatment or surgery, and/or hospitalization may be needed.

4. Patient's Responsibilities

I understand that I am an important member of the treatment team. In order to increase the chance of achieving optimal results, I have provided an accurate and complete medical history, including all past and present dental and medical conditions, prescription and non-prescription medications, any allergies, recreational drug use, and pregnancy (if applicable).

I understand the use of tobacco and alcohol is detrimental to the success of my treatment.

I agree to follow all instructions provided to me by this office before and after the procedure, take medication(s) as prescribed, practice proper oral hygiene, keep all appointments, make return appointments if complications arise, and complete care. I will inform my doctor of any post-operative problems as they arise. My failure to comply could result in complications, risks, or less than optimal results.

I understand and accept that the doctor cannot guarantee the results of the procedure. I had sufficient time to read this document, understand the above statements, and have had a chance to have all my questions answered. By signing this document, I acknowledge and accept the possible risks and complications of the procedure and agree to proceed.

If I am sedated or under general anesthesia during the procedure, I further authorize the doctor to modify the procedure if, in his/her professional judgment, it is in my best interest.

I acknowledge that pre-operative instructions were provided to me.

Patient or Legal Representative Signature

Date

Print Patient or Legal Representative Name/Relationship

Date

Witness Signature (optional)

Date

I certify that I have explained to the patient and/or the patient's legal representative the nature, purpose, benefits, known risks, complications, and alternatives to the proposed procedure. The patient and/or patient's legal representative has voiced an understanding of the information given. I have answered all questions to the best of my knowledge, and I believe that the patient and/or legal representative fully understands what I have explained.

Doctor Signature

Date

Consent for Same-day Surgical Procedure

Patient's Name

Date

I, _____ have been given the option of scheduling my oral surgical procedure for another day; however, due to my present discomfort and/or for my convenience, I request that my procedure:

Extraction of teeth # _____

be performed today. I understand that I may schedule this procedure for another day.

I hereby acknowledge that Dr. Guillermo Retis has explained the surgical procedure to me and has discussed any questions or concerns that I may have regarding my proposed treatment, and that I have received a copy of this form. I understand that I will also sign a consent form for the procedure today.

Patient (or Authorized Guardian) Signature

Date

If Authorized Guardian, relationship to patient: _____

Reason for Authorized Guardian's signature: _____ The patient is a minor

_____ The patient is disabled

Doctor Signature

Date

Office Representative

Date

Consent of Extraction with Risk of Nerve Damage

By signing this form, patient print name _____ **consents to treatment with knowledge of risk. Please read the following.**

Injury to nerves: In the lower jaw there is a nerve canal for a nerve (inferior alveolar nerve) that supplies feeling to the lower lip, chin, tongue, teeth, gingiva (gums), and cheek. There is also a nerve (lingual nerve) that lies outside the lower jaw that supplies feeling to the tongue. There is a possibility that these nerves could be bumped, bruised, cut, or damaged during the removal of lower teeth, especially 3rd molars (wisdom teeth). If injury were to occur to any one of the previously mentioned nerves, numbness of the lower lip, chin, tongue, teeth, gingiva (gums), and/or cheek could occur. Injury to these nerves can also cause pain (dysesthesia) which can persist indefinitely. Injury to these nerves and the above listed symptoms can also be caused by the local anesthetic injection. Usually, injury from the removal of teeth and/or the injection is temporary, but it could be permanent. Numbness of the tongue would also result in loss of taste.

Patient's Signature _____ **Date** _____

Patient's Legal Guardian _____ **Date** _____

Witnessed by _____ **Date** _____

MODERATE SEDATION DISCHARGE INSTRUCTION

POST OPERATIVE SEDATION INFORMATION FOR DENTAL TREATMENT

(To be given to person responsible for the patient sedated.)

It is necessary that the patient be watched for several hours after receiving sedation.

1. They may be disoriented and stagger while walking for the next few hours. Watch closely and do not leave them unsupervised for the rest of today. They should be able to resume normal activities tomorrow.
2. A second responsible person must watch the patient if you are unable to, when returning home.
3. Do not allow the patient to sleep with chin dropped down toward the chest, as this could prevent adequate breathing.
4. Give clear liquids and soft foods today following the appointment. **NO ALCOHOL.**
5. Watch for lip/cheek/tongue biting or picking at the face due to the numbness from the local anesthetic.
6. You should not operate machinery for 24 hours
7. You should not make any important decisions for 24 hours
8. You should avoid dangerous activities such as bicycling, swimming, or working at heights for the remainder of the day.
9. You may temporarily feel sick, weak, or dizzy. This is normal. Some people will vomit if they eat too soon. As soon as you feel like you can drink without vomiting, you should try water or clear juice or soup. You can progress to solid food if the fluids do not cause nausea and you are feeling well. Avoid heavy or greasy foods for the remainder of the day.
10. If pain killers have been prescribed for you, do not take them until you are able to eat something and keep it down.
11. You should not take any alcohol, sleeping pills, or medicines that cause drowsiness for 24 hours.
12. If you have any questions call **915-585-2020**
13. If you feel there is a real emergency go directly to the ER or call 911.

_____ I acknowledge receiving this post-operative consent and will provide a copy to the person or persons responsible for my post-operative care.

Patient's (or Legal Guardian's) Signature

Printed Name

Date

Sedation Tape

Name:

DOB:

PT#:

Sinus Precautions

Post-Operative Care Instructions

Care of your mouth after surgery has an important effect on healing. Swelling, discomfort, and restricted jaw function are normal. These may be minimized by following the instructions below. Please note that there is no additional charge for your post-operative care in this office — contact us if you have problems!

The sinus cavity is the hollow air space above and near the teeth on either side of your upper back jaw, which lies alongside and connects with your nose. Patients that have had a tooth removed near the sinus cavity or an implant procedure/bone grafting involving the sinus need to follow some special post-operative precautions to avoid pressure changes and actions that could possibly negatively impact healing.



INSTRUCTIONS

Please follow these instructions carefully for the next 3–4 weeks.

- Do not blow your nose! Wipe nasal secretions gently.
- Do not use a straw.
- Do not smoke.
- Try to avoid sneezing. If you do sneeze, sneeze with your mouth open — do NOT block the sneeze by pinching your nose.
- Avoid swimming, scuba diving, playing a wind instrument, blowing up balloons, or other things that cause pressure changes in your mouth.
- If you feel congested or have a runny nose, use an over-the-counter nasal decongestant or antihistamine (Sudafed[®], Claritin-D[®] 24, etc.).
- Keep the site in your mouth clean as instructed by gently rinsing beginning the day after surgery. Do not use excessive force while rinsing. Avoid brushing directly over the area for the first 2 weeks. Leave the site alone — don't touch it with fingers, toothpicks, etc. Do not use a Waterpik[®] near the site.
- Avoid bending over — try to keep your head above the level of your heart. Sleep with your head slightly raised.
- Do not strain by pushing or lifting heavy objects.
- Chew softer foods on the other side of your mouth.
- Take any antibiotics or other medications as prescribed.

*Occasionally experiencing a few drops of bleeding from your nose is not unusual and is no cause for alarm.

Please return for your scheduled post-op appointment. Contact our office if you should have any problems or questions in the meantime.