

PATIENT'S CONSENT FOR PERIODONTAL SURGERY

An explanation of your need for periodontal/dental implant surgery, the purpose and benefits, the possible complications as well as alternatives were discussed with you at your consultation, and we obtained verbal consent to undergo the treatment planned for you. Please read this document, which repeats issues we discussed in its entirety, and provide the appropriate signatures on the last page. Please excuse us for this inconvenience and ask us to clarify anything that you do not understand.

PURPOSE OF SURGERY: I have been informed that the purpose of periodontal/dental implant surgery is to provide a healthy framework and help regenerate tissue lost from periodontal disease. I have been informed that the purpose of an implant is to provide support for a crown (artificial tooth) or a fixed or removable denture or bridge.

ALTERNATIVE TREATMENT: Reasonable alternatives to surgery have been explained to me. I have tried or considered these methods, but I desire to proceed with necessary treatment as discussed in my pre-op visits.

SURGICAL PROCEDURES (IMPLANTS): I understand that multiple surgeries are necessary: one to insert the implant(s) as described above, one to uncover the top of the implant(s) so that it is exposed and can be used for attachment of a tooth, bridge or denture. I also understand that sometimes it is beneficial to add soft/bone tissue to the implant site either prior to implant placement or after the implant(s) has healed. I also understand that sometimes the implant is covered with a bone graft material or membrane to further enhance healing.

RISKS ASSOCIATED WITH NON-TREATMENT: I understand that if no treatment is performed, either that which has been proposed or any other reasonable alternative treatment, that such a decision is my sole responsibility. I acknowledge that risks related to my non-acceptance of treatment for my problem have been explained to me and include but are not limited to: dissatisfaction with other forms of tooth replacement, further deterioration of jaw bone, further gum recession, problems with my bite including pain, spasm, headaches or problems with my jaw joints or associated musculature.

CONSENT TO UNFORSEEN CONDITIONS: I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed periodontal/dental implant surgery will be completely successful in function or appearance (to my satisfaction.) It is anticipated that the periodontal/dental implant surgery will be successful in restoring my natural framework; but because of the uniqueness of every case and since the practice of dentistry is not an exact science, long term success cannot be promised. During treatment, unknown conditions may modify or change the original treatment plan such as discovery of changed prognosis for adjacent teeth or insufficient bone support for the implant(s) or a change in patient's medical condition, i.e, diabetes, medications, trauma. A failed implant will be replaced at a reduced fee. I thereby consent to the performance of such additional or alternative procedures as may be required by proper dental care in the best judgment of the treating doctor.

DRUG EFFECTS AFTER SURGERY: I have been informed that prescribed medications may cause drowsiness, alone or in combination with alcohol and/or other sedatives, and I agree to not drive or operate dangerous machinery within 12 hours of taking any such medication or if drowsiness occurs. Furthermore, if sedative medications are to be administered during surgery, I will not attempt to drive myself home after the surgery, but will arrange to be driven and accompanied home.

COMPLIANCE WITH SELF CARE INSTRUCTIONS: I understand that excessive **smoking** or **alcohol** intake may effect gum healing and may limit the success of the periodontal/dental implant surgery. *I agree to follow instructions related to my own daily care of my mouth. I agree to report to my doctor for regular follow up examinations as instructed.*

SUPPLEMENTAL RECORDS AND THEIR USE: I consent to photography, filming, recording and x-ray of my oral structures as related to these procedures and for their educational use in lectures or publications provided my identity is not revealed.

POST OPERATIVE RISKS: Risks related to surgery include but are not limited to post surgical infections, bleeding, pain, facial discoloration, upper jaw sinus or nasal cavity perforation during the surgery, transient but on occasion permanent numbness of the lip, tongue, teeth or chin, jaw joint injuries or associated muscle spasm, bone fractures and slow healing. Risks related to anesthetics include but are not limited to allergic reactions, accidental swallowing of foreign matter, facial swelling or bruising, pain, inflammation, soreness, discoloration or prolonged paresthesia (numbness). I have been informed there is the possibility of the following complications from periodontal/dental implant surgery.

- Infection, Swelling, Bruising, Discomfort and Bleeding
- Fractured Tooth/Root
- Sinus Perforation or Communication to Oral Cavity
- Prolonged or Permanent Paresthesia (Numbness) to Lips, Chin, Teeth, and or Tongue
- Tooth Sensitivity
- Implant Failure
- Bone Replacement Graft

RESPONSIBILITY FOR PROSTHETIC SUCCESS: I understand that the fabrication and attachment of prosthetic devices (attachments and tooth replacements) will be the responsibility of another dentist and that the long term maintenance, repair and success of these devices will be the sole responsibility of the dentist who provides this prosthetic care. **The fee estimate for this phase of treatment is provided by the restorative dentist.**

MAINTENANCE: I understand that three month follow-up visits will be required after my surgery. This is to examine the surgical site, provide instruction for cleaning of site/implant, and to remove deposits that form post-operatively. This appointment is made at the time of surgery and is not included in the surgical fee. **I agree to follow my doctor's home care instructions and report for regular examinations and x-rays as instructed.**

SECOND OPINION: If any significant doubt or questionable understanding persists after receiving explanation and reading this document, I have been encouraged to seek another opinion from a dentist knowledgeable in the area of periodontal disease and dental implant surgery.

PATIENT'S ENDORSEMENT: My endorsement (signature) to this form indicates that I have read and fully understand the terms and words within this document and the explanations referred to or implied, and that after thorough deliberation, I give my consent for the performance of any and all procedures related to periodontal/dental implant surgery as presented to me during consultation and treatment plan presentation.



Patient's Signature
(Signature of Parent or Legal Guardian if patient is a minor)

Date

Relationship to Patient

Witness Signature

Date

Periodontal Surgery Post-Operative Instructions

1) After Surgery

- a. Ice /Cold Packs - It is very important to ice the surgical site. Apply the ice pack to face in 30 minute intervals on the first day to help combat swelling. The day after surgery, you should use warm, moist heat.
- b. Take your post-operative medications as directed
 - i. Antibiotics – If prescribed
 - ii. Mouth Rinse
 - iii. Medications for Discomfort
- c. Bleeding - It should be minimal and should be easily controlled with 20 min of constant finger pressure. If you continue to bleed for more than 30 min call immediately.
- d. Swelling - It generally does not develop for about 12 to 24 hours and may continue for 4-5 days, gradually reducing in size. If you having increasing swelling associated with pain after 4-5 days, please call our office right away.
- e. Discomfort - Take your post-operative pain medication as directed to control any post-operative discomfort.
- f. Loose Sutures - It is important to keep your tongue away from the sutures or “stitches” as much as possible. Sutures may become loose prior to your post-operative visit. This is not a cause for concern. It is best not to remove them yourself. We will be happy to see you to remove them.
- g. Bone Graft- If there is a lot of “sand” like material coming from the graft site or the graft seems exposed, call our office immediately.
- h. Soft Tissue Grafting- If you feel soft tissue graft may be loose, call our office immediately

2) Hygiene/Removable Appliances/Diet

- a. You can use a toothbrush to lightly paint the surgical site with the prescribed antibiotic mouth rinse for the first week. You may continue to brush the nonsurgical areas normally.
- b. Removable appliances or partials should only be used for esthetics in the first week and not to eat. **If the appliance does not fit after surgery, it is most likely related to swelling and the appliance should not be worn.** We don't want the appliance traumatizing the healing tissue. Adjustments to the appliance may be needed after the swelling has subsided.
- c. Diet- Soft food (pasta, eggs) - Avoid hard (apples, chips) foods until the sutures are removed. This is especially important for patients that have had soft tissue grafting. Don't use straws.

If you have any concerns not covered on this form or need any other assistance reassurance please call our office at (916) 929-5052.