## DEPARTMENT OF HEALTH AND HUMAN SERVICES Indian Health Service

### INFORMED CONSENT FOR SILVER ION ANTIMICROBIAL TREATMENT

Procedures to be performed: You have been examined and found to have tooth decay. If untreated these cavities are likely to progress and cause pain and disability. We are recommending the placement of Silver Ion Antimicrobial (SIA) with the goal of stopping tooth decay. SIA is not approved by the Food and Drug Administration for this purpose. You do have the option to choose conventional dental treatment instead of Silver Ion Antimicrobial.

Possible complications that have been explained to me include:

- 1. The <u>affected area will stain black permanently</u>. Healthy tooth structure will not stain. Stained tooth structure can be covered with a filling or crown.
- 2. Tooth colored fillings and crowns may discolor. Most of these color changes can be polished off but the edge between the tooth and the filling may keep the color.
- 3. Patient may notice a metallic taste. This goes away quickly
- 4. If accidently applied to the skin or gums, a brown or white stain may appear that causes no harm and will disappear in one to three weeks.

#### Benefits of this procedure are:

- 1. SIA can stop tooth decay
- 2. SIA can relieve tooth sensitivity

Possible risks if the procedure is not done include:

1. If tooth decay is not arrested, the decay will progress. In this case the tooth will require further treatment.

#### Contraindications to this procedure:

- 1. Silver allergy (rare)
- 2. Pregnancy (only if potassium iodide is used with the SIA to slow down the color changes)
- 3. Painful sores or raw areas on my gums (ulcerative gingivitis) or anywhere in my mouth (stomatitis)

# Alternative(s) to this procedure are: No treatment Depending upon the location and extent of the tooth decay, other treatment may include placement of

| Patient Identification: | I consent and understand to the above procedure and agree to cooperate with I will follow post-operative instructions to the best of my ability. I have had an opportunity to ask questions about the above treatment. |                        |
|-------------------------|--|------------------------|
|                         | Patient or Parent/Legal Guardian   | <br>Date               |
|                         | Provider (who obtains consent)   | Witness or Interpreter |