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LASER POCKET REDUCTION SURGERY CONSENT

LANAP= All Teeth
LAPIP= Dental Implant
Laser Pocket Reduction Surgery = Isolated Area of Teeth

Area:_____

Patient's Name (Printed)

_____Date_____

Laser Assisted New Attachment Procedure (LANAP) is a patented, FDA cleared, university studied treatment that uses the laser to create a small flap to access the roots, tissue and bone under the gum. Scaling and root planing is accomplished, and the gum is reattached without sutures. This laser assisted gum surgery reduces the infected tissue in the pocket and around the teeth. It also helps kill infecting bacteria down in the pocket and most importantly encourages regeneration of bone and tissue.
There is another surgical alternative that cuts more gum and bone away and requires blade and sutures. Other alternatives include scaling alone followed by regular periodontal maintenance, regular periodontal maintenance or no treatment.
The consequences of not treating the periodontal disease may be loss of many or perhaps all of your teeth as well as possible adverse effects on your systemic health. It's essential to the long-term success of this treatment that you practice good personal home care and schedule regular professional cleanings.
Because of individual patient differences, heredity, systemic conditions, smoking habits and variations in personal plaque control it is not possible to guarantee the effectiveness of any periodontal treatment including laser treatment. Some teeth with advanced problems may continue to have a questionable outlook and may eventually be lost. Pocket reduction of 50% is usual in about 90% of the cases. For example-10mm to 5mm;-8mm to 4mm, etc. but may be more or less depending on the above listed circumstances. Very deep pockets -9mm + and furcations may need more treatment at a later date. Smokers usually get about half the result and twice the recurrence rate.

Risk and Possible Side Effects:

A. There will usually be some increased spaces between teeth. This is considerably less than the conventional blade surgical alternative. We will attempt to minimize this on the front teeth where it is more visible.
B. There may be some increased sensitivity to hot and cold once the infected tissue is reduced. This is much less frequent than with conventional surgery. This sensitivity usually goes away over time. If the sensitivity persists there are some treatments we can use to help treat it.

C. There can be reactions to the local anesthetics and/or prescribed antibiotics and medications for discomfort. It is important to report any medical problems, heart murmurs, allergy or medication currently being taken as these may affect the proposed treatment.
D. Adjustment of your bite to reduce force on teeth will be done. This facilitates regeneration and healing. This can cause roughness on teeth and crowns and occasionally metal to show through the crowns on the teeth. The crown is still functional but occasionally will need to be redone. The roughness can usually be polished off. An occlusal night guard and splinting of loose teeth is sometimes necessary.
The laser surgery is done with a local anesthetic. There should be no discomfort during the process and afterwards most r patients report mild to moderate discomfort for a few days. The prescribed medications usually control any discomfort. If pockets are deeper, discomfort may be greater and last longer. Additional medications can be prescribed if needed.
Any temporary discomfort is offset by the benefits of reducing the pockets and infection in your mouth, which promotes retention of your teeth, more pleasant breath, more comfortable chewing, overall systemic health.
Please sign below confirming that you have read this entire page and understand the side effects, risks and benefits of laser surgery and consent to proposed treatment.

I CERTIFY THAT I HAVE FULLY READ AND UNDERSTAND THIS CONSENT AND THAT I AUTHORIZE FOR THE PROPOSED TREATMENT DESCRIBED. ALL QUESTIONS WERE ANSWERED TO MY SATISFACTION. I HAVE BEEN INFORMED THAT REGARDLESS OF THE EFFORT OF MY PERIODONTIST THERE IS NO GUARANTEE AS TO THE SUCCESS OF TREATMENT.

_____ _____
Patient's or Guardian's Signature Date

_____ _____
Witness's Signature Date

_____ _____
Doctor's Signature Date