
Consent for Incision and Drainage of Abscess

My condition has been explained to me as an abscess - an advanced infection that has caused a localized collection of infected fluids. The primary treatment of an abscess is to drain the area - called "Incision and Drainage" - to assist healing and to allow other treatment such as antibiotics, etc. to work better.

I understand that these other forms of treatment, or no treatment at all, are choices I have and the risks of those choices have been presented to me. My doctor has explained to me that there are certain inherent and potential risks and side effects associated with my proposed treatment and, in this specific instance, they include, but are not limited to:

A. Post-operative discomfort and swelling that may require several days of at-home recovery.

B. Infections are often difficult to cure and may require additional (sometimes complex and prolonged) treatment even after the incision and drainage procedure.

C. Prolonged or heavy bleeding that may require additional treatment.

D. Injury or damage to structures or tissues (blood vessels, nerves, salivary glands or ducts, bone, etc.) that lie deep to the skin or gum/cheek mucosa and cannot be readily identified.

E. Injury to sensory nerves in the area (undetectable by any exact means) that may result in pain, numbness, tingling or other sensory disturbances in the chin, lip, cheek, teeth, gums or tongue (including possible loss of taste sensation), and which may persist for several weeks or months, or in rare cases, may be permanent.

F. More rarely, motor nerves in the area of the incision may be affected, which may result in diminished function of muscles of facial expression.

G. Placement of drains (rubber or fabric) that are often sutured to place and require removal after several days. Such drains may add to discomfort and interfere with normal function.

H. Stretching of the corners of the mouth that may cause cracking or bruising, and may heal slowly.

I. Allergic reactions (previously unknown) to any medications used in treatment.

J. Restricted mouth opening during healing, sometimes related to swelling and muscle soreness, and sometimes real

K. If the approach to the abscess necessitates a skin incision, there will be some evidence of scarring that will be permanent. Such scarring may sometimes be repaired by additional plastic surgery.

ANESTHETIC RISKS include:

discomfort, swelling, bruising, infection, prolonged numbness and allergic reactions. There may be inflammation (phlebitis) at the site of an intravenous injection that may cause prolonged discomfort and/or disability and may require special care. Nausea and vomiting, although uncommon, may be unfortunate side effects of IV anesthesia. Intravenous anesthesia is a serious medical procedure and although considered safe, does carry the rare risks of heart irregularities, heart attack, stroke, brain damage or other very serious medical consequences.

During the course of treatment unforeseen conditions may be revealed that may require changes in the procedure or treatment. I authorize my doctor and staff to use professional judgment to perform such additional procedures that are necessary and desirable to complete my surgery

Patient Responsibilities

I understand that I am an important member of the treatment team. In order to increase the chance of achieving optimal results, I have provided an accurate and complete medical history, including all past and present dental and medical conditions, prescription and non-prescription medications, any allergies, recreational drug use, and pregnancy (if applicable). I understand the use of tobacco and alcohol is detrimental to the success of my treatment. I agree to follow all instructions provided to me by this office before and after the procedure, take medication(s) as prescribed, practice proper oral hygiene, keep all appointments, make return appointments if complications arise, and complete care. I will inform my doctor of any post-operative problems as they arise. My failure to comply could result in complications or less than optimal results.

It has been explained to me, and I fully understand, that a perfect result is not or cannot be guaranteed. I understand that the infection could worsen, necessitating hospitalization for continued treatment and/or further surgical procedures to eliminate this infection.

I have read and fully understand this consent for surgery, and have had all questions answered prior to my procedure.

Response Date: 5/10/2023