

FRENECTOMY INFORMED CONSENT

LIP TIE: I have been informed of the presence of a frenum that might be exceptionally short, thick, tight, or may extend too far down along the gum. When a frenum is positioned in such a way as to interfere with the normal alignment of teeth or to impinge on the gingiva (gums), it can be excised with a surgery called a Frenectomy.

TONGUE TIE: A tight lower tongue frenum attachment may restrict the mobility of the tongue and appear as a cupping or heart-shaped tongue when the tongue is elevated. This can result in long-term speech problems. We recommend if there are issues with speech to follow-up with a speech specialist after the procedure. Tongue tie can recur even after the frenectomy, so post-procedure tongue exercise is recommended to prevent recurrence.

NO TREATMENTS: I understand no treatment is an alternative option. However, this may result in some or all of the conditions listed above.

PURPOSE OF FRENECTOMY SURGERY: A Frenectomy is a surgical procedure that removes or loosens a band of tissue that is connected to the lip, cheek, or tongue at the floor of the mouth. The surgery can cause bleeding, does require sutures, and often results in some post-procedure discomfort. The procedure will be performed using a local anesthetic.

RISKS RELATED TO THE SUGGESTED TREATMENT: While this could be considered a low risk procedure, risks related Frenectomy surgery might include post-surgical infection, bleeding, brushing, swelling, or pain. Risks of tongue frenectomy also includes damage to the sublingual gland, which sits below the tongue. Risks related to the anesthetics might include but are not limited to allergic reactions, accidental swallowing of foreign matter, facial swelling or bruising, pain, soreness or discoloration at the site of injection of the anesthesia.

NO WARRANTY OR GUARANTEE: I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed surgery will be completely successful in reducing the interference with the normal alignment of the teeth or impingement on the gingiva (gums). Sometimes, frenum (muscle) can recur and it may need to be retreated. It is anticipated (hoped) that the surgery will provide benefit in reducing the cause of this condition.

SUPPLEMENTAL RECORDS AND THEIR USE: I consent to photography, filming, recording and x-rays of my oral structures as related to these procedures.

CONSENT TO UNFORSEEN CONDITIONS: During surgery, unforeseen conditions may be discovered which call for a modification or change from the anticipated surgical plan. I therefore consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of the treating doctor.

COMPLIANCE WITH SELF-CARE INSTRUCTIONS: I understand that excessive smoking and/or alcohol intake may affect gum healing and may limit the successful outcome of my surgery. I agree to follow instructions related to my own daily care of my mouth. I agree to report for appointments following my surgery as suggested so that my healing may be monitored and so that the doctor can evaluate and report on the outcome of surgery upon completion of healing.

I understand the above statements and have had my questions answered.

Area treated: _____

Patient name: _____

Patient signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Witness signature: _____

Doctor's signature: _____

Date: _____