



## Informed consent and Concerns with Your Surgery

Our office has prepared this list of instructions to minimize the complications and to make the healing process as successful and comfortable as possible. The treatment plan listed below list the specific dental terminology that has been explained to you in normal terms. As always, anything that is unclear to you or that you would like explained in greater detail feel free to ask the staff or one of the doctors. We want you to be as comfortable as possible.

### **CONSENT TO UNDERGO TAD'S TREATMENT**

#### **Temporary Anchorage Devices (TAD's):**

**Your orthodontist, Dr.{{DRFIRST}} {{DRLAST}}** has recommended the surgical placement of TAD's to enhance your orthodontic therapy.

Your treatment will utilize a Temporary Anchorage Device(s), TAD's. This is a metal screw or plate attached to the jaw bone. There are specific risks associated with them:

It is possible that the screw(s) could become loose which would require its removal and possibly relocation or replacement with a larger screw. The screw and related material may be accidentally swallowed and this could pose a life threatening crisis that may require medical intervention. If the device cannot be stabilized for an adequate length of time, an alternate treatment plan may be necessary.

It is possible that the tissue around the device could become inflamed or infected, or the soft tissue could grow over the device, which could also require its removal, surgical excision of the tissue and/or the use of antibiotics or antimicrobial rinses.

It is possible that the screw could break (i.e. upon insertion or removal). If this occurs, the broken piece will be surgically removed

When inserting the device(s), it is possible to damage the root of a tooth, a nerve or to perforate the maxillary sinus. Usually these problems are not significant; however, additional dental and medical treatment may be necessary.

This will be done with local anesthetics when these devices are inserted or removed and inherent risks are present with the use of any anesthetic. In your medical history you have advised us of your current medical status and you have indicated that you have not had a problem with anesthetics in the past.

If any of the complications mentioned above do occur, a referral may be necessary to another dental or medical specialist for further treatment. Fees for these services are not included for the placement of the TAD in our office.

### **ACKNOWLEDGEMENT**

I hereby acknowledge that I have read and fully understand the treatment considerations and risk presented in this form. The Benefits, Risks, and Alternatives (BRA's) have been presented to me in simple terms and I have a full understanding of the above. I also understand that there may be other problems that occur very infrequently than those presented, and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this form with the undersigned Periodontist, Drs. Nishimine & Tseng and have been given the opportunity to ask any questions. I have been asked to make a choice about my treatment. All of my questions have been fully explained to me and I have complete understanding. We feel that the use of a TAD's is the best choice of treatment as your Orthodontist had recommended.

I hereby consent to the treatment proposed and authorize the Periodontist, Drs. Nishimine & Tseng indicated below to provide the treatment of the placement of the TAD's. I also authorize the Periodontists, Drs. Nishimine & Tseng to share my health care information with my other health care providers. I understand that my treatment fee cover only the treatment provided by Drs. Nishimine & Tseng, and that treatment provided by other dental and medical professionals are not included in our fee.

I hereby consent to making of diagnostic records, study casts and photographs, including digital x-rays, before and during TAD placement prescribed by Drs. Nishimine & Tseng for the above individual. I fully understand all of the BRA's associated with treatment. I understand that once released, that Drs. Nishimine & Tseng and staff have no responsibility for any further release by the individual receiving this information.

#### **AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION**

#### **CONSENT TO USE OF RECORDS**

I hereby give my permission for the use of records, including digital photographs and x-rays, made in the process of examinations, treatment, for purposes of professional consultations, research, education, or publications in professional journals and study groups. We will be sharing your records with other Doctors with an outline study group over the internet. Your name and facial photographs will not be used without your written permission.

Signature of Patient/Parent/Guardian/Person who has legal authority to sign for:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Drs. Nishimine & Tseng:

\_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** Take your medications as directed unless you are experiencing problems such as rashes, itching, and diarrhea. Let the office know if any of these side effects happen. **If itching or a rash occurs, stop the medications immediately.**

**Discomfort and Pain:** We usually prescribe 2 different medications one narcotic and one non-narcotic. We recommend that you take the non-narcotic (Ibuprofen, Naproxen Sodium, Ultram) for the first 2 days to reduce the swelling. These medications should not impair your judgment or ability to drive. We recommend that the narcotic medications (Vicodin, Percocet) only be taken when you do not need to drive and be active. You should not drive if you do not feel up to it or at least for 12 hours after having sedation.

**Swelling and Ice:** Ice will help minimize the swelling if used during the first day for 20 min on and 20 off. After the first 2 days it may be beneficial to use warm moist heat such as a towel warmed with warm water. If you notice any increase in pain or swelling contact the office immediately. If you feel that the swelling is making it difficult to breathe or swallow, and you are unable to contact anyone at the office, seek immediate medical attention at an emergency room. This occurrence is extremely rare but could happen.

**Cleaning the area:** Brush the areas with the mouth rinse 2 times a day after the first 12 hours, if we did not prescribed a mouth rinse for you just water will suffice. **Be very gentle** with the area and if you experience any pain, use less pressure. You **do not want to displace any of the tissue** in the area. Bone graft particles may be lost due to the over packing of the area, this is not uncommon.

**Diet:** Try to eat on the other side from the surgical area. Do not eat crunchy or hard foods, and try to avoid spicy foods as they may cause burning.

**Bleeding:** Sometimes there may be bleeding or oozing that comes from the surgical area or from the donor (roof of the mouth) area. Often a small amount of blood will mix with saliva or spit and look like a lot of blood. Do not be alarmed. If you notice a significant amount of bleeding (active bleeding or pulsating blood) follow these steps:

- Apply moist gauze to the area and apply direct pressure for 10 min by the clock. If the area is an extraction site you can bite together over the gauze.
- If that does not work apply a moistened tea bag to the area for 5 minutes
- If the area does not improve contact the doctor as soon as possible at one of the numbers listed below. If you are unable to contact one of the doctors and you feel that the bleeding is significant seek immediate medical attention.

If you have any questions, any one of the doctors or members of the staff can answer your questions for you. We want to provide the *best service* for you in our office. The office phone number is 559-229-6557.

Emergency Contact Phone numbers:

Dr. Dennis Nishimine	559-259-3077 Cell	559-299-6474 Home
Dr. Dee Nishimine	559-709-8684 Cell	
Dr. Sophia Tseng	415-786-7515 Cell	

All questions have been addressed and answered.  
This has been presented by:

Signature:



