



FAMILY, IMPLANT & COSMETIC DENTISTRY

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INFORMED CONSENT FOR PERIODONTAL THERAPY

Objective: The purpose of our soft tissue management (STM) program is to remove hard and soft deposits from the teeth and gum line and to decrease inflammation. Your gums are not healthy and this is a therapeutic treatment to restore health when combined with proper and effective homecare. After completion of our STM program, periodontal surgery may be recommended after re-evaluation, in order to eliminate periodontal pockets.

The treatment that you need consists of:

1. **SPGI-** Scaling in the presence of gingival inflammation, (full mouth debridement). This is a more extensive cleaning. You have more calculus (tartar) than someone who regularly maintains his/her teeth. Your gums show signs of inflammation that may include heat, irregular contour, redness, pain, swelling or loss of function.
2. **Prophylaxis** – Approximately 2-6 weeks after the SPGI visit we do a prophylaxis. At this visit we will re-evaluate the health of the gums. We remove any remaining calculus (tartar) and plaque, and polish the teeth to remove any additional plaque and/or stains. This is a basic cleaning, a preventive procedure performed in the presence of health.
3. **Scaling and root planing** - Typically performed in one or two visits, we numb one side and scale (scrape) the teeth both above and below the gum, cleaning calculus and plaque to reduce the inflammation and decrease the pocket depth. One to two weeks later, we treat the other side.
4. **Arestin** – A tetracycline antibiotic (minocycline hydrochloride, 1mg.) that we gently place in the infected pocket around your teeth to treat your periodontal disease and help promote healing after scaling and root planing.
5. **Periodontal Maintenance** – Approximately 2-6 weeks after scaling and root planing is completed we do a periodontal maintenance, in which we re-evaluate the gums, remove fine calculus and polish the teeth. Most patients need to have their teeth cleaned every three months after scaling and root planing, both to maintain health and re-evaluate periodontal pockets.

Usually dental insurance does not cover all of your necessary treatment at 100%. Please feel free to discuss your coverage with our insurance coordinator.

Maintenance of periodontal health requires daily, thorough debridement of all tooth surfaces. That is, every 24 hours or more frequently, all parts of the tooth accessible to bacteria must be cleaned completely. There are at least three good tools for cleaning between the teeth, where most periodontal disease begins.

My initials below indicate the method(s) I have chosen to employ daily to clean between my teeth. My hygienist has demonstrated the method to me, and I have demonstrated my ability with the method chosen.

_____ (Initials) Toothbrush (for front, back, & biting surfaces)
_____ (Initials) Floss
_____ (Initials) Sulcabrush
_____ (Initials) Rota Dent
_____ (Initials) I refuse these instructions.

I have been informed that my periodontal case type is:

_____ Type I – gingivitis
_____ Type II – early periodontitis
_____ Type III – moderate periodontitis
_____ Type IV – advanced periodontitis
_____ Type V- refractory periodontitis (recurring after surgery)

_____ (Initials) I have received education and literature (brochures/books) about my condition.
_____ (Initials) I refuse such information.

Possible complications of treatment include, but are not limited to:

1. Pain, swelling, infection, bleeding.
2. Increased clinical crown length as gums shrink.
3. Increased tooth sensitivity, especially to cold and sweets.
4. Trismus (jaw stiffness, inability to open).
5. Injury to nerves to the lip and tongue, causing numbness, or altered sensation, which could be permanent.
6. Injury to the teeth, fillings, or other restorations.
7. Inadvertent crown or bridge removal.
8. Unusual reaction to medications given or prescribed.

I understand that Periodontal Disease is progressive and that failure to treat the disease may result in the eventual loss of my teeth. I also understand that evidence now links gum disease to a variety of health concerns including heart disease, stroke, diabetes and other degenerative diseases that are life threatening. *

Accept Treatment:

I understand my condition, the treatment needed and that I am responsible for the fees charged; I accept treatment.

Patient, Parent or Guardian

Date

Doctor

Hygienist

Refuse Treatment:

I understand the consequences of no treatment or incomplete treatment may include infection, redness, heat, pain, swelling, loss of function, loss of supporting bone and loss of teeth; nevertheless, I refuse treatment.

Patient, Parent or Guardian

Date

Doctor

Hygienist

*American Academy of Periodontology 2000