9600 Blackwell Road, Suite 101
Rockville MD 20850

(T) 301-330-9644 (F) 301-330-9644
Email: info@dlightdental.com

CONSENT For Tori/Exostosis (Bone Growths) Removal

Diagnosis: My periodontist has advised me that I have aberrant or abnormal tori or bone growths on my jaws. I understand that these abnormal tori can create certain issues including speech pathology, constant food trauma, impaired airway with possible sleep apnea, difficulty taking x-rays and impressions and inability to wear removable appliances. In addition to these issues, they can facilitate periodontal disease progression by creating unfavorable bone anatomy around the teeth thus allowing food impaction and periodontal disease pocket formation. Tori can be removed for bone graft material for use in periodontal defects, to fill extraction sockets and for sinus augmentation procedures. Tori that are suspicious for a cancerous growth may be submitted as a biopsy for evaluation.

Recommended Treatment: In order to treat this condition, my periodontist has recommended surgical removal of the tori or bone growths. I understand that a local anesthetic will be administered. During this procedure, my gum will be opened (flapped) to gain access to the tori for removal. Inflamed and infected gum tissue may be removed. If contaminated root surfaces are discovered they will be cleaned as well. Bone irregularities beyond the tori may be reshaped to create a smoother anatomy. My gum will be sutured back into position and a periodontal bandage or dressing may be placed. I understand that unforeseen conditions may call for a modification or change from the anticipated surgical plan.

Expected Benefits: The purpose of tori reduction or removal is to lessen the issues associated with aberrant tori and/or to obtain bone graft material for regeneration efforts. The surgery is also intended to help me keep my teeth in the operated areas and to make my oral hygiene more effective. It should also enable professionals to better treat my teeth.

Principal Risks and Complications: I understand that a small number of patients do not respond successfully to tori removal procedures and, in such cases, the removed tori may grow back. Other complications include, but are not limited to post-surgical infections, bleeding, swelling and pain; facial discoloration; bone exposure, bone particles migrating through tissue, transient but occasional permanent numbness of the jaw, lip, tongue, teeth, chin, or gum; jaw joint injuries or associated muscle spasm; transient but occasional permanent increased tooth looseness; tooth sensitivity to hot, cold, sweet or acidic foods; shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth; cracking or bruising of the corners of the mouth; restricted ability to open the mouth for several days or weeks; impact on speech; allergic reactions; and accidental swallowing of foreign matter. For patients who are taking or have taken medications (pills or injectable/intravenous) for cancer or osteoporosis such as bisphosphonates (Prolia,Fosamax, Didromel, Boniva, Aredia, Actonel, Skelid, Reclast and Zometa, etc.) there is an increased risk for osteonecrosis or loss of bone or part of the jaw due to non-living bone tissue. Treatment for osteoporosis can potentially be very easy to manage or very difficult and painful. In very rare cases it may be necessary to leave a small piece of tissue if the surgical procedure to retrieve it is too extensive. The exact duration of any complications cannot be determined and they may be irreversible. I understand that there may be a need for a second procedure if the initial surgery is not satisfactory. In addition, the success of periodontal procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and medications that I may be taking. To my knowledge, I have reported to my periodontist any prior drug reactions, allergies, diseases, symptoms, habits or conditions that might in any way relate to this surgical procedure.

Alternatives to Suggested Treatment: I understand that alternatives to tori removal surgery include no treatment. With no treatment or removal there would be a continuation of the negative issues associated with the abnormal tori and/or creating an alternative bone graft material choice.

Necessary Follow-up Care and Self-Care: I will need to come to my appointments following my surgery so that my healing may be monitored and so that my periodontist can evaluate and report on the outcome of surgery upon completion of healing. I know that it is important to abide by the specific prescriptions and instructions given by the periodontist. I have received written pre- surgical and post-operative care instructions.

9600 Blackwell Road, Suite 101
Rockville MD 20850

(T) 301-330-9644 (F) 301-330-9644
Email: info@dlightdental.com

No Warranty or Guarantee: I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. In most cases, the treatment should provide benefit in reducing the cause of my condition and should produce healing that will help me retain my teeth. Due to individual patient differences, however, a periodontist cannot predict certainty of success. There is a risk of failure, relapse, additional treatment, or even worsening of my present condition due ti increased tori growth, despite the best of care.

Publication of Records: I authorize photos, slides, x-rays or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry. My identity will not be revealed to the general public without my permission.

I HAVE BEEN FULLY INFORMED OF THE SURGICAL PROCEDURE, BENEFITS, RISKS AND ASSOCIATED PROCEDURES. I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND HAVE HAD ADEQUATE TIME TO REVIEW THIS DOCUMENT. I WILL COMPLY WITH THIS DOCUMENT AND MY PERIODONTIST/STAFF HAS ANSWERED ALL MY QUESTIONS TO MY SATISFACTION.

Patient (or Guardian) signature | Print Name | Date

Dentist Signature | Print Name | Date