



## INTRAVENOUS (IV) SEDATION

I understand that undergoing intravenous (IV) sedation includes possible inherent risks such as, but not limited to, the following:

1. **Complications due to drugs:** which include, but are not limited to: nausea, vomiting, swelling, bleeding, infection, numbness, allergic reaction, stroke, and heart attack. Some of these complications, although rare, may require hospitalization, and may even result in death.
2. **Bruising or tenderness of the IV induction site.** Some sedative agents may cause a burning or itching sensation in the place that the IV is administered. Swelling may be caused from excess IV fluid entering surrounding tissues and may take several days to resolve. Tenderness, bruising, or swelling can be treated with warm moist heat applied to the site.
3. **Need for limitation of food and drink.** I understand that the patient must refrain from any food or drink after midnight for a morning appointment. Prior to an afternoon appointment, the patient is limited to a light breakfast no later than 6 hours before treatment time, and clear liquids up to 3 hours before treatment.
4. **Changes in health** are important, including fevers and colds. I am expected to convey this information to the dentist prior to a planned appointment when IV sedation is involved.
5. A responsible adult (at least 18 years of age) must accompany the patient at time of discharge. I understand that the patient must not drive a vehicle or take a bus or taxi after undergoing IV sedation.
6. **Women:** anesthetics and other medications may be harmful to an unborn child and may cause birth defects or a spontaneous abortion. I accept full responsibility for informing the dentist and/or attending anesthetist of a suspected or confirmed pregnancy.

*INFORMED CONSENT:* I have been given the opportunity to ask any questions regarding the nature and purpose of IV sedation and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, or even death, which may be associated with any phase of receiving IV sedation in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Karl Koerner and/or his associates to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and medications for my own benefit or for the benefit of my minor child or ward.

Patient's Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of patient, legal guardian, or representative \_\_\_\_\_

Witness Name (please print) \_\_\_\_\_

Witness to above signature \_\_\_\_\_ Date \_\_\_\_\_



(801) 465-4490

## ORAL SURGERY AND DENTAL EXTRACTIONS

*I UNDERSTAND that ORAL SURGERY AND/OR DENTAL EXTRACTIONS include possible inherent risks such as, but not limited to, the following:*

- Injury to the nerves of the lips, tongue, tissues in the floor of the mouth, and/or the cheeks, etc.**  
These possible nerve injuries can cause numbness, tingling, burning, and loss of taste in the case of the tongue which may be of a temporary nature lasting a few days, a few weeks, a few months, or could possibly be permanent.
- Bleeding, bruising, swelling;** Bleeding may last several hours. Should it persist, particularly being severe in nature, it should receive attention and this office must be contacted. Bruising may possibly be prolonged,
- Dry Socket** occurs on occasion when teeth are extracted, and is a result of a blood clot not forming properly during the healing process. Dry sockets can be extremely painful. Smoking, drinking liquids through a straw, and not following postoperative recommendations can increase the chances of this complication.
- Sinus involvement;** In some cases, the root tips of upper teeth lie in close apposition to the tissues of the sinuses. During extraction or surgical procedures, the thin bone and tissues surrounding the sinus may be perforated. Should this occur, it may be necessary to have the sinus surgically repaired.
- Infection;** No matter how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile or infected oral environment, for infections to occur postoperatively. At times these may become serious. Should severe swelling occur, particularly accompanied with fever or malaise, attention should be received as soon as possible and this office must be contacted. In some cases, hospitalization and/or treatment with I.V. antibiotics may become necessary.
- Fractured jaw, roots, or bone fragments;** There is a possibility, even though extreme care is exercised, that the jawbone, teeth roots, or bone spicules may be fractured, which may require referral to a specialist for treatment. A decision may be made to leave small pieces of root or bone fragment in the jaw when its removal would require extensive surgery and/or risk of complications.
- Injury to adjacent teeth, fillings or porcelain crowns** may occur no matter how carefully surgical and/or extraction procedures are performed. Fractured fillings or crowns may require replacement.

8. **Bacterial endocarditis:** Because of the normal existence of bacteria in the oral cavity, the tissues of the heart in some cases and due to a number of conditions may be susceptible to bacterial infection transmitted from the mouth to the heart through the circulatory system. A condition called bacterial endocarditis (an infection of the heart) may occur which can result in damage to heart valves. If any heart problems are known or suspected (such as heart murmur following rheumatic fever, existence of an artificial heart valve, cardiac damage following PhenFen use, etc.) the dentist **MUST** be informed prior to surgery.
  
9. **Muscle or jaw soreness** may be noticed following oral surgery, especially 3<sup>rd</sup> molar extractions. Pre-existing conditions affecting the jaw joints (TMJ) may be aggravated by oral surgery. Clicking, popping, muscle soreness and difficulty opening may be noticed for some time following surgery. If such symptoms or conditions persist, the patient should call our office. The patient must notify the dentist of any such pre-existing conditions prior to surgery.
  
10. **Unusual reactions to medications given or prescribed.** Reactions, either mild or severe, may possibly occur from anesthetics or other medications administered or prescribed. It is important to take all prescription drugs according to instructions. Women on oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Caution must be exercised to utilize other methods of contraception during the treatment period.
  
11. **It is my responsibility to contact the dentist and seek attention should any undue circumstances occur postoperatively and**  
 I shall diligently follow any preoperative and postoperative instructions given me.

**INFORMED CONSENT:** I have been given the opportunity to ask any questions regarding the nature and purpose of surgical treatment and/or extraction of teeth and have received answers to my satisfaction. I have been given the option of seeking care from an oral/ maxillofacial surgeon. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of the treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Michael B.Hill and/or his associates to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and/or medications.

Patient's Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of patient, legal guardian, or representative \_\_\_\_\_

Witness Name (please print) \_\_\_\_\_

Witness to above signature \_\_\_\_\_ Date \_\_\_\_\_



## PRE-OPERATIVE INSTRUCTIONS For Intravenous (IV) Sedation

1. To reduce the chances of nausea, **DO NOT** eat or drink anything (including water) for at least six hours prior to your appointment.

\*\* If your surgery is scheduled in the morning, **DO NOT** eat or drink anything between bedtime and your scheduled appointment

\*\* If your surgery is in the afternoon, a **LIGHT** breakfast, before 6:00 AM, is encouraged

\*\* Unless specified by your dentist, heart and blood pressure medicines taken on a routine basis should be continued without interruption. Please swallow with a minimum amount of water.

### DO NOT TAKE ANY MEDICINES FOR DIABETES

2. Do **NOT** take non-prescribed aspirin 1 week before surgery. Also, don't take ibuprofen (Motrin), or any other non-steroidal anti-inflammatory medicine 1 week prior to oral surgery. If they are prescribed medications, let Dr. Koerner know and he will talk to your physician.
3. If you take blood-thinning medication such as Coumadin (Warfarin) or Plavix, please notify your dentist's office who will notify Dr. Koerner. With Coumadin you will need to have your INR tested 3 days prior to the scheduled surgery, and those test results given to Dr. Koerner. We will not be able to do more than 3 simple extractions at one time if you take these medications. If you have questions or concerns about this, please contact your dentist. It is not wise to discontinue either medication before surgery since life-threatening events can occur from not having it in your system.
4. A responsible adult, over 18 years old, must accompany you to the office and remain there throughout the entire procedure. Following the sedation, a responsible adult should remain with you for the next 24 hours.
5. Minors (persons under the age of 18 years) **MUST** be accompanied by a parent or legal guardian.
6. If receiving intravenous sedation, you should wear clothing which is not restricting to the neck or arms. You should wear a loose-fitting top or shirt on which the sleeves can be rolled up to the shoulder.
7. Contact lenses must be removed prior to sedation.
8. Following the sedation, you should refrain from driving an automobile, or engaging in any activity which requires alertness for the next 24 hours.



## POST-OPERATIVE INSTRUCTIONS

### *Following Dental Surgery*

**Bleeding:** Biting on the gauze pads will probably be necessary for at least the first few hours to control bleeding, changing them every 15 minutes or so. Keep the head elevated and rest. Do not spit or rinse excessively or engage in physical activity since this stimulates bleeding. Some oozing could last for up to 24 hours.

**NOTE:** If heavy bleeding persists, replace the gauze with a clean folded gauze pad placed over the surgery site and maintain pressure until the bleeding stops. In rare cases, a teabag (contains tannic acid) may need to be used to bite on to encourage clotting (use regular tea bag, not herbal tea). Call Dr. Koerner if bleeding doesn't stop or is heavy for too long.

**Swelling:** This is normal following a surgical procedure in the mouth. It should reach its maximum in 48 hours and then diminish by the fifth post-operative day. The anti-swelling medicine we usually give cuts the swelling way down to less than ¼ of what it would normally be.

Place ice or cold compresses on the face in the region of the surgery for 10 minutes every ½ hour for the first 8 – 12 hours.

Ice is only effective on the day of surgery.

**Discomfort:** The most discomfort that you will experience will occur as the anesthetic wears off — usually 1-2 hours after surgery.

If a long-acting anesthetic was used, you may be numb for much longer than normal.

Do not wait for the pain to become severe before taking pain medications, since the medication will require about 30-45 minutes to take effect. Pain will gradually diminish over the next few days. Maximum dose of Lortab is 40 mg in 24 hours, for an average sized person.

**Smoking:** If you smoke, avoid smoking during the first week after surgery.

**Diet:** A nutritious liquid diet is necessary for the first day following surgery. Hard foods that are eaten while you are numb can dislodge the gums that were lifted up and then sutured in place. When the numbness wears off, you can gradually progress to harder foods.

**Activity:** For the first 24- 48 hours, you should rest. Patients who have had sedation should refrain from driving any vehicle and from engaging in any task that requires alertness for 24 hours following surgery.

## **STARTING THE DAY AFTER SURGERY:**

1. Brush teeth, but avoid the surgery area. As healing takes place, you can gradually brush teeth near the surgery site. Soften the bristles of your toothbrush by placing in hot water for a few minutes before using.
2. Use warm salt water as a mouth rinse 3 – 5 times per day for 5 – 7 days after surgery. (use 1 tsp. salt in a glass of warm water)
3. If antibiotics are prescribed, be sure to take them all as directed. **NOTE:** antibiotics can render birth control ineffective.
4. Usually absorbable sutures are used and do not need to be removed. However, it is good if you can be seen by your dentist about 5 – 6 days after surgery to be checked. If you have a dry socket or other problem, it can be treated to prevent unnecessary pain.
5. Dry socket is a delayed healing response which may occur during the 3<sup>rd</sup> to 6<sup>th</sup> post-operative day. It is in a lower socket and associated with a throbbing pain on the side of the face which may seem to be directed up towards the ear. In mild cases, simply increasing the pain medication for a few days can control the symptoms. If this is unsuccessful, please call Dr.Hill's office to arrange for some medication to be temporarily placed in the socket. Dry socket generally gets better whether treated or not. Dry sockets can be brought on by rinsing or spitting too much the first day, too much physical activity, using a straw, smoking, birth control pills, particularly difficult surgery, and/or pre-existing infection. They are twice as common in patients over 30 years of age.
6. Don't chew hard food (even on a hard crust of bread or on ice) for 4 – 6 weeks after having lower wisdom teeth removed. Do not participate in sports where you may be hit in the jaw. The lower jaw is temporarily weaker, and the bone may crack, requiring the jaws to be wired together for healing.
7. Residual IV drugs in your body may make you light-headed for a few days – especially if you take a hot shower. Be careful. Call Dr. Koerner if there is any inflammation or pain with your IV injection site (arm or hand.)

## **CONTACT THE DOCTOR IF:**

1. Bleeding is excessive and cannot be controlled  
enlarge after 48 hours.
2. Discomfort is poorly controlled.
3. Swelling is excessive, spreading, or continuing to  
enlarge after 48 hours.
4. Allergies or other reactions to medications occur.

Dr. Karl Koerner's Cell (801) 502-8585 or home (801) 501-9595

Payson Office (801) 465-4490

Springville Office (801) 491-6920

***BE SURE TO CALL DR. KOERNER'S HOME # IF YOU NEED TO REACH HIM AND ARE  
UNSUCCESSFUL USING HIS CELL PHONE #***



## INSURANCE NOTICE

If you have one of the following insurances, please read this note.

Altius

Aetna PPO & DHMO

Dental Benefits Providers

Medicaid

DeltaCare

Educators Mutual Advantage & Value

TDA 4000/6000 & Premium

Dental Select Silver/Gold/ Platinum

Humana

BYU Discount Plan

While we are a preferred provider for most of your dental needs, Dr. Koerner performing your Oral Surgery is not. We will still give you a significant discount, but you could receive these services for less if you can find a preferred provider Oral Surgeon.