

Informed Consent for Laser Dental Procedures

It is important that you understand the following information:

The goal of the laser procedures we use is to eliminate or remove gum tissue to either improve the appearance of the smile or gain access to a tooth that has not erupted. Generally laser treatment results in improvement in the intended condition but occasionally the procedure will need to be repeated to get the desired outcome.

Alternatives:

There are alternatives to using the dental laser. Those could include more conventional scalpel surgery in the office of another dental professional at an additional fee. Frequently those procedures will involve sedation which may be helpful in a very apprehensive patient. If you would rather pursue an alternative treatment, please let Dr. Sherick know and he would be happy to discuss those alternatives with you. There is always the option of having no treatment performed though it may compromise the final treatment result.

Possible Intraoperative Complications:

1. Burns – There is a risk of accidental injury by the laser energy which could cause permanent scarring; however, this is very unlikely because the laser energy is carefully metered and contained.
2. Eye Damage – Injury of the eyes is possible if you look into the laser beam. **We will provide eye protection that will prevent this but it must be in place at all times when the laser is in operation.**

Possible Short-Term Effects of Laser Dental Treatment:

1. Pain or a burning/itching sensation may occur for a few days after treatment. A topical anesthetic and occasionally a local anesthetic will be used to block discomfort during the procedure but occasionally you may still notice discomfort during the procedure. Let Dr. Sherick know and he can administer more anesthetic if needed. The numbing effects of the anesthetic may continue to be felt after the procedure so be careful to avoid lip or cheek biting.
2. Redness/Inflammation/Swelling of the tissue will likely be noticed for the first few days. The tissue surrounding the sight of the procedure may feel “tight”.
3. Wound Healing – Oozing of the tissue in the treated area will usually persist for a short time.
4. Allergies – You may experience an allergic reaction to the anesthetics used. If so, please contact Dr. Sherick.
5. You may have a recurrence of a “fever blister” or Herpes Simplex Dermatitis
6. Tissue Hyperpigmentation – You may experience a transient darkening of the tissue in the area especially in dark skinned people.
7. Tissue Hypopigmentation – You may experience lightening of the skin in the area – which can be permanent.

Possible Long-Term Complications of Laser Dental Treatment:

1. Scarring – The risk of scarring exists. It is variable and often related to genetic makeup. It can be minimized by carefully following appropriate aftercare instructions.
2. Tissue Pigment Changes – Soft tissue color and texture changes may occur. At the junction of treated and untreated areas, a difference in color, texture, and/or thickness may appear.
3. Infection – There is a risk of infection common to all surgical procedures. It can be minimized by proper post-operative care.

Anesthetics Employed:

We will be using a topical anesthetic either alone or occasionally in combination with an injected local anesthetic. Because of this certain precautions must be taken:

1. The patient must be careful to avoid biting or chewing on the tongue, lip, cheek, or other parts of the mouth when they are numb.
2. The anesthetic may make swallowing seem more difficult though the sensation will improve after the effect wears off.
3. Let Dr. Sherick know if you have ever had an adverse or allergic reaction to anesthetics used in a dental office.
4. Let Dr. Sherick know if you are or suspect you are pregnant or are breastfeeding.

Patient Consent:

I understand that:

1. Any application of excess heat to the treated area must be avoided for 2-3 days to minimize bleeding and promote healing
2. This is an elective procedure and the treatment is not reversible.
3. More procedures may be needed to achieve the optimal obtainable result.
4. The practice of dentistry and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the procedure. It is not possible to state every complication that may occur because of laser dental surgery. Complications or a poor outcome may manifest weeks, months, or even years after the surgery.

I understand this explanation of laser dental surgery and its risks, benefits, and alternatives. I have had an opportunity to have my questions answered regarding the proposed procedure. I therefore give consent to having the laser dental surgery.

Patient Name (print) _____

Patient/Parent Signature _____ Date: _____

I have been offered a copy of this consent form (initial) _____

Witness Signature _____ Date: _____