

TREATMENT OF CYSTS OR TUMORS INFORMED CONSENT

Patient's Name

Date of Birth

This form and your discussion with your doctor are intended to help you make informed decisions about your surgery. As a member of the treatment team, you have been informed of your diagnosis, the planned procedure, the risks, benefits, and alternatives associated with the procedure, and any associated costs. You should consider all of the above, including the option of declining treatment, before deciding whether to proceed with the planned procedure. Your doctor will be happy to answer any questions you may have and provide additional information before you decide whether to sign this document and proceed with the procedure.

Pre-Operative Diagnosis: _____
A final diagnosis will be based on the histopathology report.

Procedure: _____

Alternative options: _____

1. I have been informed of and understand the potential risks related to this surgical procedure include but are not limited to:

- Pain, swelling, bleeding, infection, bruising, delayed healing, scarring, damage to other teeth and/or roots that may result in the need for tooth repair or loss, loose tooth/teeth, damage to dental appliances, cracking and/or stretching of the corners of the mouth, cuts inside the mouth or on the lips, jaw fracture, stress or damage to the jaw joints (TMJ), difficulty in opening the mouth or chewing, allergic and/or adverse reaction to medications and/or materials;
- Nerve injury, which may occur from the surgical procedure and/or the delivery of local anesthesia, resulting in altered or loss of sensation, numbness, pain, or altered feeling in the face, cheek(s), lips, chin, teeth, gums, and/or tongue (including loss of taste). Such conditions may resolve over time, but in some cases may be permanent;
- Loss of function and/or weakness of facial expression muscles possibly affecting my appearance. Such conditions may resolve over time, but in some cases may be permanent;
- Changes in speech, chewing, and swallowing. Such conditions may resolve over time, but in some cases may be permanent;
- Permanent loss of feeling or pain if removal of part or all of a nerve is necessary;
- Severe bleeding, both during and after surgery, that may require a blood transfusion;

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- Abnormal, enlarged, or cosmetically unpleasing scars may occur within the skin and deeper tissue, sometimes requiring additional surgery. Some scarring may be permanent and always be visible;
- Diminished sense of smell if the upper jaw or mid-facial area is operated on;
- Discharge from the nose. If nasal packing is used, breathing may be difficult in the short term and there might be an unpleasant odor;
- An opening may occur from the mouth into the nasal or sinus cavities;
- Jaw fracture;
- Facial deformity;
- There is always a possibility that the tumor or cyst might return, even when it appears to be totally removed.

2. I have elected to proceed with the anesthesia(s) indicated below.

_____ Local Anesthesia

_____ Nitrous Oxide (Laughing Gas)

_____ Mild Sedation

_____ Moderate Sedation

_____ Deep Sedation (General Anesthesia)

I have been informed of and understand the potential risks associated with anesthesia include but are not limited to:

- Allergic or adverse reactions to medications or materials;
- Pain, swelling, redness, irritation, numbness and/or bruising in the area where the IV needle is placed. Usually the numbness or pain goes away, but in some cases, it may be permanent;
- Nausea, vomiting, disorientation, confusion, lack of coordination, and occasionally prolonged drowsiness. Some patients may have an awareness of some or all events of the surgical procedure after it is over;
- Heart and breathing complications that may lead to brain damage, stroke, heart attack (cardiac arrest) or death;
- Sore throat or hoarseness if a breathing tube is used.

If I have elected Mild, Moderate, or Deep Sedation (General Anesthesia), I have not had anything to eat or drink for at least six (6) hours prior to my procedure. I understand that doing otherwise may be life-threatening. As instructed, I have taken my regular medications (blood pressure medications, antibiotics, etc.) and/or any medicine given to me by my doctor using only small sips of water. I am accompanied by a responsible adult to drive me to and from the doctor's office and he/she will stay with me after the procedure until I am recovered sufficiently to care for myself. I understand the drugs given to me for this procedure may not wear off for 24 hours. During my recovery from

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