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INFORMED CONSENT FOR INITIAL PERIODONTAL THERAPY

Root planing and Curettage have been recommended as initial periodontal therapy using local anesthesia. The purpose of these procedures is to thoroughly debride periodontal pockets and the external surface of the roots of the teeth beneath the gumline. Root planing involves scaling and smoothing of the root surfaces to remove accumulations of plaque, calculus, and pathologically altered cementum (outer root surface). This is necessary to provide a clean, healthy, uncontaminated root, which will allow new periodontal attachment. A side effect of root planing may be increased tooth sensitivity, especially to cold. This usually subsides after a few weeks, but can last longer. If there are large restorations or crowns on the teeth, there may be a previously undiagnosed root canal problem, which might not be detectable on radiographs. Root planing may activate an acute endodontic abscess on such a tooth. The root planing does not "cause" the abscess, but makes the undiagnosed root canal problem clinically evident, with possible pain and swelling. This would require either immediate root canal therapy, or possibly extraction, if the tooth has a poor prognosis.

Curettage involves the removal of the inner lining of the gum tissue, which has become inflamed. This helps to eliminate bacteria which may be located here, and also promotes faster, more complete healing and reattachment to the roots of the teeth. With normal healing, as inflammation is reduced, gum tissues will shrink and tighten around the teeth. This is generally noticeable as slight recession of the gums with increased spaces between teeth. In some cases, it is necessary to surgically open the gum tissue to improve access to deeper pockets, or to remove excessively inflamed soft tissues. Often, this can be predicted beforehand, but sometimes this decision is made during treatment. If surgical access is necessary, sutures (stitches) will be placed which will be removed after one week.

The desired benefits of this treatment are to eliminate or reduce active periodontal inflammation, reduce tooth mobilities, reduce periodontal pocket depths, promote new periodontal attachment, and improve overall soft tissue health. If this is the only periodontal treatment rendered, it is anticipated that treatment may have to be repeated in the future as determined by periodic re-evaluation by Dr. Pechter.

While root planing and curettage may reduce the need for surgery, a successful result does not necessarily mean that additional surgical treatment will not be recommended for more predictable long term results. Root planing and curettage are performed in the following instances: as initial therapy prior to surgery; as a maintenance procedure for teeth that have bone loss which is too advanced for complete surgical correction; as a maintenance procedure for patients who can not have surgery due to medical, financial, or other reasons; for treatment of an acute periodontal abscess; for treatment of severe gingivitis and some cases of early periodontitis (minimal pockets and bone loss); for maintenance of early to moderate periodontitis in elderly patients; for treatment of recurrent periodontitis for which surgery has already been attempted.

ALTERNATIVES:

The alternatives to root planing and curettage would involve more aggressive initial surgical intervention, but the establishment of clean, uncontaminated root surfaces is a prerequisite to all other periodontal procedures. Root planing and curettage is basic periodontal therapy, and essential to controlling or correcting periodontal pathology once pockets and bone loss have occurred. If this procedure is not performed, continued bone loss would be anticipated, with possible tooth loss.

Although there may be some benefit derived from improved home plaque control and more frequent professional scaling and prophylaxis, these procedures can not arrest the destructive process due to inaccessibility of the active periodontal lesion in the pocket. Superficial inflammation may be reduced, but continued bone loss would be anticipated, which might eventually progress to tooth loss.

Subgingival irrigation either by the patient or the dentist may be helpful as an adjunctive procedure, but is unproven as an alternative mode of therapy. Laser assisted root planing is showing promise for the future.

PATIENT ACCEPTANCE:

I have read and I understand the above information. I understand the reasons for this treatment, the benefits, and the possible side effects. I have been advised of the alternatives, and consequences of non-treatment, and I have had all additional questions satisfactorily answered by Dr. Pechter or his staff. In full consideration of all the above, I consent to undergo the treatment of root planing and curettage with local anesthesia by Dr. Pechter and his staff.

Signature of doctor

Signature of patient or legal guardian

Signature of witness

Date