

INFORMED CONSENT

- **I UNDERSTAND that in the dental treatment of CHILDREN**, there are possible inherent risks such as, but not limited to the following, including the understanding that no promises or guarantees of results have been made nor are expected.
- **Treating children often presents special problems:** Perhaps the most difficult problem is that of controlling the child in order that no injury accidentally occurs as a result of the child making some abrupt or uncontrolled movements during treatment. In some cases it may be advisable to recommend medication to sedate the child prior to treatment. Additionally, various restraining devices may also be necessary to ensure safety of the child patient during treatment.
- **Numbness:** There will be numbness in the tongue, lips, teeth, jaws, and/or facial tissues resulting from the administration of local anesthetic that may persist following treatment. During this period of numbness the child should be constantly monitored and reminded to not bite on or chew on the lips or the tongue. If the numbness appears to last longer than 24 hours the office should be notified at once.
- **Dental "Fillings":** Decay dissolves the tooth, and if not treated, will result in an abscessed tooth causing pain and infection. The decayed and weakened part of the tooth is removed and replaced with filling material to strengthen the tooth. A local anesthetic may be used that will "numb" the area being treated for one or two hours.
- **Stainless Steel Crowns:** If a tooth is badly destroyed by decay, a filling will not stay in place. Therefore, a tooth is trimmed around the sides and a preformed crown or "cap" is placed over the tooth to protect it from breaking. Furthermore, anytime a Pulpotomy (see description below) is performed, a stainless steel crown will need to be placed. As with fillings, the area is usually treated with an anesthetic to help the child remain comfortable for one to two hours.
- **Caries susceptibility:** Because of the thinness of the enamel on deciduous (baby) teeth, a tendency for children to consume excessive sweets, difficulty in brushing and flossing regularly, etc. Cavities can develop very quickly. Special care must be taken to avoid these problems. Preventive measures would include fluoride treatments, placing sealants, thorough brushing and flossing, control of diet, regular dental check-ups.
- **Fracture or breakage:** Due to the fragility of deciduous teeth it is often times difficult to retain fillings, especially large fillings, in these teeth no matter how well the fillings have been placed. If the child has a difficult time retaining fillings or if the cavities are initially very large it may be advisable to place stainless steel crowns on the teeth in order to preserve them until they should be normally exfoliated.
- **Pulpotomy:** Due to the thinness of the enamel, large pulp (nerve) chambers, and rapid spread of caries (decay) in deciduous teeth, the dentist may drill into the pulp chamber during decay removal. Upon such pulpal or nerve exposure, extraction may often be avoided by rendering a treatment in which the pulp tissue in the upper part of the tooth is removed and replaced with various filling materials and the tooth preserved to maintain space and chewing capability until the permanent tooth replaces the deciduous tooth. This procedure is called a pulpotomy. At times, no matter how well done, these teeth may become infected and require extraction.
- **Abscesses:** Deciduous teeth are particularly susceptible to a condition known as abscessing. Abscesses can occur if there has been deep invasion of caries into the tooth causing pulp tissue to become infected. The tooth usually becomes very sore and/or painful and swelling appears in the tissues near the root of the tooth. Abscesses may also occur from a traumatic injury to the tooth. The office should be contacted at once if this occurs. Pulpotomy as described above is generally not performed on an abscessed tooth and other alternatives must be considered.
- **Extraction and space maintenance:** At times it is impossible to save a tooth. In such cases, the only alternative is to resort to extraction. Depending upon the necessity to maintain space for the eruption of permanent teeth it may be necessary to insert appliances known as space maintainers.

BEHAVIOR MANAGEMENT TECHNIQUES

I authorize Dr. Batra and his team to use their judgment to decide when particular behavior management techniques are necessary to obtain cooperation for my child. Cooperation is necessary when performing dental procedures to allow for the safest possible treatment outcome. I give my written consent for the following procedures when necessary.

- **Tell-Show-Do:**

This technique is used to explain what is expected each visit. We tell them what will be done, show them how and then do what we have explained. Praise is used to reinforce cooperative behavior.

- **Voice Control:**

The attention of a disruptive child is gained by changing the tone or increasing the volume of the dentist voice without getting angry.

- **Restraint:**

Active: restraint by a dental personnel protects the child from injury during a dental procedure. The dentist or staff restrains the child by holding his/her head, arms or legs to prevent harmful movements.

Dr. Batra will always ask for your permission if this becomes necessary. We have an "open door" policy and parents will always be welcome in the room during treatment.

- **Passive:**

Restraint with a Pedi-wrap is used to prevent injury to an uncooperative child to enable the child to receive necessary treatment.

- **Nitrous Oxide:**

Or (laughing gas) is a routinely administered to anxious child through a small breathing mask, which is placed over the child's nose. This allows your child to relax but does not put them to sleep. The affects of this treatment will wear off after the mask is removed in approximately 5 minutes.

- **Sedation/Operating Room:**

If we are unable to gain your child's cooperation with the above procedures. Treatment may be recommended under general anesthesia or sedation. This is a separate appointment and will be discussed in further detail if recommended.

INFORMED CONSENT:

I have been given the opportunity to ask any questions concerning the dental treatment of my child and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including but not limited to those addressed above, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. No promises or guarantees have been made concerning the results. The fee(s) for this service have been explained to me and are satisfactory. By signing this document, I hereby state I have read and understand all the above information and give my written and implied consent to be treated by Macomb Children's Dentistry office of Dr. Amit Batra DDS.

Parent/Legal Gaurdian Signature: _____ Date: _____