

LANAP Informed Consent

An essential element in developing and introducing improvements over current dental care treatments, such as LANAP, is to communicate all essential information to the patient so that the patient is able to make a knowledgeable decision. With this in mind, all the pertinent facts involved in cooperation between the surgeon and the patient is listed in detail below, so that there is a full disclosure of the procedures and complete comprehension by the patient. It is necessary that each patient read, understand, and sign the following statements before proceeding with LANAP (Laser Assisted New Attachment Procedure).

Initials:

_____ I acknowledge that Dr. Moulton has carefully examined my mouth and diagnosed me with periodontal disease, and therefore, I hereby authorize him to perform LANAP treatment which he considers to be the best method to treat my condition.

_____ I have been informed of other alternative periodontal procedures including:

- A) Flap and osseous surgery, which 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 the gum tissue sutured closed.
- B) Non-surgical root planning, which involves deep cleaning of the root surfaces by hand or ultrasonic instruments in order to remove bacterial plaque containing tartar (calculus) deposits.

_____ I understand that in Dr. Moulton's experience, a larger percentage of LANAP cases have not needed retreatment for more than five years. (This does not apply to situations that include unforeseen health problems or accidents.) LANAP is generally less painful than flap surgical procedures and seems to have greater predictability for reattachment of gum tissue and bone growth. Thus, LANAP helps promote long term periodontal health.

_____ I understand that there is no method currently available to predict how the tissue and bone will heal following any periodontal procedure. The success of any periodontal procedure can be affected by other factors such as pre-existing medical conditions, medications, dietary and nutritional problems, genetics, clenching and grinding of teeth, and homecare.

_____ **IMPORTANCE OF PATIENT COMPLIANCE:**

- I understand that smoking and/or excessive use of alcohol can adversely affect gum tissue healing. Studies have shown that smoking may limit the longevity of the LANAP treatment.

- I understand the importance of proper oral hygiene and excellent home care. I realize how critical it is for optimal healing following LANAP treatment. I agree to comply with pre and post-operative instructions explained to me by Dr. Moulton or his assistants. I further agree to follow the diet recommendations following the procedure.
- I agree to complete all phases of recommended treatment in order to achieve optimal results.
- Furthermore, I understand that the success of any periodontal procedure is extremely dependant on regular periodontal maintenance visits. Failure to comply with follow-up visits may result in treatment failure and relapse to the present condition. It will be my responsibility to report to Dr. Moulton's office every three months, or at any other times the doctor may recommend, to carefully check the status of my LANAP treatment and to monitor my oral health. Fees associated with periodontal maintenances will be paid at the time of my visit and may have not been included in the original cost estimate.

In most cases, Dr. Moulton's office will see you for all regular hygiene appointments within the first year after your surgery. Depending on your condition after a year, Dr. Moulton's office will either alternate these visits with your general dentist, or you may be able to return to your general dentist for all future maintenance visits. It is also important to note that during that first year after surgery, you will still need to see your general dentist for regular examinations to check for any restorative needs.

_____ I understand that some aggressive and/or more persistent forms of gum disease may require a second procedure if the initial results are not satisfactory. Provided that I have attended for prescribed follow-up appointments and strictly followed the home care instructions given to me following LANAP treatment, any re-treatment which is considered appropriate by Dr. Moulton will be handled as follows:

- There will be no refund of the fees for previous treatment.
- Depending on the complexity of your case, the time that has elapsed from initial treatment, and your individual risk factors, Dr. Moulton will determine whether re-treatment will be done at no additional cost, partial cost, or full cost. Each patient's condition is unique, and we will try to be fair when determining the fees for re-treatment.
- You will still be responsible for the full cost of any type of sedation if you choose to have it, or any other fees in addition to LANAP re-treatment.
- Failure to attend prescribed follow-up appointments or to follow home care instructions following LANAP treatment means that you will assume all costs for any re-treatment required.

I further understand that this statement of services applies only to treatment provided by Dr. Moulton, and does not apply should I pursue surgical treatment elsewhere.

_____ I understand that if I choose not to do treatment, my periodontal disease can worsen. Consequences include increased tissue pocket depth and further bone loss, which could lead to premature tooth loss, infections, and abscesses. Lost teeth require replacement with costly implants, crowns, bridges, or partial/complete dentures.

_____ If an unforeseen condition arises during the course of treatment which calls for the performance of procedures in addition to or different from those previously discussed, and if I am under any sedation, I further authorize Dr. Moulton to do whatever he deems reasonably necessary and advisable under the circumstances. I realize that additional fees may be associated with the treatment performed that I will be responsible for.

_____ If the doctor considers my case appropriate, I hereby give authorization for photos to be taken of my mouth during the course of treatment. These photos or x-rays may be used in teaching other dentists for the advancement of LANAP protocol in dentistry.

Additional Treatment related to LANAP:

Adjustment of your bite to reduce force on teeth may be done. This facilitates regeneration and healing. Occlusal adjustments can be performed at subsequent post-op visits and wearing an occlusal guard may also be recommended. Patient compliance is extremely important. These adjustments may cause roughness on teeth and crowns and may remove porcelain, expose metal and/or tooth structure, and may require the replacement of the crowns.

The use of antibiotics and anti-microbial rinses is also an important part of the procedure. It may be necessary to perform additional tests in order to determine the type of bacteria that is contributing to your periodontal disease which can be done with a saliva sample. This will let us know which antibiotics will work the best in conjunction with LANAP treatment. Perio Protect trays may also be recommended by Dr. Moulton in order to help with healing and improvement of your oral health. There are additional fees associated with these items, which may have not been included in your original estimate, but may be necessary in order to ensure the best outcome from your treatment.

Principal Risks and Complications:

Any time the oral soft and hard tissues are manipulated, there is always a possibility and risk of unexpected and undesirable side effects. These complications, although rare, include and are not limited to: post-surgical infection, swelling, bleeding, headache, TMJ pain, tooth/gum pain, muscle soreness, and soft tissue numbness. There will usually be some increased spaces between the teeth, but it will be considerably less than what would be present with conventional surgery. There may be some increased sensitivity to hot and cold. This sensitivity usually goes away over time. If the sensitivity persists, there are some additional treatments we can use to treat it. There can also be reactions to the local anesthetics and/or prescribed antibiotics and medications. It is important to report any medical problems, heart murmurs, allergies or medications currently being taken as these may affect the proposed treatment.

Any temporary discomfort is offset by the benefits of reducing the pockets and infection in your mouth. Treatment will promote retention of teeth, more pleasant breath, more comfortable chewing, overall body health, and helps prevent transmission of the infectious bacteria to your spouse and family. Please sign in the space provided confirming that you have read this entire document and understand the side effects, risks, and benefits of laser surgery. If you have any additional questions or concerns, we will be happy to answer them before you sign this consent form.

Patient or guardian's signature _____

Date _____

Printed patient's name _____

Clinical Staff signature _____