INFORMATION & INFORMED CONSENT · GENERAL DENTISTRY

CD-C34

Botox for Bruxism

Please read this form carefully before your treatment. It explains what is involved, the benefits, the risks and your options. Ask your dentist about anything you do not understand. You do not have to sign until you are ready.

PATIENT DETAILS

PATIENT NAME

DATE OF BIRTH

MUSCLES TO BE TREATED

PLANNED DOSE (UNITS)

TREATING DENTIST

CLINIC

01 About the treatment

Bruxism is clenching or grinding the teeth, awake or asleep. Botulinum toxin type A (best known by the brand name Botox) is a prescription-only medicine that temporarily relaxes the muscle it is injected into. Your dentist injects small doses at a few points in the masseter muscles at the angle of the jaw, and sometimes the temporalis muscles at the temples. This reduces the force of clenching and the muscle pain that comes with it.

The effect starts within 3 to 7 days, is fullest at about 2 weeks and wears off over about 3 to 4 months, so treatment needs repeating to keep the benefit. It relaxes the muscles. It does not stop the habit itself, repair worn teeth or replace a splint.

Off-label use. In Australia, using botulinum toxin for bruxism or jaw muscle pain is not a use approved by the Therapeutic Goods Administration (TGA). This is called off-label use. Your dentist can use it this way when it is clinically appropriate, but you need to know it is off-label before you agree.

EXPECTED BENEFITS

- Less jaw muscle pain, tightness and fatigue
- Less clenching force on teeth, fillings, crowns and implants
- Fewer tension headaches at the temples for some people
- Can be used together with a splint

ALTERNATIVES

- No treatment (wear, cracks and muscle pain may continue or worsen)
- An occlusal splint (night guard) to protect the teeth
- Jaw exercises, physiotherapy, and stress and sleep habit changes
- Referral to a jaw (TMD) specialist or a sleep physician

02 Risks and possible complications

All dental treatment carries some risk. Most complications are uncommon and manageable, but you should know about them before deciding. Risks specific to you, including those relating to your medical history, have been discussed with you.

- **Injection site.** Pain, bruising, swelling or redness for a few days. Infection is rare.
- **Weaker chewing.** The jaw may tire with chewy or hard food for a few weeks while you adjust.
- **Uneven smile.** If the medicine spreads to a nearby muscle, your smile can look uneven or feel stiff. This wears off, usually within weeks.
- **Headache or flu-like symptoms** for a day or two.
- **Uneven effect.** Part of a muscle may stay active and bulge when you clench. A small top-up may be needed.
- **Change in face shape.** With repeated treatment the masseter muscle can shrink, making the lower face look slimmer. This reverses slowly after treatment stops.
- **Limited or no effect.** Some people respond less than others. Rarely, the body makes antibodies and later treatments stop working.
- **Jaw bone.** Some studies report reduced bone density in the jaw after repeated treatment. The long-term effects are not fully known.
- **Allergic reaction** is rare.
- **Spread beyond the treated area.** Very rarely, the medicine affects muscles further away, causing drooping eyelids, double vision, or difficulty swallowing, speaking or breathing. This needs urgent medical care.

03 Your health check

Please answer before treatment, and tell us if anything changes before your appointment.

Are you pregnant, trying to become pregnant, or breastfeeding?	YES ☐ NO ☐
Do you have a nerve or muscle condition, such as myasthenia gravis, Lambert-Eaton syndrome or motor neurone disease?	YES ☐ NO ☐
Have you had a reaction to botulinum toxin, or any of its ingredients such as human albumin?	YES ☐ NO ☐
Do you take blood thinners, aminoglycoside antibiotics (such as gentamicin) or muscle relaxants?	YES ☐ NO ☐
Do you have trouble swallowing or breathing, or an infection or skin condition on your face?	YES ☐ NO ☐
Have you had botulinum toxin injections anywhere in the last 3 months?	YES ☐ NO ☐

04 Your acknowledgement

Tick each box to confirm you understand and agree.

- ☐ I understand that this is an off-label use of botulinum toxin, and what that means has been explained to me.
- ☐ I understand that the effect is temporary (usually 3 to 4 months), that repeat treatment is needed to keep it, and that results vary between people.
- ☐ I understand that this treatment relaxes the muscles but does not cure bruxism, and that a splint may still be recommended to protect my teeth.

- [ ] I have read this form, or it has been read to me, and I understand it.
- [ ] The dentist has explained the proposed treatment, why it is recommended, the expected benefits, the material risks and the reasonable alternatives, including no treatment.
- [ ] I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.
- [ ] I understand that dentistry is not an exact science and that no guarantee has been given about the outcome or how long it will last.
- [ ] I have given the dentist a complete and accurate medical history, including medicines, supplements, allergies and pregnancy (if applicable), and I will tell the clinic of any changes.
- [ ] I have received the aftercare instructions and will follow them.
- [ ] I have received a written estimate of fees. I understand that fees may change if the treatment plan changes, and that health fund rebates are my responsibility to confirm.
- [ ] I consent to clinical photographs being taken and kept in my record. These will not be used for any other purpose without my separate written consent.
- [ ] I understand that I may withdraw my consent at any time before or during treatment.

05 Financial consent

ESTIMATED FEE ($) _____ ITEM NUMBERS / QUOTE REFERENCE _____

06 Consent

I, the undersigned, consent to **Botox for Bruxism** (botulinum toxin type A injections into the jaw muscles) as described above, including its off-label use.

Patient (or parent / guardian / substitute decision-maker)

FULL NAME _____ SIGNATURE _____ DATE _____

Dentist

I have explained the treatment, its off-label status, the risks, benefits and alternatives, and answered the patient's questions.

NAME _____ SIGNATURE _____ DATE _____

Treatment record (dentist to complete)

PRODUCT AND BATCH NO. _____ UNITS LEFT / RIGHT _____ EXPIRY _____

Interpreter (if used)

NAME / LANGUAGE _____ SIGNATURE _____ DATE _____