Although the use of local anesthetics to control pain is a safe, well-established procedure, adverse reactions can occur. These reactions include, but are not limited to, the following:

* FAINTING (VASOPRESSOR SYNCOPE) with or without a rapid pulse and lowered blood pressure. Usually associated with fear.
* RAPID HEART BEAT (Short term) can occur during the administration of local anesthesia. This is due to the epinephrine that is included in most anesthetics. Everybody has epinephrine in their body naturally, it is often referred to as adrenaline. However, it can make your heart feel like it is racing for a few minutes when the medication is first introduced into your body.
* HYPERVENTILATION SYNDROME is usually brought on by fear. It is characterized by tingling in the hands, light-headedness and tightness in the chest.
* TOXICITY REACTIONS initially appear as dizziness, blurred vision, or tremors and can proceed into drowsiness, convulsions, unconsciousness, or even respiratory or cardiac arrest. Toxicity reactions occur from an overdose or rapid absorption of the anesthetic into the bloodstream. Although we will never use more anesthetic than recommended for your body size, it is important to realize that everybody has their own tolerance level. Please advise the doctor if you are more, or less, tolerant of medication in general.
* ALLERGIC REACTIONS today’s local anesthetics (lidocaine/septocaine/carbocaine) are extremely rare. Allergic reactions are characterized by cutaneous lesions, edema/swelling, redness, and other manifestations of allergies. Anaphylactic reactions involving trouble breathing rarely happen, but will require us to call 911 if they do occur to ensure safety.
* IDIOSYNCRATIC REACTIONS of unexplained origin are exaggerated responses to an average dose of a drug. These reactions present clinically in a wide range of manifestations. Please inform the doctor if you have a history of severe reactions to medical treatment.

There are also several complications that can arise from the injection itself that you should be aware of:

* “NUMBNESS” to additional areas of the face can occur due to variations in nerve anatomy. For example when we anesthetize the lower teeth the nerve branches carry anesthetic to the lower lip and tongue as well as the teeth. Sometimes the anesthetic may be carried along other nerve branches as well, in turn numbing other areas of the face. Other common areas to receive anesthesia are the temples, eyelids, cheeks and chin. Often, when the eyelids are anesthetized, the affected eye cannot close and will tear up. These areas will start to feel and react normally once the anesthesia wears off. Anesthesia typically lasts between 1 and 4 hours but varies for each individual.
* PARESTHESIA may occur if the nerve trunk is traumatized by the needle during injection of anesthesia. This results in a residual tingling sensation, or in partial numbness of the affected tissue. Although paresthesia following a lower injection usually presents as a residual tingle in the lower lip and tongue, it can also affect the eyelids, cheeks and chin. The symptoms of paresthesia gradually diminish and recovery is usually complete. It is important that you inform the dentist as soon as you experience symptoms of paresthesia so that you can undergo treatment right away if needed. Early treatment is essential for success in certain cases of paresthesia.
* A QUICK FEELING OF “SHOCK” can occur as the anesthetic is being administered near the nerve. Often described as a feeling of electrical shock. This is normal and has no long term effect.
* HEMATOMA (SWELLING WITH BRUISING) can occur when a blood vessel is punctured during the injection. The released blood will pour under the influence of gravity and form a hematoma. Bruising may be visible for up to 2 weeks.
* TRAUMA TO LIPS AND CHEEK is a common complication of dental work. Largely because when you are numb you will not feel a bite injury as it occurs. Therefore we recommend that you do not eat when you are numb. Also your lip may become dry, chipped, and cracked as the result of your procedure today.
* REOCCURRENCE OF COLD SORES can only happen to those individuals who already carry the virus for cold sores, in between outbreaks, the Herpes virus that causes cold sores lies dormant within your nerves. Therefore when the nerve is anesthetized, the nerve may become triggered/awakened to form a new cold sore. Prescription medication can be taken prior to treatment to avoid a new outbreak.
* JAW PAIN often occurs for 2 reasons. One reason being the muscles around the jaw may be traumatized by the injection of anesthesia. Another reason is muscle fatigue that results from holding your mouth in an open position for an extended period of time.

INFORMED CONSENT I have been given the opportunity to ask any questions regarding the nature and purpose of local anesthesia, and have received answers to my satisfaction. I do satisfactorily assume any and all possible risk, including the risk of substantial harm, if any. By signing this form, I am freely giving my consent to authorize my dentist and/or all dental associates involved in rendering any services he/she deems necessary or advisable to my dental treatment.