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**Consent for Crown Lengthening Surgery**

**Diagnosis:** After careful examination Dr. Kaplan has advised me that I have one or more teeth that have defects in areas caused by decay, breakage (fracture) or erosion that are covered by gum tissue. In some cases the extent of the defect(s) may approach or actually reach the bone that supports the tooth (teeth). It is impossible to restore teeth adequately in this condition because access to the defect(s) is impeded by the gum and bone surrounding the tooth (teeth). Crown lengthening is also performed prior to crown, bridge or veneer placement to insure a proper fit or for aesthetics.

**Recommended Treatment:**  When a tooth is fractured or decay extends below the gum line, the bone and gum needs to be reduced in size around the teeth in order to get access to remove and restore the cavity, or to fix the tooth and place a filling or crown past the fracture. After an examination and study of my dental condition, Dr. Kaplan has advised me that I would benefit from a crown lengthening surgery. Crown lengthening periodontal surgery is intended to expose the defect(s) in the tooth (teeth) by removing gum and/or bone from around the defect(s) in the tooth (teeth) thus allowing access to the defect(s) to permit restoration of the affected tooth (teeth). During this procedure several teeth are usually involved to blend the area of bone or gum removal in with the adjacent architecture.

Local anesthetic (commonly called novocaine) will be administered as part of the surgery. During the procedure, the gum will be opened in the area of the affected tooth (teeth) and the roots of the teeth and the supporting bone will be exposed. The gum tissue and the supporting bone may be reshaped with a bur or hand instruments to expose the defect(s) on the affected tooth (teeth) to render it (them) suitable for restoration. Gum and bone tissue may also be removed from teeth adjacent to the affected tooth (teeth) in order to preserve a natural contour to the supporting structures of the teeth in the area of the defect(s). The gum will be sutured back into a position that exposes slightly more of the affected tooth (teeth) than was exposed before the procedure. A periodontal bandage (periopack, plaster dressing) or dressing may be placed.

**Expected Benefits:** The purpose of crown lengthening surgery is to provide my Prosthodontist better access and visualization, as well as providing more tooth structure to work with when restoring/preparing my tooth/teeth and/or improve aesthetics of a “gummy” smile.

**Principal Risks and Complications**: Some patients do not respond successfully to crown lengthening surgery. The surgery may not be successful in preserving function or appearance. Because each patient’s condition is unique, long-term success may not occur. Unforeseen conditions may call for a modification or change from the anticipated surgery plan. In rare cases the involved tooth (teeth) may ultimately be lost. If during surgery Dr. Kaplan finds a very deep cavity, fracture or any other finding that would compromise the tooth (teeth) and or render the tooth (teeth) non-restorable the crown lengthening procedure will be stopped and the tooth would be extracted at or after the time of surgery. Any other complication could also result in the termination of the procedure prior to completion of the surgery as originally outlined.

Other things in the future, such as accidents, root canal problems, tooth decay; periodontal disease, etc. could also cause the loss of the tooth/teeth we are trying to treat with crown lengthening surgery. As in any oral surgery procedure, there are sometimes complications that may result from the crown lengthening surgery or from anesthetic/drugs. They include, but are not limited to the following:

1. Swelling, facial bruising (discoloration) or discomfort (pain).
2. Bleeding-significant bleeding is not common, but persistent oozing can be expected for several hours or days.
3. Post-surgical infection.
4. Transient, but on occasion permanent, increased tooth looseness may occur.
5. Tooth sensitivity to hot, cold, sweet or acidic foods.
6. Jaw joint pain and/or injury or muscle spasm.
7. Limited jaw opening (restricted ability to open the mouth) due to inflammation or swelling. Sometimes it is the result of jaw joint discomfort (TMJ), especially when TMJ disease already exists.
8. Numbness or altered sensations in the jaw, teeth, gums, lip, tongue and chin, around the surgical area following the procedure. Almost always the sensation returns to normal, but in rare cases, the loss may be permanent.
9. Stretching of the corners of the mouth resulting in cracking or bruising.
10. Gum recession/shrinkage creating open spaces between the teeth and making the teeth appear longer.
11. Unaesthetic exposure of crown (cap) margins.
12. Damage to adjacent teeth, especially those with large fillings, crowns or bridges.
13. Food lodging between the teeth after meals, requiring cleaning devices such as floss for removal.
14. Impact on speech
15. Accidental swallowing of foreign matter.
16. Allergic reactions

The exact duration of any complication cannot be determined, and they may be irreversible. I understand that I will be responsible fees relating to any and all complication that may develop.

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 second surgery if the initial results are not satisfactory. In addition, the success of periodontal procedures can be negatively affected by some medical conditions, dietary or nutritional problems, smoking, alcohol consumption, inadequate oral hygiene and some medications. I have reported to my dentist any prior drug reactions, allergies, diseases, habits or conditions that might in any way relate to my health and this surgical procedure as well as any prescription and non–prescription drugs that I am taking. I understand that my diligence in performing the personal daily care, following all post-operative instructions and taking all medications as prescribed are important to the ultimate success of the procedure.

**Alternatives to suggested Treatment:** I understand that alternatives to crown lengthening periodontal surgery include:

1. No treatment. I understand that if no treatment is done, my dentist may not be able to

place a restoration. With the expectation that the defect(s) in the affected tooth(teeth)

will grow larger resulting in shifting of the positions of adjacent and opposing teeth and eventually may necessitate the removal of the affected tooth (teeth).

1. Extraction of the tooth or teeth involved- Extracted teeth that are not immediately replaced may lead to the other teeth moving or drifting, creating spaces between the remaining teeth and making it difficult to impossible to replace them or straighten them later.
2. Restoration of the affected tooth (teeth) without crown lengthening periodontal surgery- with the expectation that the restoration will be defective in the area of the tooth surface defect(s) resulting in tooth decay and/or periodontal disease in the area of the defect(s).

**Necessary Follow-up care and Self-Care:** I understand that it is important for me to continue to see Dr. Kaplan at regular intervals in the future in order to maintain my general dental health and the health of the area of the crown lengthening periodontal surgery in particular. I understand that I must follow Dr. Kaplan’s instructions for post-operative self-care as well as for future professional care and maintenance in order to maximize the prospects for a successful outcome for my crown lengthening periodontal surgery.

I have told Dr. Kaplan about any pertinent medical conditions I have, allergies (especially to medications or sulfites) or medications I am taking, including over the counter medications such as aspirin.

I will need to come for post-op appointments following my surgery so that healing may be monitored. Smoking, excessive alcohol intake or inadequate oral hygiene may adversely affect gum healing and may limit the successful outcome of my surgery. I know that it is important to:

1. Abide by the specific prescriptions and instructions given
2. See Dr. Kaplan for post-operative check-ups as needed.
3. Quit smoking
4. Perform excellent oral hygiene once instructed to, usually 1 week after the surgery is done
5. Have the tooth/teeth restored 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 some additional form of birth control for one complete cycle besides just birth control pills after a course of antibiotics is completed.

**No Warranty or Guarantee:**  I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed retreatment will be successful. In a vast majority of the cases, the treatment will permit the restoration and ultimately the retention of the affected tooth (teeth). However, due to individual patient differences, a dentist cannot predict certainty of success. There is a risk of failure, relapse, additional treatment or even worsening of my current condition, including possible loss of teeth despite the best of care.

**Publication of Records:** I authorize photos, slides, x-rays or any other viewing of my care and treatment during or after its completion to be used for either the advancement of dentistry or in promotional materials. My identity will not be revealed to the general public.

**Procedure(s) to be Performed:**

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**Informed consent:** I have been fully informed of the nature of crown lengthening periodontal surgery, the procedure to be utilized, the risks and benefits of such treatment, the alternative treatments available and the necessity for follow-up and self-care, and the necessity of telling Dr. Kaplan any pertinent medical conditions and prescriptions and non-prescription medications I am taking.. I have had the opportunity to ask questions I may have in connection with the treatment and to discuss my concerns with Dr. Kaplan. I also understand that any questions that I might have during treatment will be answered when I ask them. After thorough deliberation, I hereby consent to the performance of the crown lengthening periodontal surgery as presented to me during consultation and in the treatment plan presentation 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 dentist. I voluntarily assume any and all possible risk of substantial harm, if any, which may or may not be achieved. No guarantees or promises have been made to me concerning the results. The fee(s) for this service have been explained to me and are satisfactory. I understand that I will be responsible for fees relating to any and all complications that may develop. By signing this form, I am freely giving my consent to allow and authorize Dr. Kaplan to render any treatment deemed necessary, desirable and/or advisable to my dental conditions..

\_\_\_\_I give my consent for the proposed crown lengthening procedure(s) as described above.

\_\_\_\_I refuse to give my consent for the proposed crown lengthening procedure(s) described above. I have been informed of the potential consequences of my decision to refuse this treatment.

Patient Name: Ms. Date

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 Patient’s signature Date

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