

Tori Removal

Principal Risks and Complications: I understand that a small number of patients do not respond successfully to tori removal procedures and, in such cases, the removed tori may grow back. Other complications include, but are not limited to: post-surgical infections bleeding, swelling and pain; facial discoloration; bone exposure, bone particles migrating through tissue, transient, but, on occasion permanent numbness of the jaw, lip, tongue, teeth, chin or gum; jaw joint injuries or associated muscle spasm; transient, but on occasion, permanent increased tooth loosened; tooth sensitivity to hot, cold, sweet or acidic foods; shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth; cracking or bruising of the corners of the mouth; restricted ability to open the mouth for several days or weeks; impact on speech; allergic reactions; and accidental swallowing of foreign matter. For patients who are taking or have taken medications, pills or injectable/ intravenous, for cancer or osteoporosis such as bisphosphonates (Prolia, Fosamax, Didromel, Boniva, Aredia, Actonel, Skelid, Reclast and Zometa etc.) There is an increased risk for osteonecrosis or loss of bone, or part of the jaw due to non-living bone tissue. Treatment for increased osteoporosis can potentially be very easy to manage to very difficult and painful. In very rare cases it may be decided to leave a small piece of tissue if it is felt that the surgical procedure to retrieve it is too extensive. The exact duration of any complications cannot be determined, and they may be irreversible. I understand that there may be a need for a second procedure if the initial surgery is not satisfactory. In addition, the success of the periodontal procedure can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and medications that I may be taking. To my knowledge, I have reported to Dr. Mansoor any prior drug reactions, allergies, diseases, symptoms, habits, or conditions that might in any way relate to this surgical procedure.

Necessary follow-up Care and Self- Care: I will need to come to my appointments following my surgery so that my healing may be monitored and so that Dr. Mansoor can evaluate and report the outcome of surgery upon completion of healing. I know that it is important to abide by the specific prescriptions and instructions given by Smiles by Hanna. I have received written pre-surgical and post-operative care instructions.

No Warranty or Guarantee: I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. In most cases, the treatment should provide benefit in reducing the cause of my condition and should produce healing that will help me retain my teeth. Due to individual patient difference, however, Dr. Mansoor cannot predict certainty of success. There is a risk of failure, relapse, additional treatment, or even worsening of my present condition due to increased tori growth, despite the best of care.

Patient Signature: _____ Date: _____