

**CONSENT FOR SCALING AND ROOT PLANING**

Patient's Name

Date

During your initial consultation we discussed your need for scaling and root planing (SRP), steps involved, its purpose, benefits, and the possible complications/risks as well as alternatives. We obtained your verbal consent to undergo this procedure. **Please initial each paragraph after reading it. If you have any questions, please ask your periodontist before initialing and signing on the last page.**

\_\_\_\_ **1. Diagnosis.** After careful examination of my condition my periodontist has informed me that I have periodontal disease. I understand that periodontal disease weakens the support of my teeth by separating the gum from the teeth and possibly destroying some of the bone that supports the tooth roots. The pockets caused by this separation allows for greater accumulation of bacteria, plaque, and tartar under the gum in hard to clean areas and can result in further erosion or loss of bone and gum supporting the roots of my teeth. I have also been made aware of the fact that if left untreated, periodontal disease can cause me to lose my teeth and I can have other adverse consequences to my general health.

\_\_\_\_ **2. Recommended Treatment.** In order to treat my condition, my periodontist has recommended that my treatment include scaling and root planing to remove the inflamed and infected gum tissue and to thoroughly clean the roots with hand and ultrasonic scalers. I further understand that systemic and local (applied to the roots of my teeth) antibiotics and antimicrobial rinses maybe used and can be an important part of the procedure and must be taken as prescribed.

\_\_\_\_ **3. Expected Benefits.** The purpose of scaling and root planing is to reduce the infection and inflammation associated with gum disease and to reduce the amounts of harmful bacteria present in the gum pockets. Research has shown that there may be an association between periodontal disease and other chronic inflammatory conditions, such as cardiovascular disease, diabetes, pregnancy complications and respiratory disease. Scientists believe that inflammation may be the cause behind the link between periodontal disease and other chronic conditions (i.e. arthritis & osteoporosis). Inflammation, the body's reaction to fight off infection, guard against injury, or shield against irritation, initially intends to have a protective effect. Untreated chronic inflammation, on the other hand, can lead to the destruction of affected tissues, which can lead to more serious health conditions. With diabetic patients, not only are they more prone to gum disease, but the gum disease itself may also make it more difficult for them to control their blood sugar levels. Additional benefits of periodontal therapy include reduction of halitosis (bad breath) and improved sense of well-being.

\_\_\_\_ **4. Principal Risks and Complications.** Some patients do not respond successfully to scaling and root planing. In addition, other things in the future, such as accidents, root canal problems, tooth decay, periodontal disease, etc. could also cause the loss of the tooth/teeth we are trying to treat with scaling and root planing. I understand that complications may result from scaling and root planing, drugs, or anesthetics. These risks and complications include, but are not limited to:

- (1) Pain, soreness, swelling, and bruising. There may be post-operative discomfort and sensitivity, which may be transitory or permanent, related to hot and cold stimuli, contact with teeth, and sweet and sour foods. This may require further treatment, may fade with time, or may persist no matter what is done. The gums will also be sore immediately following treatment.
- (2) Bleeding during or after treatment: Laceration or tearing of the gums may occur which might require suturing. The gums may bleed as well during or after treatment.
- (3) After healing occurs, there may be gum recession which exposes the margin or edge of crowns or fillings, creating esthetic or cosmetic changes in front teeth which results in longer teeth and wider interproximal spaces visible as a black triangle. These wider interproximal spaces are more likely to trap food. Exposed roots may acquire stain more readily. Proper cleaning techniques will be explained in detail.
- (4) Broken curettes scalers or other instruments, and post-instrument infection: It may be necessary to retrieve broken instruments surgically. Post treatment infection may also result from calculus being lodged in the tissue, which may also require surgical intervention.
- (5) There may be increased mobility of your teeth immediately after cleaning. This occasionally persists indefinitely on isolated teeth where more bone loss has taken place. If teeth were loose prior to the procedure, they may seem looser immediately after. Usually after healing, teeth "tighten".
- (6) Ultrasonic instrumentation is noisy, and the water used may cause cold sensitivity during treatment on un-anesthetized teeth not in the treatment field. Ultrasonic scalers may adversely affect how a cardiac pacemaker function.
- (7) Jaw joint injuries, pain or muscle spasm/stiffness cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, and impact on speech may occur.

- H. Local anesthetic injection may cause allergic reaction, temporary or permanent injury to nerves and/or blood vessels.
- I. Loss or injury to adjacent teeth and soft tissue, loss or loosening of dental restorations, swallowing of a tooth or fragments of a tooth, accidental swallowing/aspiration of teeth, restorations, and instruments.
- J. As the success of this procedure can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and medications (including over-the-counter medications such as Aspirin, nutritional supplements and herbs that I may be taking), I have reported to my periodontist any present or prior drug reactions, allergies, diseases, symptoms, habits, or conditions, head and neck radiation therapy, use of bisphosphonates (Zometa, Aredia, Boniva, Fosamax, and Actonel) for osteoporosis or other conditions.

\_\_\_\_ **5. Alternatives to Suggested Treatment.** Alternatives to scaling and root planing include:

- A. No treatment (I understand that if no treatment is done, my periodontal disease will progress and eventually lead to tooth loss, increased infection, systemic problems, bleeding, pain and soreness).

\_\_\_\_ **6. Necessary Follow-up Care and Self-Care.** I understand that the success of any periodontal procedure is extremely dependent on the good home-care and regular 3-month supportive periodontal treatment. Failure to comply with the follow-up visits and self-care may result in treatment failure and relapse to the present condition. The periodontal protocol that my periodontist is recommending for me will provide my gums with the environment it needs to stimulate healing. **I understand that my own efforts with home care are just as important as my professional treatment.**

\_\_\_\_ **7. Unforeseen Conditions.** During scaling and root planing, unforeseen conditions could be discovered which would call for a modification or change from the anticipated treatment. This may include, but not limited to:

- A. Termination of the procedure prior to completion of the treatment as originally outlined.
- B. I therefore consent to the performance of such additional or alternative procedures as may be deemed necessary in the best professional judgment of my periodontist.

\_\_\_\_ **8. No Warranty or Guarantee.** No guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. Due to individual patient differences there can never be a certainty of success, despite the best of care. I understand, there is no method that will accurately predict or evaluate how the tissue will heal. Therefore, in most instances there will be a need for further treatment through periodontal surgery.

\_\_\_\_ **9. Use of Records for Reimbursement and Publication Purposes.** I authorize photos, video recordings, x-rays, slides, or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry, educational use in lectures or publications and reimbursement purposes. My identity will never be revealed to the general public.

\_\_\_\_ **10. Females only.** Antibiotics may interfere with the effectiveness of oral contraceptives (birth control pills), which can result in pregnancy. Therefore, I understand that I will need to take extra precautions and use some additional form of birth control when taking antibiotics. Furthermore, I have informed my periodontist of my pregnancy and/or nursing status.

**PATIENT CONSENT**

I have been fully informed of the nature, risks and benefits of scaling and root planning procedure, the alternative treatments available, and the necessity for follow-up care and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the scaling and root planing procedure as presented to me during my consultation and as described in this document above. I also consent to additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist. I have given a complete and truthful medical history, including all medications, drug use, allergies, pregnancy and etc. I certify that I have read and fully understand this document

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Patient's Signature (or patient's guardian) Date

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Witness Signature Date