CONSENT FORM · RESTORATIVE

# Consent for Wisdom Tooth Removal

Please read this form carefully. It explains the treatment we have recommended, its benefits, risks and alternatives, so you can make an informed decision. Take as long as you need and ask us anything. You may change your mind at any time before or during treatment.

| PATIENT FULL NAME | DATE OF BIRTH | PATIENT NUMBER |
|---|---|---|
| | | |

| TOOTH, TEETH OR AREA | TREATING CLINICIAN | DATE |
|---|---|---|
| | | |

SECTION 1

## About your treatment

Wisdom tooth removal is a minor surgical procedure to take out a wisdom tooth that is causing problems. We only recommend it when there is a clear clinical reason, in line with NICE guidance.

Wisdom teeth are the last teeth to come through, usually between the ages of 17 and 25. Sometimes there is not enough room and they become stuck (impacted). NICE guidance says wisdom teeth should only be removed when there is a problem, such as repeated gum infections around the tooth (pericoronitis), decay that cannot be repaired, an abscess, a cyst, damage to the tooth in front, or when needed for other jaw surgery. Teeth that are not causing problems are usually left alone.

Lower wisdom teeth can sit close to the nerves that supply feeling to the lip, chin and tongue. We use X-rays and, when needed, a CBCT 3D scan to plan treatment. If the roots are very close to the nerve, a coronectomy may be offered, where only the crown of the tooth is removed and the roots are left. Complex cases may be referred to an oral surgeon.

**What happens**

| STEP | WHAT IT INVOLVES |
|---|---|
| **1. Assessment and X-rays** | We examine the tooth and take panoramic X-rays. If the roots look close to the nerve, we may suggest a CBCT 3D scan. |
| **2. Discussing your options** | We explain whether removal is needed under NICE guidance, the risks to the nerves and the alternatives, including coronectomy and no treatment. |
| **3. Numbing and sedation** | We numb the area with local anaesthetic. IV sedation can be arranged if you would like it. |
| **4. Removing the tooth** | We make a small cut in the gum, may remove some bone and often divide the tooth into pieces to remove it gently. |
| **5. Stitches** | The gum is closed with dissolvable stitches and you bite on gauze to control bleeding. |
| **6. Aftercare and review** | We give aftercare advice verbally and in writing and may arrange a review. |

SECTION 2

## Expected benefits

- Treats repeated infection, pain and swelling around the tooth.
- Prevents further damage to the tooth in front, such as decay or bone loss.
- Removes a cyst or other disease linked to the tooth.
- Makes cleaning the back of the mouth easier.
- Reduces the risk of future emergency visits from the same tooth.

SECTION 3

## Risks and possible complications

Every treatment carries some risk. These are the risks we believe are important for you to know about. Your dentist will explain any that apply particularly to you.

| RISK | WHAT IT MEANS | HOW LIKELY |
|---|---|---|
| **Pain, swelling and jaw stiffness** | Expected for several days. Swelling usually peaks around day 2 or 3. Opening your mouth may be difficult for a week or so. | Common |
| **Bleeding and bruising** | Some oozing and bruising on the cheek or neck can happen, especially in the first 24 hours. | Common |

| RISK | WHAT IT MEANS | HOW LIKELY |
|---|---|---|
| **Dry socket** | Loss of the clot causes a deep ache a few days later. It happens in about 1 in 20 extractions overall and is more common after lower wisdom teeth and in smokers. | Common |
| **Infection** | The area can become infected, causing increasing pain, swelling or a bad taste. Further treatment may be needed. | Uncommon |
| **Numbness of the lower lip and chin** | The inferior alveolar nerve can be bruised during lower wisdom tooth removal. Temporary tingling or numbness happens in up to about 1 in 10 people. Permanent numbness affects under 1 in 100. | Uncommon |
| **Numbness or altered taste of the tongue** | The lingual nerve can be affected. Temporary change is uncommon and permanent change is rare, under 1 in 100. | Uncommon |
| **Damage to the tooth in front** | The neighbouring tooth or its filling can be damaged. | Uncommon |
| **Sinus communication** | For upper wisdom teeth, a small opening into the sinus can occur. Most heal without treatment. | Uncommon |
| **Root fragments or coronectomy roots moving** | A small root tip may be left if removing it would risk the nerve. After a coronectomy, retained roots can occasionally move up or become infected and need removal later. | Uncommon |
| **Jaw fracture** | A break in the jaw is very rare and more likely with deeply buried teeth in older patients. | Rare |

Common means it may affect more than 1 in 10 people. Uncommon means between 1 in 100 and 1 in 10. Rare means fewer than 1 in 100.

SECTION 4

## Alternatives, including no treatment

- **No treatment**: if the tooth is not causing disease, NICE advises leaving it alone. If it is causing problems, infection, pain or damage to the tooth in front may continue.
- **Monitoring**: regular checks and X-rays when needed for teeth that are impacted but healthy.
- **Coronectomy**: removing only the crown of the tooth and leaving the roots, to reduce the risk of nerve injury when the roots are very close to the nerve.
- **Treating pericoronitis**: cleaning, mouthwash and sometimes removing the upper wisdom tooth biting on the gum can settle mild infection.
- **Referral to an oral surgeon or hospital**: for complex teeth, a high nerve risk or if you would prefer general anaesthetic.

SECTION 5

## Costs

| ITEM | GUIDE FEE |
|---|---|
| **Wisdom tooth surgical removal** | £450 |
| **Panoramic radiograph (OPG)** | £95 |
| **CBCT 3D scan (if needed)** | £250 |
| **Coronectomy** | Quoted at consultation |
| **IV sedation (if chosen)** | £350 per hour |

| YOUR ESTIMATED TOTAL (FROM YOUR WRITTEN PLAN) £ | PLAN REFERENCE | ESTIMATE VALID UNTIL |
|---|---|---|
| | | |

Fees are confirmed in your written treatment plan. If anything changes during treatment that affects the cost, we will discuss it with you first.

SECTION 6

## Anaesthetic and sedation

☐ Local anaesthetic ☐ No anaesthetic needed ☐ Inhalation sedation ☐ IV sedation

If sedation is planned you will also sign a separate sedation consent form and receive written sedation instructions.

SECTION 7

## Your consent

Please initial each statement you agree with.

| | |
|---|---|
| I understand there is a clinical reason for removing my wisdom tooth in line with NICE guidance, and that healthy wisdom teeth are usually left alone. | ☐ |
| I understand that temporary numbness of the lower lip and chin occurs in up to about 1 in 10 people and permanent numbness in under 1 in 100. | ☐ |
| I understand that the tongue nerve can also be affected, causing numbness or altered taste, which is usually temporary but can rarely be permanent. | ☐ |
| I understand the other risks, including pain, swelling, jaw stiffness, bleeding, dry socket, infection and damage to the tooth in front. | ☐ |
| I understand that a CBCT scan may be advised and that coronectomy or referral to a specialist are alternatives. | ☐ |
| I understand that if a coronectomy is carried out, the roots may later need removal. | ☐ |
| I have been told about the alternatives, including no treatment, and what they would mean for me. | ☐ |
| I have read this form and the information leaflet, or had them read to me, and I understand them. | ☐ |
| I have had enough time to consider my options, and my questions have been answered to my satisfaction. | ☐ |
| I understand the alternatives, including no treatment, and the material risks that apply to me. | ☐ |
| I understand the costs set out in my written treatment plan. | ☐ |
| I understand that if something unexpected is found, my dentist will stop and discuss it with me unless stopping would put my health at risk. | ☐ |
| I understand I can withdraw my consent at any time, and that results vary and no outcome can be guaranteed. | ☐ |
| I agree to clinical photographs, scans and X-rays being taken for my dental records. | ☐ |

SECTION 8

## Signatures

**Patient.** I agree to the treatment described on this form.

PATIENT SIGNATURE | PRINT NAME | DATE

**Parent or guardian** (if the patient is under 16, or lacks capacity and you hold legal authority).

SIGNATURE | PRINT NAME | RELATIONSHIP TO PATIENT | DATE

**Interpreter** (if used). I have interpreted the information on this form to the best of my ability.

INTERPRETER SIGNATURE | PRINT NAME AND LANGUAGE | DATE

**Clinician.** I have explained the treatment, the intended benefits, the material risks, the reasonable alternatives including no treatment, and the costs. I have given the patient time and opportunity to ask questions, and I believe they understand.

CLINICIAN SIGNATURE | PRINT NAME | GDC NUMBER | DATE

CONFIRMATION ON THE DAY OF TREATMENT

If you signed this form at an earlier appointment, we will check with you on the day that nothing has changed and that you still wish to go ahead.

| PATIENT SIGNATURE | CLINICIAN SIGNATURE | DATE | TIME |
|---|---|---|---|
| | | | |

**Questions or second thoughts?** Call 01932 507650, WhatsApp 07835 798 611 or email hello@lusso.dental. A copy of this signed form is kept in your records and a copy is given to you.