



SW9151



Queensland  
Government

## Removal of Wisdom Teeth Consent

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

### A. Does the patient have capacity?

☐ Yes → **GO TO section B** ☐ No → **COMPLETE section A**

i. a) Is the patient aged under 18 years?

- ☐ Yes (document parent/guardian name below)  
☐ No → **GO TO ii**

You must adhere to the Advance Health Directive (AHD) or the consent obtained from a substitute decision-maker.

ii. a) Does the patient have an AHD that is applicable to the procedure, treatment or investigation?

- ☐ Yes ☐ No → **GO TO iii**

b) If yes, has the AHD been sighted and a copy in the medical record?

- ☐ Yes ☐ No → **GO TO iii**

iii. a) Substitute decision-maker (select one only):

- ☐ Attorney(s) for health matters under an Enduring Power of Attorney or AHD  
☐ Tribunal-appointed guardian  
☐ Statutory Health Attorney  
☐ If none of these, the Office of the Public Guardian must provide consent (ph: 1300 653 187)

Name of substitute decision-maker(s) or parent/guardian:

Signature of substitute decision-maker(s) or parent/guardian:

Relationship to the patient (e.g. substitute decision-maker or parent/guardian)

Date: Phone number:

### B. Does the patient need Interpreter/ cultural services?

i. a) Is a language interpretation service required?

- ☐ Yes ☐ No → **GO TO ii**

b) If yes, is a qualified Interpreter present?

- ☐ Yes (complete section J) ☐ No ☐ N/A

ii. a) Is a cultural support person required?

- ☐ Yes ☐ No → **GO TO section C**

b) If yes, is a cultural support person present?

- ☐ Yes ☐ No ☐ N/A

### C. Condition and treatment

The dentist/doctor has explained that I have the following condition (*dentist/oral surgeon to document in patient's words*):

This condition requires removal of wisdom teeth (*dentist/oral surgeon to document and include site and/or side where relevant to the procedure*):

The following dental treatment will be performed:  
Removal of wisdom teeth (*dentist/oral surgeon to document number of teeth to be removed*):

### D. Risks and complications of removal of wisdom teeth

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

#### Common risks and complications include:

- dry socket may occur with a disruption of the blood clot and then infection in the hole left after the tooth is removed; this may cause pain and discomfort
- infection.

#### Uncommon risks and complications include:

- bleeding could occur; bleeding is more common if you have been taking blood thinning drugs such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), ticlopidine (Tilodene), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil or tumeric
- biting of a numb lip which may cause damage after the teeth have been removed
- nerve damage causing pain or a tingling sensation and numbness in the tongue, lower lip, chin, teeth and gums; this is usually temporary, but can be permanent in some cases
- bone and wisdom tooth root fragments left in the gum/jaw
- damage to nearby teeth
- jaw weakness; 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
- jaw necrosis (the jaw bone dying) if you are taking certain medications (e.g. Bisphosphonates, Prolia) to prevent or slow down osteoporosis, or if you are receiving radiation to the head and/or neck.

#### Very rare risks and complications include:

- death.

### E. Specific risks for you in having this procedure

(*Dentist/Oral surgeon to document in space provided. Continue in medical record if necessary*):

### F. Risks of not having this procedure

(*Dentist/Oral surgeon to document in space provided. Continue in medical record if necessary*):

### G. Alternative procedure, treatment or investigation options

(*Dentist/Oral surgeon to document in space provided. Continue in medical record if necessary*):

### H. Anaesthetic

Removal of wisdom teeth may require an anaesthetic (*dentist/oral surgeon to document type of anaesthetic discussed*):



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### I. Anticoagulant/Antiplatelet checklist

Note: the patient may continue aspirin and/or fish oil for this procedure.

i. Not including aspirin and fish oil, are you/the patient on other anticoagulant/antiplatelet (blood thinning) medication, including complementary/herbal/alternative medicines?

☐ Yes → **GO TO section ii** ☐ No → **GO TO section J**

ii. Has a management plan been provided/documented by the doctor who manages the anticoagulant/antiplatelet for you/ the patient AND the patient has confirmed compliance with the management plan?

☐ Yes

☐ No: until management plan received and patient compliant with plan, avoid removal of the wisdom teeth, unless benefits exceed additional risk.

### J. Patient/Substitute decision-maker consent

I acknowledge the dentist/doctor has explained:

- my/the patient's medical condition and the proposed treatment including additional treatment if the dentist/ doctor finds something unexpected. I understand the risks, including the risks that are specific to me/the patient
- my/the patient's anaesthetic required for this treatment; I understand the risks, including the risks that are specific to me/the patient
- my/the patient's alternative treatment options and their associated risks
- my/the patient's prognosis and the risks of not having the treatment
- no guarantee has been made that the treatment will improve my/the patient's condition even though it has been carried out with due professional care
- my/the patient's treatment may include a blood transfusion
- my/the patient's 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 my/ the patient's treatment, I will be treated based on my discussions with the dentist/doctor or my/the patient's Acute Resuscitation Plan
- a dentist/doctor other than the consultant or specialist may conduct the treatment; I understand this could be a dentist/ doctor undergoing further training
- I was able to ask questions and raise concerns with the dentist/doctor about my/the patient's condition, the proposed treatment and its risks, and my/the patient's 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 dentist/doctor
- and I understand that image(s) or video footage may be recorded as part of and during my treatment and that these image(s) or video(s) will assist the dentist/doctor to provide appropriate treatment.

On the basis of the above statements,

**I consent to having this procedure.**

Name of patient:

Signature:

Date:

### I consent to:

Name of patient having procedure:

Name of substitute decision-maker:

Signature:

Date:

I have received the following information sheet(s):

☐ 'Anaesthetic': ☐ Local ☐ General ☐ Sedation

☐ 'Wisdom teeth removal'

☐ 'Blood and blood products transfusion'

☐ Other:

### K. Interpreter's statement

I have:

☐ provided a sight translation

☐ translated as per dentist/doctor explanation in:

Patient's language:

of this consent form and assisted in the provision of any verbal and written information given to the patient/ substitute decision-maker by the dentist/doctor.

Name of patient:

Language of patient:

Name of Interpreter service:

Name of Interpreter:

Interpreter's signature:

Date:

### L. Dentist/Doctor/Delegate statement

#### Information for dentist/doctor/delegate:

The information contained within this form is not, and is not intended to be, a substitute for direct communication between the dentist/doctor/delegate and the patient/substitute decision-maker regarding the investigation described in this form. I have explained to the patient all the content in this patient consent form and I am of the opinion that the patient/ substitute decision-maker has understood the information.

Name of dentist/doctor/delegate:

Designation:

Signature:

Date:



This information sheet answers frequently asked questions about removal of wisdom teeth. It has been developed to be used in discussion with your dental practitioner.

## 1. Where are my wisdom teeth?

Wisdom teeth are the teeth at the back of your mouth (see Image 1).

Wisdom teeth are also known as the third molars. They are usually the last adult teeth to come through the gum and usually appear between 17 and 21 years of age.

## 2. Why do my wisdom teeth need removing?

Your wisdom teeth may need removing if there is not enough room in your mouth for your wisdom teeth to take their best position. These wisdom teeth are sometimes called “impacted” teeth. All or most of the wisdom tooth may stay below the surface of the gum. Sometimes they may stay deep inside the jaw bone.

Problems due to impacted wisdom teeth may include:

- infected gums
- squashing of the wisdom tooth and the second molar leading to tooth decay of both teeth and/or damage to the second molar
- formation of an unwanted sac of fluid (cyst) which causes damage to the jaw bone, nearby teeth, and, rarely, tumours
- a weakness in the lower jaw which may result in the jaw breaking when a strong force is applied (e.g. in sport or eating hard foods).

## 3. What happens during removal of my wisdom teeth?

Removal of a wisdom tooth is a minor surgical procedure:

- The tooth and surrounding area will be numbed by anaesthetic.
- You may also be given a sedative medicine to help control any anxiety, if you are nervous.
- Once the area around the tooth is numb, the tooth may need to be uncovered by lifting back the gum or sometimes the gum may need to be cut. Occasionally the dental practitioner/oral surgeon may need to remove some bone surrounding the wisdom tooth.
- The tooth is loosened with movements and pressure. This may require the use of a tooth drill to cut the tooth into two or more pieces.
- The tooth is then removed.
- Stitches may be required and will normally dissolve after 5 days.
- New bone will begin to fill the hole over the next 6 to 8 weeks.
- Removing wisdom teeth may need more than one visit to the dental practitioner or oral surgeon.

## 4. Will I need an anaesthetic?

This procedure will require a local or, in more difficult cases, a general anaesthetic. You may also be given a sedative (calming) medicine.

- Ask for an anaesthetic and/or sedation information sheet if you do not already have one
- Refer to consumer/patient information on the webpage: [www.health.qld.gov.au/consent](http://www.health.qld.gov.au/consent)

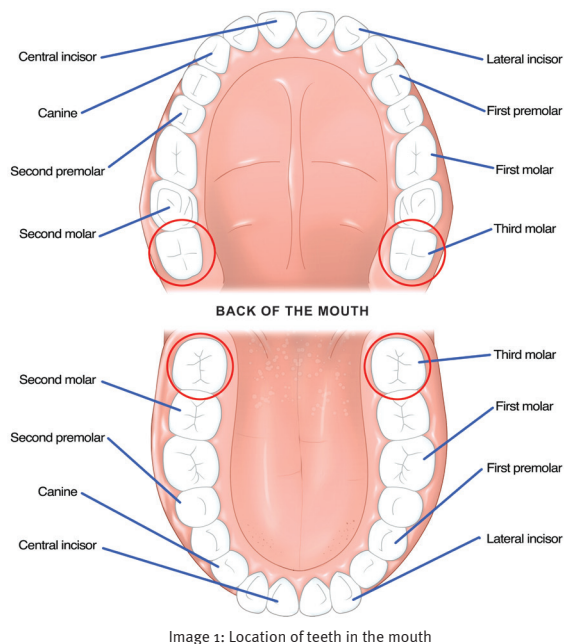


Image 1: Location of teeth in the mouth



Image 2: Impacted wisdom tooth

## 5. What should I expect after my wisdom teeth are removed?

- You may need someone to drive you home if you have been given an anaesthetic or sedative. This will be discussed before your procedure.
- Pain is common for the first two days. Pain relief tablets may be bought over the counter at a pharmacy. If you need stronger pain control, please discuss this with your dental practitioner/doctor.
- Swelling and puffiness of cheeks which should be gone by 5 days after the procedure.
- Bruising and discolouration below the jaw.
- It may be a over a week before the mouth can be opened widely with comfort. This is because the jaw muscles become tight following surgery.
- To take up to 4 days off work:
  - rest quietly at home
  - eat soft, nutritious foods such as soft boiled eggs, finely chopped meat or cheese, custards, milk, soup or fruit juice for several days.
- Healing usually occurs quickly without complications. Problems may arise because the mouth must be used for eating and speaking while healing is taking place. The mouth naturally contains many bacteria which may increase the risk of infection in the wound.
- There may be slight bleeding which is just enough to discolour the saliva for a few hours. There should be continual improvement until healing is complete.

## 6. What are the specific risks of removal of my wisdom teeth?

The wound normally heals within 2 weeks. Complications may prolong healing.

### Common risks and complications include:

- dry socket: occurs when a blood clot does not form in the hole where the tooth was or the blood clot is disrupted:
  - the bone underneath will be exposed to air and food
  - it can be very painful and lead to an infection, a bad taste and/or odour in your mouth
  - it is more likely to occur if you smoke
- infection.

### Uncommon risks and complications include:

- bleeding: this is more common if you take one of the many blood thinning medicines (e.g. Aspirin, Warfarin) or complementary/herbal/alternative medicines, such as fish oil or tumeric
  - do not stop these medicines without medical advice
  - ask your GP, surgeon and/or anaesthetist if you should stop taking these medicines before surgery as it may affect your blood clotting
  - if you are asked to stop taking a blood thinning medicine before your procedure, ask your doctor when you can restart the blood thinning medicine
- biting of the numb lip which may cause damage after the teeth have been removed
- nerve damage causing pain or a tingling sensation and numbness in the tongue, lower lip, chin, teeth and gums; this is usually temporary, but can be permanent in some cases
- bone and root fragments remain in the gum/jaw
- damage to nearby teeth
- jaw weakness: 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
- jaw necrosis (the jaw bone dying) if you are on certain medications (mainly for osteoporosis—your doctor/dental practitioner will discuss this with you), or if you are receiving radiation to the head and/or neck.

Death as a result of this procedure is extremely rare.



## **7. What are my specific risks?**

There may also be risks specific to your individual condition and circumstances. Please discuss these with your dental practitioner/oral surgeon (doctor) and ensure they are written on the consent form before you sign it.

## **8. What are the risks of not having my wisdom teeth removed?**

There may be consequences if you choose not to have the proposed treatment. Please discuss these with your dental practitioner/oral surgeon (doctor).

If you choose not to have the procedure you will not be required to sign a consent form.

## **9. Who will remove my wisdom teeth?**

Your wisdom teeth will be removed by your dental practitioner or a dental student who has had training to undertake the procedure.

You will be referred to an oral surgeon if removing the wisdom teeth is expected to be difficult. A doctor who is training to become an oral surgeon may perform your surgery. This doctor will be supervised by an oral surgeon and according to professional guidelines.

## **10. Can I help prevent complications following removal of my wisdom teeth?**

You can help to prevent complications such as pain, swelling, infection and bleeding by following a few simple rules.

### **Do not:**

- bite or suck a numb lip, cheek or tongue, as you may injure yourself
- smoke or drink alcohol for at least 24 hours as it may delay healing
- place fingers, pencils or any other object in the mouth (this is to avoid injury and/or infection)
- lie down flat: you can relax but keep the head elevated to decrease the risk of bleeding
- be too active for about 24 hours
- rinse your mouth for about 24 hours:
  - after the first 24 hours, ensure your mouth is rinsed gently after meals
  - half a teaspoon of table salt dissolved in a glass of lukewarm water is an effective mouth rinse.

Further information will be provided by your dental practitioner following your procedure.

## **11. What if complications arise after my wisdom teeth are removed?**

The most common complications are pain, swelling, infection and bleeding.

- Pain: control moderate pain by taking paracetamol. Take as directed and do not apply the drug to the wound itself. If the pain persists or worsens, return to the surgery/dental clinic where you were treated. In most cases, pain can be controlled quickly.
- Swelling: some swelling or difficulty in opening your mouth is common but it should begin to subside after a day or two. If swelling persists or becomes worse, return to the dental clinic where you were treated.
- Infection: continued pain, swelling, redness or a raised temperature may mean there is an infection present. This is usually treated with antibiotics. If you suspect an infection, return to the dental clinic where you were treated for advice.
- Temporary numbness: can occur due to the irritation of the nerves during the extraction. It is usually only temporary and should return to normal within a few days. Seek advice from the dental clinic you attended if numbness persists.
- Bleeding: continued bleeding is not normal. If your mouth is bleeding continuously, remove any excessive blood clots from the mouth as a first step. Then apply a clean and damp rolled bandage or small folded handkerchief to the wound. Keep the cloth in place by applying pressure or firmly closing the jaws around it. Sit down and maintain pressure for at least 10 minutes. If the bleeding cannot be stopped using this method, telephone the surgery where you were treated for advice. After hours, report to the emergency department of the nearest hospital.
- Dry socket (refer to Section 6): a dry socket needs to be treated as soon as possible.

Read about mouth care for yourself, babies, infants and children, and teenagers, emergencies and accidents, mouthguards, water fluoridation, and available dental services on the Queensland Health Oral Health website: [www.health.qld.gov.au/oralhealth](http://www.health.qld.gov.au/oralhealth)

[www.health.qld.gov.au/consent](http://www.health.qld.gov.au/consent) has information on various dental procedures.



To quit smoking:

- talk to your dental practitioner, GP, pharmacist, or community health worker
- call Quitline: 13 QUIT (13 78 48)
- refer to the Queensland Government website:

[www.qld.gov.au/health/staying-healthy/atods/smoking/index.html](http://www.qld.gov.au/health/staying-healthy/atods/smoking/index.html)



Image 3: Website address symbol

Please ask your dental practitioner or oral surgeon if you do not understand any aspect of the information in this patient information sheet or any other information you have been given about your condition, treatment options and proposed procedure.

To find a public local dental clinic, search the Queensland Health Oral Health website “Contact Us” section for a dental service list. The website is:

[www.health.qld.gov.au/oralhealth/contact\\_us.asp](http://www.health.qld.gov.au/oralhealth/contact_us.asp)



Image 5: Ringing phone symbol

A private dental practitioner (who you may need to pay) may be found on the Australian Dental Association website using the “Find a Dentist” tool. The website is: [www.ada.org.au/Find-a-Dentist](http://www.ada.org.au/Find-a-Dentist)

Outside of dental clinic/service hours:

- if advice is required, call 13HEALTH (13 43 25 84). 13HEALTH provides confidential health advice 24 hours a day, seven days a week
- if an emergency, call 000.

Your local contact details are: