

# Consent — Removing Stitches (Sutures)

## Taking out stitches once a wound has healed

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

This is the routine removal of stitches once a surgical wound has healed enough. We clean the area, then carefully cut and remove the stitches with sterile instruments. It is usually quick and may cause minor discomfort.

### Why we may recommend it (the benefit)

To safely remove stitches that were holding the tissue together while it healed.

### Risks and things that can happen

- Infection of the wound, especially if aftercare is not followed.
- Minor bleeding when the stitches come out.
- Some scarring is normal; poor healing or infection can make it more noticeable.
- If the wound has not healed enough, removing stitches early can delay healing or reopen it.
- Some discomfort or tenderness during and after.
- Occasionally a piece of stitch material is left in the tissue (we may or may not be aware), which can lead to infection and need further treatment.

### Aftercare

- Keep the area clean, for example with antiseptic mouthwash.
- Watch for signs of infection (redness, swelling, discharge).
- Avoid strenuous activity or trauma to the area; eat soft food.
- Follow any extra instructions from your dentist.

### Alternatives

- Leaving the stitches in longer to allow more healing.
- For dissolvable stitches, no removal is needed — they dissolve on their own (this does not apply to non-dissolvable stitches).

## 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.