

Quakertown Family Dental Center

INFORMED CONSENT FOR LOCAL ANESTHESIA

I understand that my dental treatment may require the use of a local anesthetic for pain control. I understand that a local anesthetic may consist of different medications that are injected into the cheek or gum area. These drugs may include prilocaine, mepivacaine, bupivacaine, articaine, or others. Many people refer to local injections as "Novocaine"; however, this particular drug is seldom used because newer medications are more effective and less likely to cause allergic problems. I understand that local anesthetics may contain a "vasoconstrictor" like epinephrine. I understand that local anesthetics will cause a section of my mouth to become numb, with the numbness lasting from a few minutes to several hours. I know that while my mouth is numb I must be careful not to bite my lips or tongue. Local anesthetics are among the most common drugs used in a dental office. Complications and side effects are rare, but may include:

- Swelling, bruising, or soreness at the injection site.
- A blood filled swelling, called a hematoma, which can form when a needle, used during an injection, hits a blood vessel.
- Numbness (temporary) outside of the mouth making an eyelid or mouth "droop".
- Temporary rapid heart beat.
- Damage to the nerves resulting in temporary or rarely permanent numbness or tingling of lips, chin, tongue or other areas.
- Rare severe allergic and possible life threatening reactions necessitating emergency care.

I understand that if I have uncontrolled high blood pressure, uncontrolled thyroid problems, angina, or have recently had a heart attack that I will inform my dentist without fail as these conditions have caused complications for persons receiving local anesthesia. I will also inform the dentist of any prescription or over-the-counter medications I am taking as these may interact with local anesthetics.

I understand the recommendation of local anesthetic for my treatment, risks of treatment, any alternatives and risks of these alternatives, including consequences of doing nothing. I have had all of my questions answered, and have not been offered any guarantees.

Patient Signature

Date

Witness