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Dear Patient:

You have a right to be informed about your diagnosis and planned surgery so that you may make a decision whether to undergo the procedure after knowing the risks and hazards. **This disclosure is not meant to frighten nor harm you. It is simply an effort to make you better informed so that you may give or withhold your consent to the procedure.**

Please read both sides.

## Possible Complications to all Surgeries or Extractions:

### **Swelling, bruising and pain**

These can occur with any surgery and can vary from patient to patient and from one surgery to another. The surgery itself or possible complications to the surgery may result in loss of school/work.

### **Trismus**

This is a limited opening of the jaw due to inflammation and/or swelling in the muscles. This is most common with impacted tooth removal but it is possible with almost any surgery.

### **Infection**

This is possible with any surgery and may require further surgery and/or medications if it does occur.

### **Bleeding**

Although significant bleeding can occur during or after surgery, it is not common. Some bleeding, however, is usual for most surgeries and is normally controlled by following the instruction sheet that will be given to you after the surgery.

### **Drug Reactions**

A reaction is possible from any medication given and could include nausea, rash, anaphylactic shock, and/or death. Please inform the doctor of any allergies to medications that you are aware of.

### **TMJ dysfunction**

This means the jaw joint (temporomandibular joint) may not function properly after surgery and although rare, may require treatment ranging from the use of heat and rest to further surgery.

### **Dry socket**

This is significant pain in the jaw and ear due to loss of the blood clot and most commonly occurs after the removal of lower wisdom teeth, but it is possible with any extraction. This may require additional office visits to treat.

### **Damage to other fillings and/or teeth**

Due to the close proximity of teeth, it is possible to damage other teeth and/or fillings when a tooth is removed.

### **Sharp ridges or bone splinters**

Occasionally, after an extraction, the edge of the socket will be sharp or a bone splinter will come out through the gum. This may require another surgery to smooth or remove the bone splinter.

### **Numbness**

Injury to the nerve underlying the lower teeth may result in numbness, tingling, or a burning sensation of one side of the lower lip/chin, teeth and gums. Also, injury of the nerve to the tongue may result in a numbness, tingling or burning sensation of one side of the tongue / floor of the mouth, and possible loss of taste on that area of the tongue. Numbness, tingling, or a burning sensation of either nerve and loss of taste could possibly be permanent.

**Stretching of corners of mouth with resultant cracking and bruising**

**Sinus involvement**

Due to the close relation of the roots to the sinus (especially the upper back teeth), it is possible an opening may develop from the sinus to the mouth or that a root may be displaced into the sinus. A possible sinus infection and/or permanent opening from the mouth to the sinus could develop and may require medication and/or later surgery to correct.

**Breakage of jaw**

**Anesthesia**

**Local Anesthesia**

Certain possible risks exist that, although uncommon or rare, could include pain, swelling, bruising, infection, nerve damage, idiosyncratic or allergic reactions, which could result in heart attack, stroke, brain damage and/or death.

**General Anesthesia**

Certain possible risks exist that, although uncommon, could include nausea, pain, swelling, inflammation of vein, and/or bruising at the injection site, requiring additional treatment. Rare complications could include nerve damage to the arm, allergic or idiosyncratic drug reactions, pneumonia, heart attack, stroke, brain damage, and/or death.

Patient Name \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Dr. \_\_\_\_\_ and/or any other oral and Maxillofacial surgeon working with him/her to perform the following procedures:

\_\_\_\_\_

and to administer the necessary anesthesia. I understand the doctor may discover other or different conditions that may require additional or different procedures than those planned. I authorize him/her to perform such other procedures that are advisable in his/her professional judgment.

**I have been advised that, although good results are expected, the possibility and nature of possible complications cannot be accurately anticipated and that, therefore, there can be no guarantee as to the results of the surgery.**

I have read, discussed, and/or had explained to me the preceding risks that are listed on both sides of this form that may occur in connection with this procedure. **I believe I have been given and understand sufficient information to give my consent for the above surgery.**

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

PATIENT: \_\_\_\_\_