



MICHAEL A. PAWLUS D.D.S., M.S.

LASER ASSISTED PERIODONTAL SURGERY INFORMED CONSENT

I consent to Dr. Michael Pawlus, performing on me the following:

LASER ASSISTED PERIODONTAL SURGERY

Doctor and staff have provided me with literature describing the Laser Assisted Periodontal Surgery procedure which I have read. I understand I may ask the Doctor any questions I may have before consenting to the procedure.

I. ALTERNATIVE THERAPIES

Doctor has previously explained to me alternatives, benefits, and potential complications of treatments for my periodontal disease as follows:

1) TRADITIONAL PERIODONTAL FLAP/SURGERY

After local anesthesia injections, flap surgery involves surgically cutting my gum tissues. After the gums are flapped and surgically lifted away from my teeth, the underlying diseased gum tissue is removed, teeth roots scraped, diseased bone recontoured and/or grafted and the flap of gum tissue sutured closed.

2) NON-SURGICAL ROOT PLANING ALONE

After local anesthetic injections of my gums, root surfaces are scraped and deep cleaned (planed) above and below the gum line by hand or ultrasonic instruments to remove bacterial plaque containing tartar (calculus) deposits on my teeth roots.

II. THERAPEUTIC BENEFITS

Periodontal therapy is designed to eliminate or substantially reduce periodontally diseased gum pockets to help control or prevent future periodontal disease progression.

Laser Assisted Periodontal Surgery reduces periodontal gum pocket depth by helping:

A) The dentist to have improved visualization of the laser-detached gum pocket soft tissue linings to aid scaling and root planing for removal of tartar (calculus) deposits (root cleaning);

B) Reattachment of the laser treated gum tissues to the roots by promoting growth of new bone and gum tissue.

Laser Assisted Periodontal Surgery treatments are generally less painful than flap surgical procedures and can have greater predictability for reattachment of gum tissue and bone growth. Thus, Laser Assisted Periodontal Surgery helps promote long term periodontal health.

III. COMPLICATIONS

- 1) Non-surgical scaling and root planing alone may not prove successful in eliminating or substantially reducing deeper pockets thereby necessitating flap surgery or Laser Assisted Periodontal Surgery for further periodontal pocket depth reduction.
- 2) Periodontal surgery treatment risks include post-operative bleeding, infection, swelling, sinusitis and in surgeries close to facial nerves on rare occasions persistent numbness and/or pain of the lip and chin. Laser Assisted Periodontal Surgery post-surgical complications, if any, are usually milder, less severe and not as long lasting as potential conventional periodontal flap surgery complications.
- 3) Laser Assisted Periodontal Surgery, as with all periodontal procedures, may not be entirely successful in gum pocket reduction or new attachment. Success is not guaranteed. Nonetheless, research demonstrates in almost 90% of treated patients no retreatment was necessary within the first 5 years postoperatively.

NON-TREATMENT RISKS

Doing nothing can worsen my periodontal disease including increased gum pocket depth which risks early (premature) teeth loss, infections, and abscesses. Lost teeth can require replacement with implants, crowns, bridges, or partial/complete dentures.

IV. PATIENT COMPLIANCE

I agree to follow Doctor's written post-operative instructions, perform post-surgical oral hygiene, and take medications given or prescribed. I also agree to schedule regular periodontal maintenance visits quarterly or as my dentist and lor hygienist may recommend to aid in maintaining my periodontal health.

Patient or Guardian _____

Date _____

Witness _____

Date _____