



Jennifer Kerr, D.D.S.

Informed Consent for Infant Oral Surgery

Laser Revision of Tethered Upper Lip and Tongue Tissue

**PLEASE DO NOT NURSE YOUR INFANT IMMEDIATELY BEFORE TODAY'S PROCEDURE**

Thank you for choosing our office for the care of your infant. Prior to completing any oral care on your child we will require your consent. In order to ensure the safety of your infant, it may be necessary for your infant to be swaddled or placed in a similar protective appliance to control undesirable movements. In some instances, Dr. Kerr may need to numb the surgical area using a small amount of local anaesthetic, or the use of a comfortable mouth prop may be needed to provide adequate visibility and access to the surgical site. Dr. Kerr does not administer any kind of oral sedation to older infants in this office. If oral sedation is required, this will be discussed with you at the time of consultation and you may need to obtain a prescription from your pediatric physician prior to the procedure. The primary purpose of this procedure at this age is to aid with breastfeeding, maternal discomfort, and in many instances the prevention of future problems that may be associated with tethered lip or tongue tissues. There is always a possibility that an additional revision may be required when your child is older to assist with other oral issues. Although Dr. Kerr anticipates good results, no guarantees as to the results of the procedure can be given. Laser treatment usually proceeds as planned; however as in all areas of medicine, results cannot be guaranteed, nor can all consequences be anticipated. Post-surgical discomfort may be minimal, or may last as long as one week before our treatment goals are reached. A small amount of bleeding may be seen during the procedure or during physical therapy stretches after surgery, however this laser procedure typically has a very low risk of any complications as a result of bleeding post-surgery and any serious risk is extremely rare. Infants who have not received a Vitamin K injection are at a greater risk for bleeding.

Not treating these existing dental problems in children may result in continuing breastfeeding problems. Successful breastfeeding is our primary goal for today's surgery. Parents and guardians should understand recommended procedures, alternative options and anticipated results. All surgery in this office is completed using appropriate laser technology, which has been proven safe for infants as well as all patients. Successful results of this surgery are dependent on parents carefully following all post-operative physical therapy recommendations for active wound management in order to keep the surgical sites from healing back together as well as seeing their lactation consultant and if indicated, a cranial-sacral therapist or other trained body work professional.

ACKNOWLEDGEMENT OF INFORMED CONSENT

I hereby acknowledge that I have been fully informed as to the treatment considerations. I have read and understand this form. I understand the advantages and disadvantages of treatment as well as the alternative means of completing these procedures. I understand that for the purposes of laser safety my infant will be treated while I remain in the waiting room. The office has explained to me using verbal and written instructions, the purpose of this surgery and I have been given the opportunity to ask Dr. Kerr all questions I have about the proposed surgical treatment. All questions and concerns have been discussed. I give my free and voluntary informed consent for treatment to be completed. By signing this consent, I indicate that I have the legal authority to grant this permission. I also agree to pay all fees and have given Dr. Kerr a complete medical history of my child.

PLEASE PRINT

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Parent/Guardian's Signature: \_\_\_\_\_

During office procedures, photographs/videos of interesting cases may be completed. We would like your consent to use these for educational purposes such as lectures or professional articles to advance breastfeeding. This information will be used with strict confidentiality and will not disclose any personal information.

Consent to use photos and/or videos Parent: \_\_\_\_\_