At the Half Moon Dental Centre we aim to provide you with the best possible treatment that is ethically and scientifically justified as economically as possible. Below you will find not only a description of the treatment we plan to undertake for you but also the risks associated with it.

We aim for all our treatments to be completely successful but unfortunately the nature of the oral environment dictates that, over time, most treatments will eventually fail. Also some events that we aim to control may be beyond our control.

This document in no way negates our duty of care to you. Nor is it designed to put you off treatment. It's purpose is to inform you of the most common the adverse events associated with your procedure to form part of your consent. If there is anything raised that concerns you or you do not understand please ask or inform your operator prior to undertaking the procedure. It is your right to refuse treatment at any time.

We understand that dentistry is a stressful and worrying event. If there is anything we can do to make this easier for you please ask.

The longevity of treatment undertaken is directly related to the pre existing condition of your mouth. Its success is also dependent on good oral hygiene maintenance at home and also frequent trips to the hygienist. Smoking, systemic disease, poor diet and clenching and grinding habits can also adversely effect your treatment and your other teeth and structures within the mouth.

**Consent For Filling**

Fillings are placed to stop the progression of decay in teeth. If left untreated decay can cause pain and infection and result in tooth loss. Decay is often seen only on x rays. X rays are 2 dimensional pictures of a 3 dimensional tooth. They can give an indication of presence of decay but often underestimate the extent. It is only upon visual examination of the cleaned cavity that a true assessment can be made. For the sake of clarity we will advised you if your cavity is:

- SMALL
- MEDIUM
- LARGE.

The extent of the cavity determines the risks involved.

Small cavities rarely cause any problems. The mouth is a sensitive place (a hair in your mouth can feel massive). Sometimes we can inadvertently leave a small filling proud in the bite. It is often difficult for you to tell this while you are numb but when the anaesthetic wears off several hours later it is immediately apparent. This can be very uncomfortable but it is quickly and easily resolved by smoothing down.

Medium cavities involve deeper dentine that is very sensitive. It may take some time for these fillings to settle down. Unfortunately sometimes the dentine doesn’t react in a predictable manner resulting in persistent pain. This may resolve upon placing a sedative dressing or may even require removal of the nerve in root canal treatment. This result is obviously undesirable but the nature of dentistry can often be unpredictable despite all our precautions.

Large cavities are very unpredictable. It is always preferable to have a filling where possible both for the longevity of the tooth and financially. When a cavity is very close to the nerve of the tooth removal of decay can irritate the nerve in teeth that were previously not causing any problems. Irritation of the nerve may or may not resolve. If the situation does not resolve root canal treatment or extraction may be the only way of resolving the pain. Again this is undesirable for all parties but it must be considered as a potential outcome.

New materials are available that may lessen the need for root canal treatment on large cavities. Materials such as biodentine can help where nerve near nerve exposure is found. Use of this material can be planned for by your dentist or the level of decay may be underestimated due to the inaccuracies of x rays. Use of the material may therefore be suggested having ben previously unplanned.

Where biodentine is used it is left for a period of 2-3 months to ensure the tooth is symptom free. Only then can the definitive restoration be placed. There is an additional charge for the use of biodentine. This needs to be weight up against the potential savings of root canal treatment and a crown.
Following any filling there may be:

1. Sensitivity of teeth. Often after preparation of teeth for the placement of any restoration, the prepared teeth may exhibit sensitivity. The sensitivity can be mild or severe. The sensitivity can last only for a short period of time or last for much longer periods of time. If such sensitivity is persistent or lasts for an extended period of time, I will notify the dentist because this can be a sign of more serious problems.

2. Risk of fracture. Inherent in the placement or replacement of any restoration, is the possibility of the creation of small fracture lines in the tooth structure. Sometimes these fractures are not apparent at the time of removal of the tooth structure and/or the previous fillings and placement or replacement, but they can appear at a later time.

3. Necessity for root canal therapy when fillings are placed or replaced, the preparation of the teeth often requires the removal of tooth structures adequate to ensure that the diseased or otherwise compromised tooth structure provides sound tooth structure for placement of the restoration. At times, this may lead to exposure or trauma to underlying pulp tissue. Should the pulp not heal, which often is exhibited by extreme sensitivity or possible abscess, root canal treatment or extraction may be required.

4. Injury to the nerves. There is a possibility of injury to the nerves of the lips, jaws, teeth, tongue or other oral or facial tissues from any dental treatment, particularly those involving the administration of local anesthetics. The resulting numbness that can occur is usually temporary but, in rare instances, it could be permanent.

5. Aesthetics or appearance. When a composite filling is placed, effort will be made to closely approximate the appearance of natural tooth colour. However, because many factors affect the shades of teeth, it may not be possible to exactly match the tooth colouration. Also, the shade of the composite fillings can change over time because of a variety of factors including mouth fluids, foods, smoking, etc. The dentist has no control over these factors.

6. Breakage, dislodgement or bond failure. Because of extreme masticatory (chewing) pressures or other traumatic forces, it is possible for composite resin fillings or aesthetic restorations bonded with composite resins to be dislodged or fractured. The resin-enamel bond can fail, resulting in leakage and recurrent decay. The dentist has no control over these factors.

Types of available filling:

There are many types of filling material available. They are either direct (made in the dental chair) or indirect (laboratory made) Typically the laboratory made restorations (inlays) are reserved for large filling that replace a missing cusp. They can be made from cast gold or non precious metal or ceramic (tooth coloured). The ceramic inlays can be made from our in-house milling machine and can be fitted on the same day. The other restorations require a dental impression and are send away to be made. During this time you will be required to wear a temporary filling. This may come out and become sensitive it will need replacing. Gold inlays can be made thin and typically require less tooth tissue preparation. Ceramic inlay need to be thicker to be strong enough. This usually results in greater tooth loss but are more cosmetically acceptable.

Direct fillings can either be made from composite (tooth coloured filling) or amalgam (mercury containing). It is not the purpose of this document to discuss the use of amalgam in dentistry. Amalgam is a very strong durable restoration that has been used for more than a century but many are concerned by the mercury content. Mercury vapour is released on insertion and removal of amalgam fillings and it is not recommended for pregnant and breastfeeding women. We also try to avoid its use in children.

It is a patient’s responsibility to seek attention from the dentist should any undue or unexpected problems occur. The patient must diligently follow any and all instructions, including the scheduling and attending all appointments.

INFORMED CONSENT

I have been given the opportunity to ask any questions regarding the nature and purpose of treatment and have received answers to my satisfaction. I voluntarily assume any and all possibly risks including those as listed above and including risk of substantial harm, if any, which may be associated with any phase of this 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 the results. The fee(s) for service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow and authorize my Dentist to render any treatment necessary and/or advisable to my dental conditions including the prescribing and administering of any medications and/or anesthetics deemed necessary to my treatment.

Patient Name

Patient Signature Date

Treating Dentist

Signature Date