



SW9181



Impacted Wisdom Teeth Removal

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Interpreter / cultural needs

- An Interpreter Service is required? Yes No
If Yes, is a qualified Interpreter present? Yes No
A Cultural Support Person is required? Yes No
If Yes, is a Cultural Support Person present? Yes No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....
This condition requires the following procedure. *(Doctor to document - include site and/or side where relevant to the procedure)*

.....
The following will be performed:

Removal ofwisdom teeth *(Oral surgeon to document the number of teeth to be removed).*

There will be some pain and swelling following a tooth extraction. This may require pain killers. There will also be bleeding of the socket. This is usually minor and easily controlled by applying pressure.

C. Risks of impacted wisdom teeth removal

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

Specific risks:

- Infection of the extraction socket (dry socket). This may cause some pain and discomfort, but is usually easily managed by the oral surgeon/ dentist.
- Biting of the numb lip which may cause damage following extraction. The patient needs to be watched closely by the parent / carer until the

numbness wears off.

- Damage to the Inferior Dental Nerve on each side of the Mandible (lower jaw). This nerve passes very close to the root of the lower wisdom tooth (often in contact with it) and gives feeling to the lower teeth, lower lip and chin on that side. Due to the closeness of this nerve to the area of surgery, there is a small chance of some damage to the nerve, which may cause numbness of the lower teeth, lower lip and chin. This may be temporary (6-12 months) or permanent.
- Damage to the Lingual Nerve on each side of the Mandible (lower jaw). This nerve passes very close to the tongue side of the lower wisdom tooth and gives feeling and taste to that side of the tongue. Due to the closeness of this nerve to the area of surgery, there may be some damage to the nerve which may cause numbness and loss of taste to that side of the tongue. This may be temporary (6-12 months) or permanent.
- The wisdom tooth root tip may break off in small pieces – less than 1mm - when the tooth is taken out. The oral surgeon/ dentist may not remove those pieces if there is a chance that the nerves or other structures may be damaged during removal.
- Damage to teeth growing tightly against the wisdom teeth during removal of the wisdom teeth.
- Weakness of the jaw due to removal of the wisdom teeth. If the teeth are very large, the jaw may break during the procedure or during the healing period.
- If the upper teeth are close to the sinuses, removal may cause a hole between the mouth and the sinus. This may need further surgery.
- Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*



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G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- About Your Anaesthetic
- Impacted Wisdom Teeth Removal

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

I request to have the procedure

Name of Patient:

Signature:

Date:

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD:

No ▶ Name of Substitute Decision Maker/s:
Signature:
Relationship to patient:

Date: PH No:

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor/delegate statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:

Designation:

Signature:

Date:

I. Interpreter's statement

I have given a sight translation in

.....
(State the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN



Consent Information - Patient Copy

Impacted Wisdom Teeth Removal

1. What is impacted wisdom teeth removal?

This procedure is for the removal of impacted wisdom teeth. There will be some pain and swelling following a tooth extraction. This may require painkillers. There will also be bleeding of the socket. This is usually minor and easily controlled by applying pressure.

2. My anaesthetic

This procedure will require an anaesthetic.

See **About Your Anaesthetic information sheet** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

3. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
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Specific risks:

- Infection of the extraction socket (dry socket). This may cause some pain and discomfort, but is usually easily managed by the oral surgeon/ dentist.
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- Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.

Notes to talk to my doctor about:

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