

## **Consent for Crown Lengthening Surgery**

**Diagnosis:** After a careful oral examination and study of my dental condition, my periodontist has advised me that I have insufficient tooth structure to properly restore my tooth or teeth. If untreated, the tooth or teeth cannot be restored properly and could adversely affect my periodontal health.

**Recommended Treatment:** In order to treat this condition, the recommended treatment includes periodontal surgery. I understand that local anesthetic will be administered.

During the procedure, my gum will be opened to permit better access to the roots and the bone. Bone and tissue will be removed to allow for more tooth structure to be exposed for proper restorative reasons and a healthy periodontal attachment. My gum will then be sutured back, and a periodontal dressing may be placed.

I further understand that unforeseen conditions may call for a modification for change from the anticipated surgical plan. These may include, but are not limited to (1) extraction of hopeless tooth or teeth due to amount of bone and tissue loss and to enhance healing of adjacent teeth, (2) the removal of a hopeless root of a multi-rooted tooth as to preserve the tooth, (3) opening of the furcation or space between the roots of the tooth to allow for proper maintenance and to preserve the tooth or (4) termination of the procedure prior to completion of all the surgery originally outlined.

**Expected Benefits:** The purpose of the periodontal surgery is to gain adequate tooth structure so that the tooth or teeth can be properly restored to function with maintaining a healthy periodontal attachment. The surgery is intended to help me keep my tooth or teeth in the operated areas.

**Principal Risks and Complications:** I understand that a small number of patients may not have sufficient support, bone and tissue to properly maintain the tooth or teeth needing crown lengthening, and in such cases, the involved tooth or teeth may be lost. Because each patient's condition is unique, long-term success may vary.

I understand that complications may result from the periodontal surgery, drugs, or anesthetics. These complications include, but are not limited to, post-surgical infection, bleeding, swelling and pain, facial discoloration, transient, but on occasion, permanent numbness of the jaw, lip, tongue, teeth, chin or gum, jaw joint injuries or associated muscle spasm, transient but on occasion permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, shrinkage of the gum upon healing, resulting in elongation of the tooth or teeth and greater spaces between the teeth, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reactions, and accidental swallowing of foreign matter. The exact duration of any complications cannot be determined, and they may be irreversible.

There is no method that will accurately predict or evaluate how my gum and bone will heal. I understand that there may be a need for a second procedure if the initial results are not satisfactory. In addition, the success of periodontal procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and medications that I may be taking. To my knowledge, I have reported to my periodontist any prior drug reactions, allergies, disease, symptoms, habits or conditions which might in any way relate to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by my periodontist and taking all prescribed medications are important to the ultimate success of the procedure.

**Alternative to Suggested Treatment:** I understand that alternatives to periodontal surgery include: no treatment—with the expectation of possible tooth loss; or extraction of tooth or teeth involved.

**Necessary Follow-up Care and Self-Care:** I understand that it is important to come for appointments following my surgery so that my healing may be monitored and my periodontist can evaluate and report on the outcome of surgery upon completion of healing. I know that it is important to abide by the specific prescriptions and instructions given by the periodontist and to see my regular dentist for continued treatment after surgery.

**No Warranty or Guarantee:** In most cases, the treatment should provide benefit to restore my tooth or teeth and maintain proper periodontal attachment. However, a periodontist cannot predict certainty of success. There are risks, possible additional treatment and loss of tooth or teeth, despite the best of care.

**Publication of Records:** I authorize photos, slides, x-rays or any other viewing of my care and treatment during or after its completion to be used for the advancement of dentistry and reimbursement purposes. My identity will not be revealed to the general public.

**I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of patient, parent, or guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of witness)

## Clinical Crown Lengthening & Flap Surgery

### Basic Principles

expose adequate clinical crown for restoration of a tooth by apically positioning the flap with or without osseous recontouring

Dentogingival complex: 1mm connective tissue + 1mm JXNL epithelium + ~1mm sulcus

Ferrule: 2mm

Periodontal and restorative considerations for crown lengthening procedures

- Damage to adjacent bone                      Aesthetic compromise
- Restorative prognosis                         Prosthetic value of tooth
- Periodontal prognosis                         Timing

**\*BONE SETS THE TONE, TISSUE IS THE ISSUE**

Surgical Anatomy Considerations: Lingual Nerve; Lingual Artery; Mental Foramen; Infraorbital Nerve; Greater Palatine Artery/Canal; Buccal Artery; Facial Artery; Sinus floor

**NO VERTICAL** releasing incisions palatal or lingual

**FULL THICKNESS** Flap reflection only

Palpate Greater palatine foramen

Do **NOT** reflect flaps >4mm past MGJxn

Keep incisions **AGAINST BONE**

Image of Mental foramen

Incisions: external bevel, internal bevel (marginal), sulcular; submarginal incision\*\*\*

Vertical Incisions: Must extend beyond mucogingival line into mucosa, Incisions at line angles: include or avoid papilla ; Make the base at least as wide as the height

### Flap Reflection

Armamentarium: Prichard Periosteal; 2/4 Molt Surgical Curette; 1/2 Allen Orban Knife, PR1/2

Prichard Periodontal Surgical Curette

-Presurgical tooth prep

-Access: 2 teeth mesial, 1 distal

-Asepsis and saline irrigation

-Incision to bone

-Clean, full thickness reflection

-Distal Wedge Procedures

Osseous recontouring: “positive architecture” and physiologic contours

Armamentarium: burs: #4, 6, and 8 round carbides, round diamond, 958c 012 end cutting carbide  
3S/4S Sugarman Periodontal File; 9/10 Schluger Periodontal File; OchsenBein Periodontal Chisel;  
TG/SK 13 Curette (“Back Action”)

### Suturing:

- 3/8 or 1/2 circle , reverse cutting, FS-1 or FS-2 needles; chromic gut or PGA material; 4-0 or 5-0 size
- Interrupted or mattress suture technique
- Periodontal dressing: Coe Pack or Barricade

Postoperative Management: instructions similar to tooth extraction

Larger embrasures; Tooth/teeth will be longer; Temperature sensitivity; Meticulous hygiene; PAIN

Follow-up: 1 week; 8-12 week; revise prep & provisional, final impression

Complications: Infection; Swelling; Pain; Bleeding; Excessive osseous recontouring; Inadequate osseous recontouring

Esthetic Crown Lengthening: Excessive gingival display or “gummy smile”

- Determine CEJ to Bone distance (osseous surgey vs. gingivectomy?), esthetic desires and frenum

Documentation: Code: D4249 Crown Lengthening Proc. - Hard Tissue

Diagnoses: Fractured tooth or Inadequate restorative ferule and/or Invasion of biologic width Procedure

# CONSENT FOR ORAL SURGERY TREATMENT IN PATIENTS WHO HAVE RECEIVED INTRAVENOUS BISPHOSPHONATE DRUGS

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Patient's Name

Date/Time

Practitioner who will be performing the procedure: \_\_\_\_\_

**Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.**

- \_\_\_\_ 1. You have been treated with IV Bisphosphonate drugs, and you should know that there is a large risk of future severe complications that might happen with oral surgical treatment. Jaw bones usually heal themselves very well and maintain their normal health. IV Bisphosphonate drugs seem to affect the ability of jaw bones to break down or remodel themselves, and this interferes with the jaw's ability to heal itself. This risk is increased after surgery, especially from extractions, gum surgery, implant placement or other "invasive" procedures that might cause even mild trauma to bone. Necrosis (dying cells) or Osteonecrosis (dying bone cells) may result, and an infection may occur in the soft tissue and/or bone. This is a long term process that destroys the jawbone that is often very hard or even impossible to get rid of.
  
- \_\_\_\_ 2. Your medical/dental history is very important. We must know the medications and drugs that you have received or taken before, **and** are receiving or taking now. A correct medical history, including names of physicians is important.
  
- \_\_\_\_ 3. The decision to stop IV Bisphosphonate drug therapy before dental treatment will not lessen the risk of developing Osteronecrosis.
  
- \_\_\_\_ 4. Antibiotic therapy may be used to help control possible post-operative infection. For some patients, taking antibiotics may cause allergic responses or have unwanted side effects such as stomach discomfort, diarrhea, swelling of the colon, etc.

- \_\_\_5. Even with all the precautions we take, there may be delayed healing, necrosis of the jaw bone, loss of bone and soft tissues, infection, fracture of the jaw due to a medical condition, oral-cutaneous fistula (open draining wounds), or other significant complications.
- \_\_\_6. If osteonecrosis should occur, treatment may be long and difficult. You might need ongoing intensive therapy that could include hospitalization, taking antibiotics for a long time, and removal of dead bone. Reconstructive surgery may be needed, including bone grafting, metal plates and screws, and/or skin flaps and grafts.
- \_\_\_7. Even if there are no immediate complications from the proposed dental treatment, the area is always subject to breakdown by itself at any time and infection due to the unstable condition of the bone. Even the smallest trauma from a toothbrush, chewing hard food, or denture sores may set off a complication.
- \_\_\_8. We may need you on a long-term basis after your surgery to check your condition. It is very important that you keep all of your scheduled appointments with us. Regular and frequent dental check-ups with your dentist are important to try to prevent breakdown in your oral health.
- \_\_\_9. I have read the information above and understand the possible risks of having my planned treatment. I understand and agree to the following treatment plan:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_10. I understand the important of my health history and I have given you all information. I understand that if I don't give you true and complete health information, it may be harmful to my care and lead to unwanted complications.
- \_\_\_11. I realize that even though the doctors will take all precautions to avoid complications; the doctor can't guarantee the result of the proposed treatment.

## **CONSENT**

I certify that I speak, read and write English and have read and fully understand this consent for surgery and have had my questions answered. All of the blanks were filled in before I initialed or signed the form.

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Patient's (or Health Care representative's) Signature

Date/Time

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Doctor's Signature

Date/Time

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Witness' Signature

Date/Time

**INTERPRETER'S STATEMENT:** If an interpreter is provided to assist the patient: I have interpreted the information and advice presented orally to the patient by the physician or medical staff obtaining this consent, as well as the patient's questions of the physician or medical staff. I have read to the patient or sight-translated to the patient the consent form in \_\_\_\_\_ (language). To the best of my knowledge and belief, he/she understood this interpretation.

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Interpreter

Date/Time

## Post Operative Instructions

Please take the time to read these instructions following your treatment today as it will help you to understand what to expect following your procedure. These instructions are to serve as a general guideline for your use following surgery, however if you have questions please feel free to email Dr. Suzuki at [kvnsuzuki@gmail.com](mailto:kvnsuzuki@gmail.com). If you feel as though you are having an emergency please contact Dr. Suzuki on call at (484) 213-0380.

Today the following procedure(s) was completed for you:

Tooth Removal	Bone Graft Placement	Membrane Placement	Dental Implant Placement
Sinus Elevation	Second Stage (uncovery)	Scaling and root planing	Gingival Grafting
Frenectomy	Biopsy	Crown Lengthening/Osseous Surgery	Gingivectomy

Immediately following your treatment you will remain numb or partially numb for up to 4 hours. This will depend on the amount of anesthesia given as well as your individual body metabolism. During this time please avoid chewing as you may inflict harm on the surgical site or to other oral structures such as your lips or tongue. It is very important to avoid "playing" with sutures or the surgical area in general with your fingers or tongue, this can cause premature loosening of sutures and exfoliation of dressings.

Following any surgical procedure the following is considered normal: moderate (sometimes severe) discomfort for up to 72 hours following treatment. Bleeding that may continue for several hours following treatment. If you take medications which thin the blood such as Coumadin, warfarin, aspirin, ibuprofen or certain supplements like those high in Omega-3 you are more likely to have slightly more swelling, bleeding, bruising and discomfort. It is important to note that a small amount of blood mixed with saliva will often look like a large volume of fluid; gentle pressure with gauze will usually help stop this bleeding. If you have run out of gauze a dry tea bag can also be used as the caffeine will often help slow bleeding.

Sensitivity of teeth or other oral structures is also not uncommon following treatment. You may have jaw soreness as a result of keeping your mouth open for an extended period of time as well. Sensitivity can be as a result of biting pressure, temperature (hot/cold) or oral appliances that have been fabricated for you. Most of the time, pain or sensitivity following treatment is associated with plaque accumulation so if you have been instructed, maintain gentle plaque control measures in the area where treatment was completed.

For certain types of procedures the development of swelling following surgery is unavoidable. Those procedures lasting less than fifteen minutes are not usually associated with swelling. Those lasting 15-45 minutes may be accompanied by mild-moderate swelling. Those lasting 45 minutes to 90 minutes may be accompanied by moderate swelling and those lasting longer than 90 minutes may have significant swelling that persists for three days or more. As long as you are not feverish (above 102 degrees for 24 hours) there is generally no need for concern. Take your medications as they have been prescribed to you. If you have problems with the medication please discontinue their use and email or call Dr. Suzuki. Swelling can be minimized by the application of cold packs to the outside of the face where surgery was completed. Ice water can also be held in the mouth (if tolerable) to help minimize swelling.

**\*Smoking\*** It is extremely important that you avoid cigarette smoking following treatment. Cigarette smoke inhibits normal healing and can result in the failure of treatment. Following the manipulation of gum tissue, jaw bone and teeth smoking will constrict the capillaries that are necessary for the delivery of vital nourishment to the area following surgery. The most critical period of time is the first three days following treatment and one week if bone grafting, dental implant placement or sinus elevation was completed.

**\*Sinus Lift/Elevation\*** If you have had a sinus lift completed you are required to use an antihistamine for a period of two weeks in addition to your other medications following the procedure. Avoid sneezing or nose blowing during this time. You may experience slight nose bleeds during the first two days and this is considered normal.

## Post Operative Instructions

Gentle rinsing with cold salt water for the first day following treatment and warm salt water thereafter can be completed up to five times a day. This does not mean rinsing vigorously, rather gentle head movements in either direction.

If sutures or a dressing has been placed they will start to exfoliate after five days and any remaining sutures will be removed at your first post operative visit. If this visit was not made for you before leaving please email our office at \_\_\_\_\_ or call \_\_\_\_\_

The following classes of medications have been prescribed for you.

Rinses: Peridex (Chlorohexadine) Sterile Saline At home salt water rinses

If Peridex has been prescribed please use it twice daily. Light brushing after use of Peridex will help prevent short term staining of the teeth. If you are wearing a denture please remove the denture when using Peridex.

Antibiotic: Amoxicillin Metronidazole Clindamycin Cephalexin No AB necessary

Azithromycin 250 mg (Z-Pak) (No alcohol)

Your antibiotic has been prescribed because the mouth is a dirty place! Use your antibiotic as directed on the bottle. If you develop itchy/scratchy skin or have trouble breathing please discontinue the use of the antibiotic and contact Dr. Suzuki at [kvnsuzuki@gmail.com](mailto:kvnsuzuki@gmail.com) or by calling the office at \_\_\_\_\_. If this itching persists please start taking oral Benadryl and contact your physician. Some gastric upset is common with the use of antibiotics, however if you feel severe stomach upset, with frequent (5+ times daily) diarrhea, please contact Dr. Suzuki as a change may be required.

Anti-inflammatory: Ibuprofen 600mg Ibuprofen OTC Tylenol

Anti-inflammatory medications like ibuprofen are excellent in maintaining a low level of inflammation following treatment, reducing soreness in jaw muscles and providing pain control following treatment. The doctors recommend the use of Ibuprofen either prescription (if prescribed) or over the counter (Tylenol can be used interchangeably) for at least three days following treatment and longer if discomfort, swelling or pain persists.

Pain Medication: Vicodin (5mg) Vicodin Extra Strength (7.5mg) Percoset Ultracet

Opiate mimicking drugs like Vicodin, Vicodin ES and Percoset all can be associated with drowsiness, sleepiness, sleeplessness, nausea and mild feelings of euphoria. If you feel sick to your stomach or vomit following treatment, it is usually due to the pain medication. It is possible to halve your medication by cutting the pill in half or quarter the pill initially until you have built a tolerance to the medication. Dr. Suzuki can provide refills on pain medication on an as needed basis, however in most instances this is not required.

In summary, use your best judgment following your treatment. It is not advisable to exercise vigorously or plan a long meeting for the few days after treatment. Although most patients experience minimal discomfort following treatment these guidelines should help to instruct you on what to expect following treatment. As always please feel free to contact the office with any additional questions.

We consider it a privilege to take part in your oral care. Please contact the office with any questions about these or any other instructions that were given to you following your visit.