PERIODONTAL TREATMENT CONSENT FORM

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Periodontal treatment is a dental procedure during which the teeth are cleaned above and below the gums. The intended benefits of the procedure include reducing/stopping active periodontal disease (also called gum disease) aiming to prevent the loss of teeth.

Gingivitis and Periodontitis are the two most common forms of gum disease we see in the practice.

*WHAT IS GINGIVITIS?*

Within our mouths we have hundreds of thousands of bacteria and other microscopic organisms

living in a community, this is called a 'Biofilm/Plaque'. These are sticky, highly adherent and are all

over our teeth, gums, lips, cheeks and tongue. Even people who brush and clean their mouths really

well will still have these bacteria. As such biofilms are present in most natural places such as water

lines, hulls of boats and even on the sea side!

By keeping the mouth clean with (electric) toothbrushes, interspace brushes and floss, we can keep

biofilms to a minimum. However, if oral hygiene is lacking biofilm build up substantially. This

thicker biofilm full of bacteria (plaque) will trigger the body’s inflammatory responses and lead to

bleeding gums and irritation also known as gingivitis. This is a reversible gum condition.

*WHAT IS PERIODONTITIS?*

Periodontal (gum) disease is caused by bacterial toxins which damage the supporting structures

around the teeth causing irreversible damage to the supporting bone and premature tooth loss.

Periodontitis is when the supportive mechanisms of the teeth such as tooth bone, gum fibers which

help support teeth in its place breakdown due to bacterial provoked inflammation. Gingivitis often

is a precursor to this condition. If we clean our teeth better and see the dentist/hygienist at the

stage of gingivitis, most of the damage to gum tissue and bone is preventable.

*HOW DID I GET THIS?*

Most patients who develop periodontitis have a certain degree of genetic predisposition. However,

this alone will not lead to periodontitis and the patient's environmental factors will have a

substantial role to play. These environmental factors could be poor oral hygiene, smoking, stress,

uncontrolled diabetes or other health related issues.

*CAN IT BE CURED?*

Gingivitis is reversible if good oral hygiene is maintained at home. Regular visits to the dentist or

hygienist for a check-up, oral hygiene advice and picking up problems at an early stage will help.

Periodontitis cannot be cured but managed with professional help. Periodontitis is a more

advanced stage of gum disease. Bone loss and loss of supportive tissues is irreversible. However,

with regular professional care and excellent self-performed oral hygiene this can be potentially be

stabilised, and future bone loss and teeth loss can potentially be prevented.

*WILL I LOSE ALL MY TEETH?*

If periodontitis is left untreated, this can potentially lead to loss of all supportive structure around

the affected tooth/teeth. Due to lack of bone, the tooth can become mobile, sensitive and difficulty

in chewing can be experienced. This process may eventually lead to failure or loss of tooth/ teeth.

What sort of treatment can I expect?

The treatment proposed is set out to ensure the condition is brought under control, stabilized and

monitored closely to prevent recurrence and further deterioration to your periodontal (Gums &

Bone) health, in order to prevent premature tooth loss and help in the retention of your natural

teeth, prosthesis, prosthetic abutments (supporting teeth to dentures, bridgework, crowns) and

dental implants.

Treatment of periodontics is often divided into stages. This varies from person to person.

*Stage One: Hygiene Phase Therapy*

Initial consultation: This stage of treatment if mainly focused on improving your oral hygiene to the

highest standards by self-care at home. Things we may cover but not limited to: Oral hygiene

instructions, review/take X-rays, clinical examination consisting of gum pocket depth measurement,

bleeding scores, looseness of teeth, gum shrinkage, discussion on diagnosis and prognosis of disease,

discussions on treatment options, costs, likely outcomes and long term plan etc. Throughout the

duration of the course of treatment the patient (you) will be responsible for the appropriate home

care regime as advised by the clinician in order to maintain and secure good oral health.

*Stage Two: Non-Surgical Periodontal Therapy Phase*

Treatment for periodontal disease (Gum disease) may be carried out with/ without local anesthetic,

using mechanical and/or hand instruments to flush out the gums and remove he tartar (calculus),

bacterial plaque&toxins along the root of the affected tooth/teeth. The proposed treatment may take

anything between 1-4 appointments, 30 to 60 to 90 to 120 minutes long, all of which depends on the

severity and complexity of the disease you have. All of this will be discussed with you during stage

one appointment and you will be given written estimates of the costs involved.

*Stage Three: Supportive Care Therapy*

Supportive care therapy is to support you during the healing phase of the treatment and to make sure

that you are doing your best with plaque control at home. We also check if your gums are healing

well, inflammation & bleeding is settling down and keep an eye on your progress.

Towards the end of this stage, we will measure improvements against already measured parameters

such as periodontal pocket depth, bleeding, looseness etc. As well as those, patient related factors

such as how your mouth feels now, whether you feel happy and confident with your teeth/gums and

if you feel competent to look after your mouth yourself by plaque control at home will be discussed.

If we manage to get your disease under control, then you move to “maintenance phase” which is outlined below.

In some cases (mostly advance/complex and non-responding cases), we may need to repeat the nonsurgical treatment here in non-responding areas and/or may need to refer you to specialist for further non-surgical treatments/ surgical treatments.

*Stage Four: Maintenance Phase*

If all your gum pockets are within a range that you can sufficiently maintain at home and the gum

disease looks stable, we will move you towards the “maintenance phase” in which you will be seeing

your dentist/hygienist every 2-3-4 monthly (depending on various factors). At this stage, you are still

expected to look after your gum health/hygiene in the highest standards and your clinician will

support you with oral hygiene advice/modifications as well as cleaning around your gums.

If disease becomes unstable again, indicated by bleeding on brushing/probing, you may need to go

through the treatment again. Maintaining a hygienic mouth at home is the most important part in

keeping the disease at bay. Seeing your dentist/hygienist regularly will make sure any problems are

picked up early enough.

*RISKS, BENEFITS AND ALTERNATIVE OPTIONS*

Expected complications:

• Numbness lasting a few hours.

• Possible discomfort, swelling and bruising lasting a few days.

• Increased sensitivity to cold, hot or sweet stimuli.( which may require further treatment or

diminish with time)

• Requirement for maintenance cleaning in the future.

*COMMON RISKS AND COMPLICATIONS*

• Trauma to other parts of the mouth including teeth, gums, cheeks, tongue etc.

• Some teeth will have increased sensitivity for some time after the procedure.

• Possible risk of abscess (gum infection)

• Gum recession and exposure of the root surface. It might create black triangles in between your

teeth.

*RARE RISKS AND COMPLICATIONS*

• Trauma to tissues underneath the tooth including bone, sinus, nerves supplying other teeth etc.

• Allergic reaction to something used during the procedure.

Gum treatment is not always successful of even if all parts of the procedure go as planned.

Therefore some teeth that have undergone this procedure will require further treatment or might

require extraction.

*BENEFITS*

• Periodontal treatment ensures adequate steps are taken to prevent further destruction to the

supporting tissues around the teeth.

• To reduce some of the causes of periodontal disease to a level manageable by my own

immune system.

• Prevents widening of the interdental spaces and drifting of the teeth.

• Ensures that further progression is prevented and monitored closely.

*ALTERNATIVE OPTIONS*

1. Referral to a specialist in this field may be recommended

2. Regular hygienist visit (scaling polish) as a cosmetic option- full resolution of periodontal disease

cannot be achieved by this solely.

3. Treating the tooth in a different way such as extraction.

4. Refusing treatment but this will result in a high risk of further loss of gum strength ultimately

leading to loss of some teeth.

NB There has been some evidence to suggest an association or increased risk of Untreated gum

disease with potential greater risk of Heart Disease, Stroke, Diabetes, respiratory disease,

artificial joint failure, prosthesis failure and complications in pregnancy.

*TREATMENT ACCEPTANCE*

By signing below I acknowledge that this procedure has been explained to me and I have had time to ask questions, consider my options and am happy to proceed. I am also aware that I have the right to seek a second opinion from another dentist/hygienist/specialist any time.

Signed ..................................

Date .....................................