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## **M3M Consent Conundrum**

Sir,

I read with interest the letter by H. Malik, R. Raza and A. Pirmohamed regarding over-consenting for mandibular third molar (M3M) extractions. <sup>1</sup> A similar audit was carried out in our Oral and Maxillofacial Surgery (OMFS) department here in the South West, collecting data from 50 consent forms for removal of M3Ms. It showed that 76% of our consent forms had included the risk of nerve damage, 88% included the risk of numbness or altered sensation whereas 30% included altered taste as a risk as well.

I wish to highlight a very useful document by the British Association of Oral Surgeons which is currently being used at our OMFS department following our findings and is given to every patient who requires removal of an M3M. <sup>2</sup> This is a useful information booklet for patients regarding the removal of M3Ms and includes an explanation about the reasons of removal of M3Ms with clinical guidelines considered, the process for removal of the M3M, post operative concerns, as well as risks post-treatment. These include general risks such as bleeding, dry socket, infection, trismus and iatrogenic damage to adjacent teeth. It also covers the risks of nerve damage, including tingling, numbness and dysaesthesia. It also briefly mentions coronectomy as an alternative treatment option and signposts one to another leaflet should a patient be considering this option instead. <sup>3</sup>

In summary, I would endorse the use of this information booklet for clinicians when consenting for removal of M3Ms as this ensures that patients are able to make an informed decision.

## **References**

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