Department of Equine Dentistry
Information sheet

STATUS 05/26

ZAHNSTATION GESSERTSHAUSEN

Your horse is admitted to our hospital's Department of Equine Dentistry. This involves some examinations. Your horse might also have to undergo surgery. This is to inform you about possibly occurring complications. Please read all points concerning your horse thoroughly. Should you have any questions, we can answer them taking as much time as necessary. **Afterwards, please sign the sheet on page two.**

1. Diagnostics:

a. **Examination of the oral cavity:** risk of injury when using the mouth gag.
b. **Endoscopic examination of the nose and the paranasal sinuses:** risk of bleeding after injuring blood vessels. Risk of infection when employing water or compressed air via the endoscope.
c. **X-ray examination:** general risk of injury.
d. **CT scan of the head:** this is carried out preferably with the horse standing. Increased risk of injury when escaping the examination stall in panic or when falling and flailing during the examination.

2. Anaesthesia:

a. **Sedation by injection or infusion:** risk of cardiovascular collapse and risk of injury due to falling down or defensive movements, damaging of blood vessels (e.g. phlebitis), possibility of developing a colic.
b. **Local anaesthesia by means of a conductive and local anaesthesia:** risk of injury of nerves and blood vessels with possible long-term damages, such as nerve paralysis, bleeding below and behind the eye (periocular hemorrhage), development of damages to the cornea due to exsiccosis of the ocular surface, loss of sight and infection of the injection area, possibly with an ascending infection to the brain, potentially resulting in death, self-mutilation (chewing on the anaesthetised tongue).
c. **General anaesthesia:** general anaesthesia risk, cardiovascular failure with up to 1% resulting in death, risk of injury during induction and recovery (laying down and standing up).

3. Treatment and surgery:

a. **Dental filling in case of caries as well as milling of interdental spaces in case of periodontitis:** possibility of opening up root canals leading to infection, which can lead to a new or revision surgery as well as an extraction of the affected tooth being necessary.
b. **Dental extraction**
   i. Loosening and extraction of the tooth with specific instruments: risk of fracturing or injuring adjacent teeth and the jaw bone, risk of injuring soft tissue.
   ii. Risk of perforating the paranasal sinuses leading to infection.
   iii. Removal of the tooth by means of maxillary or mandibular milling and removal of the fragments with specific instruments: risk of injuring the dental alveolus, other teeth, a blood vessel or a nerve.
   iv. Removal of the tooth by means of a gum incision: risk of injuring blood vessels, the salivary duct or a cranial nerve leading to the development of a transient or permanent facial nerve paralysis.
   v. Removal of the tooth by opening up the jaw bone: risk of injuring nerves, blood vessels, adjacent teeth or the nasolacrimal duct.
   vi. Despite extensive inspection of the dental alveolus after the extraction, small tooth or bone fragments might not be detected.
c. **Opening the paranasal sinuses by means of an aditus through the jaw bone**
   i. To insert a rinsing hose: risk of infection and wound healing disorders.
   ii. To insert an endoscope: risk of infection and wound healing disorders.
   iii. To treat a sinusitis: wound healing disorders, risk of a bone infection leading to the development of bone sequestra (suturitis), unexpected bleeding resulting in death, nerve damages, ascending infection leading to an inflammation of the brain or of the meninges resulting in death, arthritides.
d. **Treatment of jaw fractures**
   i. Risk of developing bone sequestra, which must be removed by means of a revision surgery after a certain period of convalescence.
   ii. In case of a tooth being located in the area of the jaw fracture, initially, this is usually left in place. Typically after six months at the earliest, the further course of action will be determined.

PLEASE TURN

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4. Miscellaneous:

a. As part of the surgery and postsurgical care the patients frequently receive antibiotics and anti-inflammatory drugs or pain medication. This might lead to incompatibilities (e.g. allergic shock) or unwanted side effects (e.g. gastric ulcers).
b. As it is the case with other surgical procedures, due to the postsurgical pain as well as the general stress situation, this procedure might also lead to a colitis that is difficult to cure and potentially resulting in death.
c. In some cases, dental extractions and maxillary or mandibular treatments are only possible with several sessions. Sometimes, a certain period of time must go by in between the sessions. In many cases, it is easier to remove remaining tooth or bone fragments after a withholding period.
d. Despite a successful tooth extraction, an inflammation of the dental alveolus or of the paranasal sinuses might occur, which leads to further treatments being necessary.
e. In particular, inflammations or cysts of the paranasal sinuses frequently occur. In many cases, this is not foreseeable when starting the treatment.
f. After an extraction, the opposing tooth must be trimmed regularly in order to avoid its growth into the tooth gap.

5. Cost range (in each case plus VAT):

a. Diagnostics	
i. Examination of the oral cavity	33,85 €
ii. Endoscopy of the oral cavity	37,90 €
iii. Endoscopy of the nasal cavity	158,54 €
iv. Endoscopy of the paranasal sinus	280,73 - 438,95 €
v. X-ray (1st and 2nd image)	54,65 €
vi. X-ray (3rd image)	37,14 €
vii. CT scan (plus sedation)	1050,00 €
viii. CT scan of multiple regions or with contrast agent (plus sedation)	1300,00 €
b. Anaesthesia	
i. Sedation	42,00 - 210,00 €
ii. Local anaesthesia	25,24 - 105,00 €
iii. General anaesthesia with monitoring	900,00 – 1300,000 €
c. Dental extraction (in each case total prices, net)	
i. All incisors (1 week hospitalisation)	2800,00 - 3700,00 €
ii. Molars and premolars orally (1 week hospitalisation)	2400,00 - 3200,00 €
iii. Molars and premolars surgically (10 days hospitalisation)	3600,00 - 4700,00 €
d. Fractures (in each case total prices, net)	
i. Fracture of the alveolar sockets inc. (1 week hospitalisation)	2200,00 - 2950,00 €
ii. Mandibular fracture, osteosynthesis (10 days hospitalisation)	5300,00 - 7500,00 €
e. Sinus treatment (total price, net)	
i. Fenestration and rinsing treatment (10 days hospitalisation)	5200,00 - 7300,00 €

Due to complications or unforeseen events, the treatment costs might be higher than expected. It is difficult to foresee the costs for follow-up treatments. In some cases, it is possible that certain items might exceed the reimbursements of the surgical fees insurance. The above-mentioned owner has been adequately informed about the costs, extent and risks of the treatment. He/she agrees with the planned procedure.

Surname and first name of the owner

Name of the horse

Place, date

Signature of the contracting party*

*In my capacity as authorized representative I assert that I am acting by virtue of the explicit proxy given by the owner or keeper of the animal

TIERÄRZTLICHE KLINIK GESSERTSHAUSEN ALTANO GMBH
Grasweg 2 I 86459 Gessertshausen I Abteilungsleiter Zahnstation Dr. Timo Zwick
www.tierklinik-gessertshausen.de I t +49 (0) 8238 96 18 27 I zahnstation@tierklinik-gessertshausen.de