Splinting 
Traumatized Teeth

Helping you understand your procedure and the consent form

About the Procedure

To stabilize a tooth (or teeth) that has been knocked out or loosened, a wire is bonded both to the injured tooth (or teeth) and to nearby uninjured teeth. Local anesthesia is used to numb the area where the procedure is done.

Benefits

You might receive the benefits listed below from this procedure. The general chance of having these results happen is about 80%. Doctors cannot guarantee that you will receive any of these benefits. Only you can decide if the benefits are worth the risks. Benefits may include:

• The tooth (or teeth) may be able to be saved for a long time.
• The tooth (or teeth) may be returned to its original position until it heals.

What are the possible risks and complications from this procedure?

Before you have this procedure, you need to understand the associated risks. No procedure is completely risk-free. These risks are well-recognized, but there may also be risks not included in this list that are unforeseen by your doctors. Risks may include:

• General risks, which apply to all types of surgery and to procedures where a blood vessel, body cavity, or other internal tissue is entered with a needle, tube, or similar device. Such procedures are called invasive procedures. These risks, which can be serious and even life-threatening, include bleeding, infection, and damage to surrounding tissues, vessels, nerves, or organs.

Risks specifically related to this procedure include:

• This therapy may not work and the tooth (or teeth) may later need to be extracted.
• The tooth (or teeth) may not be able to be returned to its original position, and may need orthodontics later to straighten it.
• The injured tooth (or teeth) may fuse to the bone while healing, making it impossible to move it using orthodontics.
• The wire may come free and injure your cheek or lips.
• You may have a change in your speech while the wire is in place.
• The injured area may become infected.
• Please note that the tooth (or teeth) will most likely need more treatment, such as a root canal and/or a crown.

What are the alternatives to this procedure?
You may decide not to have this procedure. Besides doing nothing, the alternative treatments are:
• Extraction of the injured tooth (or teeth). (To learn more, ask for our handout, Removal of Teeth.)
• Using another type of anesthesia or sedation, such as oral or nitrous oxide sedation.

There are risks and benefits to these treatment alternatives. Please discuss the details with your doctor, but these risks include:
• A gap where the tooth was, short- or long-term.
• Costs to replace the injured tooth.
• Adverse effects from sedation, if used.

What follow-up care is needed?
You must have additional treatment to complete the care started today. This includes:
• The injured tooth (or teeth) almost always require root canal therapy, most likely in the next 1 or 2 weeks.
• The splint will need to be removed in 1 to 6 weeks. Your doctor will give you an idea how long it will be for you.
• More reconstruction, such as internal reinforcement and a veneer or crown may be needed. These can be rather costly procedures.
• Call your doctor if you have:
  - Any increase in pain.
  - Swelling.
  - Fever.
  - Discharge from the procedure site.
  - The feeling that something is getting worse.

If you have any more questions about this procedure or the risks, benefits, or alternatives to this procedure, ask your doctor before signing any consent forms.