

**Dentistry For Children
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Consent for Frenotomy/Frenectomy

Diagnosis:

After a careful oral examination and study of my (or my child's) mouth, I have been advised that the examination demonstrates abnormal tension/shortened bands under the tongue, central upper lip or other areas in the mouth and that these bands may be related to symptoms being experienced.

Recommended Treatment:

In order to treat this condition, the doctor has recommended a procedure to release the tight bands (Frenotomy). I understand that an injected local anesthetic will be administered as part of the treatment. Vitamin K is a recommended treatment prior to undergoing any infant surgical procedure - the lack of vitamin K is associated with increased rates of neonatal hemorrhage.

Principal Risks and Complications:

I understand a small number of patients experience problems after the procedure.
Risks include:

- Pain
- Bleeding (especially if vitamin K has not been administered)
- Infection
- Numbness
- Damage to saliva glands (resulting in blockage or ranula) and/or saliva ducts
- Damage to underlying muscles
- Aversion to any feeding
- Reattachment of the bands causing return of symptoms
- Failure to improve
- Need for repeat surgery or other surgeries (to treat complications)

Necessary Follow-Up Care and Self Care:

I understand that failure to follow recommendations could lead to ill effects, which is my sole responsibility. I know it is important to abide by the specific instructions given by the doctor. Continued involvement with the lactation consultant, speech pathologist, myofunctional therapist or other health care professional is mandatory and critical in improving symptoms.

I have asked all of my questions and have had time to discuss options with my surgeon. By signing, I elect to proceed with the procedure for myself (or my child).

Date

Parent Signature