

Consent — Placing Stitches (Sutures)

Stitches to help a wound heal

This form explains what the treatment involves, the benefits, the risks and the alternatives, so you can make an informed decision. Please read it, ask us anything you are unsure about, and sign at the end if you are happy to go ahead.

What this treatment is

Stitches are sometimes placed after an extraction or minor surgery to bring the gum edges together, protect the wound, reduce bleeding and help healing. They may be dissolvable (breaking down over about 7–14 days) or non-dissolvable (needing removal at a later visit).

Why we may recommend it (the benefit)

To support the wound while it heals and to reduce the risk of bleeding and the wound breaking down.

Risks and things that can happen

- Discomfort, tenderness or a 'pulling' feeling at the site.
- Minor bleeding or oozing.
- Infection of the wound.
- A stitch coming loose, untying or falling out early — this may need re-stitching.
- Irritation or an ulcer on the cheek, tongue or gum from the knot.
- Rarely, a reaction to the stitch material.
- Sometimes the wound reopens, so healing takes longer.

Aftercare

- Do not disturb the stitches with your tongue or fingers.
- Eat soft foods and avoid the area where you can.
- After the first 24 hours, gentle warm salt-water rinses help keep it clean.
- Do not pull at a loose stitch — contact us for advice.
- If non-dissolvable stitches were used, please attend the appointment to have them removed.

Alternatives

In some cases a wound can be managed without stitches (for example with pressure and the natural blood clot, or with a dressing). Your dentist will advise whether stitches are recommended for you.

Notes & customisation

Your consent

My consent. I have read and understood this information. I have had the chance to ask questions and have them answered. I understand what the treatment involves, its benefits and risks, the alternatives, and that I can refuse all or part of it at any time. I understand no guarantees have been made about the result. I agree to go ahead with this treatment, on the basis of this form together with what my dentist discusses and personalises with me on the visit, and the Home Visit Terms & Important Information that apply to all treatments.

Patient (or representative) name

Relationship to patient (if not the patient)

Patient / representative signature

Date

Dentist name

Dentist signature & date

Our **Home Visit Terms & Important Information** (which apply to all treatments) form part of this consent and are provided alongside it.