



Northeast Dental Group

'A Dental Destination Location'

7770 Frontage Rd #7341 Cicero, NY 13039

CONSENT FOR SALIVARY STONE REMOVAL

Patient's Name

Date

PLEASE INITIAL EACH PARAGRAPH AFTER READING. IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR BEFORE INITIALING

You have the right to be given information about your proposed surgery so that you may make an informed decision to have or not have surgery.

In your case, the area of concern is right salivary duct stone

Diagnosis: right salivary gland sialolithiasis

Procedure: right sialodocoplasty and stone removal

Alternative treatment: methods include: no treatment/partial treatment/defer treatment

_____1. I understand that a biopsy requires a cut(s) in my mouth or on the skin that will need stitches. My doctor has told me that there are certain risks that can occur with the surgery, including (but not limited to):

- _____ A. Post-operative pain and swelling that may require several days of at-home recuperation.
- _____ B. Bleeding that is heavy or may last a long time that may need additional treatment.
- _____ C. An infection after the procedure that may need more treatment.
- _____ D. Stretching of the corners of the mouth that may cause cracking and bruising and which may heal slowly.
- _____ E. A difficulty in opening the mouth for several days. This is sometimes due to swelling and muscle soreness and sometimes to stress on the jaw joints (TMJ).
- _____ F. Reactions to medications, anesthetics, sutures, etc.
- _____ G. Injury to the nerves in the area of the biopsy which may result in pain or a tingling or numb feeling in the lip, chin, tongue (including the possibility of loss of taste sensation), cheek, gums or teeth, or in areas of the skin of the face. Usually this disappears slowly over several weeks or months, but sometimes the effects may be permanent.

- _____ H. The salivary stone may not be able to be removed or totally removed, the salivary stone may return, and/or the presence of a stone(s) may cause damage to the affected salivary gland, which may require removal of the gland.
- _____ I. Improper drainage of saliva from the salivary gland
- _____ 2. It is likely that your procedure will include local anesthesia. Local anesthesia is a shot given to block pain in the area to be worked on.
- _____ 3. I understand that I may need to come back to see the doctor for follow-up for a long time, even if the biopsy report shows no cancer. I understand that if I need to and don't return for follow-up, my condition may get to a point where I might need more care or more surgery, or the lesion might come back and be a threat to my health. I agree to schedule exams as instructed by the doctor and to tell the doctor if I think there is a change in my condition.
- _____ 4. It is understood all encounters at Northeast Dental Group, including my consultation/surgery/follow-up/phone calls may be recorded for the purpose of training and/or documentation. This recording may become part of my permanent dental record or may be discarded at the sole discretion of the dental office.

ANESTHESIA:

LOCAL ANESTHESIA: (Novocain, Lidocaine, etc.) A shot is given to block pain in the area to be worked on.

NITROUS OXIDE WITH LOCAL ANESTHESIA: Nitrous Oxide (or Laughing Gas) helps to lessen uncomfortable sensations and offers some relaxation.

ORAL MEDICATION WITH LOCAL ANESTHESIA: A pill is taken for relaxation prior to giving local anesthesia.

INTRAVENOUS SEDATION WITH LOCAL ANESTHESIA: Makes you less aware of the procedure by making you calmer, sleepy, and less able to remember the procedure.

INTRAVENOUS GENERAL ANESTHESIA WITH LOCAL ANESTHESIA: You will be completely asleep for the procedure.

Whichever technique you choose, giving any medication involves certain risks. These include:

- _____ 1. Discomfort, swelling or bruising where the drugs are placed into a vein.
- _____ 2. Vein irritation, called phlebitis, where the drugs are placed into a vein. Sometimes this may grow to a level of discomfort or disability where it may be

difficult to move your arm or hand. Sometimes medication or other treatment may be required.

- ___ 3. Nerves travel next to the blood vessels where the drugs are placed into a vein. If the needle hits a nerve or if drugs or fluid leaks out of the vessel around a nerve, you may have numbness or pain in the nerve where it runs along the arm. Usually the numbness or pain goes away, but in some cases, it may be permanent
- ___ 4. Allergic reactions (previously unknown) to any of the medications used.
- ___ 5. Nausea and vomiting, although not common, are possible unfortunate side effects. Bed rest, and sometimes medications, may be required for relief.
- ___ 6. Conscious sedation and general anesthesia are serious medical procedures and, whether given in a hospital or office, carry the risk of brain damage, stroke, heart attack or death.
- ___ 7. In situations where a breathing tube is used, you may have a sore throat, hoarseness or voice change.

YOUR OBLIGATIONS:

- ___ 8. Because anesthetic or sedative medications (including oral premedication) causes drowsiness that lasts for some time, you **MUST** be accompanied by a responsible adult to drive you to and from surgery, and stay with you for several hours until you are recovered sufficiently to care for yourself. Sometimes the effects of the drugs do not wear off for 24 hours.
- ___ 9. During recovery time (normally 24 hours), you should not drive, operate complicated machinery or devices or make important decisions such as signing documents, etc.
- ___ 10. You must have a completely empty stomach. It is vital that you have **NOTHING TO EAT OR DRINK for six (6) hours** prior to your treatment. **TO DO OTHERWISE MAY BE LIFE-THREATENING.**
- ___ 11. **Unless instructed otherwise**, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any medicines given to you by your surgeon **using only small sips of water.**

I have read and understand the above and choose:

- Local Anesthesia
- Nitrous Oxide/Oxygen Analgesia with Local Anesthesia
- Intravenous Sedation with Local Anesthesia

CONSENT

I understand that my doctor can't promise that everything will be perfect. I understand that the treatment listed above and other forms of treatment or no treatment at all are choices I have and the risks of those choices have been presented to me. I have read and understand the above and give my consent to surgery and chosen anesthesia. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature _____ Date _____

Doctor's Signature _____ Date _____

Witness' Signature _____ Date _____

Day of Surgery

*** PLEASE ANSWER THE FOLLOWING:**

What time did you last have anything by mouth?

Date: ____ / ____ / _____ Time: _____ AM/PM

Patient/Guardian/Escort Signature _____ Witness Signature _____

Patient's escort cell phone no.: _____