



Jennifer Kerr, D.D.S.

**Informed Consent for Infant Oral Surgery
Laser Revision of Tethered Upper Lip and Tongue Tissue**

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 during the surgical procedure, it will be necessary for your infant to be swaddled or placed in a similar protective appliance to control undesirable movements and protective, infant-sized laser safety goggles will be placed on your baby. In many instances Dr. Kerr will need to numb the surgical area using a small amount of topical local anaesthetic gel, or the use of a comfortable mouth prop may be needed to provide adequate visibility and access to the surgical site. Parents/Guardians will be required to remain in the waiting area during the procedure for laser safety reasons. Parents are not permitted to be present in the operatory at any time during the procedure for everyone’s safety, there are no exceptions.

Dr. Kerr does not administer any kind of oral sedation to older infants in this office. If oral sedation is required, alternative options for treatment will be discussed. The primary purpose of this procedure at this age is to aid with breastfeeding/bottlefeeding, maternal or infant 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 as well as infants with an undiagnosed bleeding disorder.

Not treating these existing dental problems in children may result in continuing feeding problems or oral development issues. Successful breast and bottle feeding is our primary goal for today’s surgery. Parents and guardians should understand recommended procedures, alternative options and anticipated results and you will have an opportunity to discuss this fully in your consultation appointment. 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 read and understand this form. By signing this consent, I indicate that I have the legal authority to grant permission for this procedure to be performed if I choose to proceed with any recommendations for surgery. I also agree to pay all fees and have given Dr. Kerr a complete and accurate medical history of my child.

I consent to allow Dr. Kerr and her team to perform CPR/First Aid on my child in the event of a medical emergency. _____
(initial)

Please Print:
Child’s Name: _____ Parent’s Name: _____

Today’s Date: _____ Parent/Guardian’s Signature: _____

Consent to take photos and/or videos of the surgical site for educational purposes (your child’s face will not be used)

Parent/Guardian’s Signature: _____