

INFORMED CONSENT DISCUSSION FOR LASER ASSISTED NEW ATTACHMENT PROCEDURE (LANAP)

Patient name

Date of birth

Diagnosis

Doctor and staff have provided me with literature describing the LANAP procedure which I have read. I understand LANAP includes bite adjustment and may require the use of a bit guard. I understand I may ask the Doctor any question I may have before consenting to LANAP. You should be aware that corrective periodontal surgical procedures can be negatively affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption clenching and grinding of the teeth, inadequate oral hygiene and medications you may be taking.

1. ALTERNATIVE THERAPIES

Doctor has previously explained to me alternatives, benefits, and potential complications of treatments for my periodontal disease as follows:

- **PERIODONTAL FLAP/SURGERY**
After local anesthesia injections, flap surgery involves surgically cutting my gum tissues. After the gums are flapped and surgically lifted away from my teeth, the underlying diseased gum tissue is scooped out, teeth roots scraped, diseased bone trimmed and/or grafted and the flap of gum tissue sutured closed.
- **NON-SURGICAL ROOT PLANING ALONE**
After local anesthetic injections of my gums, root surfaces are scraped and deep cleaned (planed) to remove bacterial plaque containing tartar (calculus) deposits on my teeth roots.

2. THERAPEUTIC BENEFITS

Periodontal therapy is designed to eliminate or substantially reduce periodontally diseased gum pockets to help control or prevent future periodontal disease progression.

LANAP reduces periodontal gum pocket depth by helping:

- The dentist to have improved visualization of the laser-detached gum pocket soft tissue linings to aid scaling and root planning for removal of tartar (calculus) deposits (root cleaning);
- Reattachment of the laser treated gum tissues to the roots by promoting growth of new bone and/or root surfaces.

LANAP treatments are generally less painful than flap surgical procedures and in doctor's opinion have greater predictability for reattachment of gum tissue and bone growth. Thus, LANAP helps promote long term periodontal health.

3. COMPLICATIONS

- Non-surgical scaling and root planning alone may not prove successful in eliminating or substantially reducing deeper pockets thereby necessitating flap surgery or LANAP for further periodontal pocket depth reduction.
- Periodontal surgery treatment risks include post-operative bleeding, infection, swelling, sinusitis, and on rare occasions in surgeries close to facial nerves persistent numbness and/or pain, bruxism, tooth sensitivity, allergic response to medication. LANAP post-surgical complications, if any, are usually milder, less severe and not as long lasting as potential conventional periodontal flap surgery complications.
- LANAP, as with all periodontal procedures, may not be entirely successful in gum pocket reduction or new attachment. Success is not guaranteed. Nonetheless, LANAP research demonstrates in almost 90% of LANAP treated patients no LANAP retreatment was necessary within the first 5 years post-operatively.

4. NON-TREATMENT RISKS

Doing nothing can worsen my periodontal disease including:

- Where no treatment is undertaken, further gum and bone degeneration of the supporting tissue can continue, increasing the severity of, and/or adding to, the problems presently suffered by the patient to include:
 - Loss of teeth due to traumatic occlusion and/or loss of vertical bone support.
 - Infections / abscesses in the gums and bone.
 - Tartar/calculus buildup causing loss of vertical bone support.
- Where only groups of teeth are missing:
 - None replacement of teeth – in areas where excessive chewing forces exist – may cause pronounced loss of bone and gum disease around the remaining teeth.
 - Lost teeth require replacement with costly implants, crowns, bridges or removable partial/complete dentures.

5. PATIENT COMPLIANCE

I agree to follow Doctor's written pre & post-operative instructions, to perform post-surgical oral hygiene and to take medications given or prescribed.

I also agree to schedule regular periodontal maintenance visits quarterly or as my dentist and/or hygienist may recommend to aid in maintaining my periodontal health.

I certify that I have had an opportunity to read and fully understand the terms and words within the above consent and the explanation referred to or made, and that all blanks or statements requiring insertion or completion were filled in and inapplicable paragraphs, if any, were stricken before I signed. I also state I read and write English. I consent to photographs of my oral and facial structures and their publication for educational and scientific purposes.

I confirm with my signature that:

- My dentist has discussed the above information with me.
- I have had the chance to ask questions.
- I read and write English
- All of my questions have been answered to my satisfaction.
- I do hereby consent to the treatment described in this form.

☐ I have been given the opportunity to ask questions and give my consent for the proposed treatment as described above.

☐ I refuse to give my consent for the proposed treatment(s) as described above and understand the potential consequences associated with this refusal.

Patient's Signature

Date

Dentist's Signature

Date

Witness's Signature

Date