



Interim Stabilization Therapy Consent

The primary reasons that a dental hygienist would consider the insertion of a temporary restoration are to free the client from pain and to reduce the possibility of further damage to the tooth until the client is able to see a dentist.

MECHANISM OF ACTION

Interim Stabilization Therapy (IST) is a temporary restoration procedure and an important therapeutic intervention that is used to free a client from pain and prevent further damage to a tooth until the client can get the tooth addressed by a dentist. IST requires no anaesthetic and uses a fluoride-releasing material known as glass ionomer cement. The fluoride in the glass ionomer cement helps to remineralize the affected lesion.

The materials usually employed are zinc-oxide eugenol, glass ionomer or other medicated/non-medicated temporary cements. Temporary restorations may be placed in either primary or permanent teeth as a preventive measure when:

- Access to a permanent restoration is not immediate or practical
- There is a reasonable risk of further damage to the tooth structure
- The pulp is not exposed
- The client is in discomfort or is experiencing difficulty in eating
- The discomfort is due to recent trauma, fracture or lost dental restoration
- The client has not received any medical/dental advice that would contraindicate placing a temporary restoration
- The client consents to the treatment and it is in the client's best interest to proceed
- There are no medical contraindications to the restorative material



<https://youtu.be/5tYwqf0dCQg>

Alternatives to IST, not limited to the following:

- No treatment, which may lead to continued deterioration of tooth structures and cosmetic appearance. Symptoms may increase in severity.
- Depending on the location and extent of the tooth decay, other treatment may include placement of Fluoride Varnish, a filling or crown, extraction as well as referral for advanced treatment modalities.

I certify that I have read and fully understand this document, and all my questions were answered.

Client Name: _____

Client/Guardian Signature: _____ Date: _____