

INSTRUCTIONS FOLLOWING ORAL & MAXILLOFACIAL SURGERY

- 1) BITE ON GAUZE FOR ½ HOUR. Keep fingers and tongue away from both socket or operative site.
- 2) Do not rinse mouth for 8 hours, although it's permissible to drink lukewarm or cool liquids immediately.
- 3) Non-alcoholic mouthwashes or rinses are advisable, particularly after meals, commencing the following day, provided no bleeding is evident.
- 4) BLEEDING — It is normal for the saliva to be lightly streaked with blood for about one day. If frank bleeding is present fold provided gauze into a firm wad and place directly over operative site and maintain steady pressure for twenty minutes or longer. Do not expectorate vigorously or chew the gauze. A tea bag may be substituted for the gauze pad.
- 5) SWELLING — Swelling is to be expected in certain cases often reaching its maximum in about 48 hours, then disappearing spontaneously in a further two or three days. An ice bag may be applied. However, this is only necessary if it is found to relieve discomfort. There is no need to remain indoors, avoid drafts or, cover the swelling.
- 6) Take prescriptions as advised _____
- 7) DIET — Cold or lukewarm liquids may be taken for the first 4-6 hours following return home, after this any soft food is permissible.
- 8) DISCOLOURATION — A bruising of the skin occasionally occurs and disappears spontaneously in approximately a week. It is of no importance and no treatment is indicated.
- 9) EMERGENCIES — Do not hesitate to call the Doctor at any time if in doubt regarding instructions or should problems arise.

Informed consent for Oral and Maxillofacial Surgery

I, _____ do hereby grant my informed consent to the following treatment(s)

Procedure	Procedure Description	Site (tooth number)
-----------	-----------------------	---------------------

by Dr. Monardo for myself.

I acknowledge that the nature of my problem and the treatments that are recommended have been explained to me by Dr. Monardo. I further acknowledge that the normal course of treatment with respect to the planned surgery, as well as the expected outcomes, risks and complications have been explained to me. I understand that, although a simple procedure is planned, there are circumstances which may necessitate a more complex procedure. This may result in additional procedures, time and cost.

I have had the opportunity to have my questions and concerns related to the prescribed treatment answered to my satisfaction. I understand the possible complications to be as follows:

Damage to adjacent teeth, their fillings, crowns & roots, or displacement or loosening of teeth.

Dry socket.

Post-operative abscess (infection) under the gum tissue which can spread to adjacent areas or bone.

Sinus infection.

Asinus (oral antral) communication which may require additional treatment of a surgical nature to close.

Fracture of the roots of the teeth being taken out, which may require secondary removal at a later date.

Damage to nerves causing temporary or permanent numbness of the chin, tongue, lips, face and, palate.

I understand that no treatment is also an option. The consequences of no treatment have been explained to me. I have chosen this treatment over the alternatives that have been explained to

me. I understand that I will be given instructions to follow after the completion of the above listed treatment(s) and I agree to follow these instructions closely.

I understand that fees quoted are estimates only and subject to change depending on the actual treatment performed. I understand that unless financial arrangements have been made in advance, payment is required at each visit.

I have had the opportunity to ask questions and I am fully satisfied with the answers I have received.

Patient Name

Patient or Legal Guardian Signature

Date

Witness Name

Witness Signature

Date