

**Adult Frenectomy
Informed Consent Form**

Diagnosis: After a thorough oral examination, my dentist has advised me that the reduction of a frenum(s) in my mouth may help to restore anatomy, function, and/or possibly prevent commonly associated future problems including recession (loss of gum tissue) and periodontal bone loss.

Recommended Treatment: In order to treat this condition, my dentist has recommended that a frenectomy be performed at the selected site(s). A soft tissue laser will be utilized. This laser is FDA approved for this soft tissue surgery and is an excellent tool to optimize treatment and recovery.

RISKS OF PROCEDURE While the majority of patients have an uneventful procedure and recovery, a few cases may be associated with complications. There are some risks/complications, which can include:

- **Regrowth of the frenum requiring additional surgical procedures *this is the most common complication**
- Bleeding either at the time of the procedure or in the first 2 weeks after
- Infection
- Pain
- Damage to, or infection of the sublingual gland, which sits below the tongue which may require further surgery
- Impact on speech
- Lack of improvement
- Injury to the teeth, lip, gums, or tongue
- Alterations in the smile, including increased show of upper gums when smiling (for lip tie release)
- Burns from the equipment
- Swelling and inflammation, especially of upper lip
- Scarring
- Eye damage from looking directly into the laser beam (eye protection is always used)
- Inability to complete procedure (children who are too strong/resistant may need to be referred for sedation)

Follow Up: I am advised to return for a 1 week check, and a 3 week check to follow up on the proposed care. I understand that the care of a speech therapist, chiropractor/bodyworker and/or myofunctional therapist may be required in some patients to achieve satisfactory improvement.

Alternatives to Suggested Treatment: I understand that alternatives to a frenectomy include: no frenectomy, with the expectation that the frenum does not normally improve with age but may aggravate the surrounding tissues including the gums and teeth. Also, an alternative to a frenectomy by my dentist is to seek the care of another health care professional, including but not limited to doctors of general dentistry, periodontics, oral surgery, ENT, and plastic surgery. The procedure can be performed with a scalpel or scissors instead of a laser.

CONSENT I acknowledge that the doctor has explained my condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me and the likely outcomes. I understand that a small number of patients do not respond successfully to this procedure. Because each patient's condition is unique, long-term success may not occur and is not guaranteed. I understand that failure to follow recommendations could lead to ill effects, which would become my sole responsibility. I will need to come for appointments following my surgery so that my healing may be monitored.

I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and treatment options. My questions and concerns have been discussed and answered to my satisfaction. I understand that

photographs or video footage may be taken during my procedure and these may be used for teaching health professionals. (You will not be identified in any photo or video).

I understand that no guarantee has been made that the procedure will improve the condition.

On the basis of the above statements, I (name) _____ request to undergo the procedure(s) described above.

Signature of Patient/Guardian: _____ Date: _____

Witness: _____ Date: _____

Doctor: _____ Date: _____

Meggan M.H. Wehmeyer, DDS, MS