

East Ohio Oral and Maxillofacial Surgery, Inc.
Consent for Surgery: Complications of Oral and Maxillofacial Surgery

NERVE INJURY: Injury to nerves in the lower jaw; which provide feeling to the lip, chin, teeth and tongue and also taste sensation to the tongue can occur. This could result in permanent, complete numbness in one of the areas listed above or possibly partial loss of feeling in one of these areas. Partial numbness could also occur with permanent painful, burning or tingling sensations in the lip, chin, gums, tongue etc. Patient age over 25 increases risk of nerve injury.

Pain, swelling and stiffness in the jaw could last for months. Sometimes a permanent problem with pain and function of the jaw joint (TMJ) can occur after oral and maxillofacial surgery. See TMJ below

BLEEDING: Bleeding can occur after surgery which could require additional treatment and possibly hospitalization.

SINUS PROBLEMS: Teeth can be displaced in the maxillary (upper jaw) sinus when removal is attempted. This could require additional surgery to remove the tooth from the sinus cavity. Sinus infection can also occur after oral and maxillofacial surgery; which can require additional surgery or long term antibiotic or other expensive and time-consuming medical or surgical treatments.

INFECTION: Serious infection is very rare after oral and maxillofacial surgery in otherwise healthy patients, but can occur. Patients with diabetes mellitus, immune system compromise, chronic medical illness and advanced age are all at increase risk for infection.

INJURY TO TEETH: Teeth adjacent to the surgical sites can be damaged. Teeth most at risk are those with crowns, large fillings and root canals. Damage to a tooth or the tooth roots could lead to loss of the damaged tooth and results in expensive and time-consuming treatments to replace tooth.

TMJ AND JAW PROBLEMS: Jaw fracture or damage to the jaw joint can occur after oral and maxillofacial surgery. Both of these problems can lead to additional surgery, chronic pain and jaw stiffness, and permanent difficulty chewing or opening the mouth.

Other problems can occur.

I have read and understand the possible complications listed above.

Patient's initials _____

Consent for surgery and/or anesthesia:

The procedure and surgery have been explained to me and I understand what is to be done. This is my consent to the proposed surgery as listed in my chart or other record or verbally explained to me and to any other surgery deemed necessary or advisable in addition to the planned operation. I agree to the use of local ("numbing medicine" injection or topical) or general ("asleep") anesthesia depending on the judgement of Dr. Towning.

I have been informed to my satisfaction of possible complications of surgery, medications and anesthesia and I request the proposed procedures be performed.

Signature of Patient or Legal Guardian _____ Date _____

This page is available on our website: www.eastohiojawsurgery.com

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