

Park Family Dental

Informed consent for osseous surgery

- **Purpose:** The purpose of Osseous surgery is to allow access for the cleaning of the roots of teeth, infected gum tissue, and to reshape/replace (bone graft) any bone irregularities.
- **Why is this necessary?:** A diagnosis of periodontal disease. There is a separation of the gums/attachments from the teeth due to harmful bacteria that have accumulated in the pockets. This is usually caused by a lack of proper oral hygiene. These deep pockets allow for deterioration of the gums and the bone that supports the teeth. If left untreated, the bone will continue to deteriorate resulting in loose teeth and/or tooth loss. Because anything you swallow in your mouth leads to the rest of your body, periodontal disease has also been linked to systemic diseases such as cardiovascular disease, gastrointestinal disease, diabetes, Alzheimer's disease and many more. Therefore, removing the harmful bacteria is better for your overall health.
- **Goal:** The goal of this procedure is to allow for the reduction of pockets, infection, and inflammation. Thus, restoring the effectiveness of personal and professional oral hygiene. This should also minimize further bone loss around the involved teeth, aid in longer retention, and restore overall systemic health.
- **What to expect:** After anesthetics have numbed the affected area, the gum is released from around the tooth or teeth requiring surgery. The teeth and roots are cleaned and smoothed, antibiotics and other chemicals may be applied to the roots to decontaminate them. Some reshaping of the jawbone surface adjacent to the roots of teeth may be performed to reduce excessive bone or to recreate a more normal bone surface contour which may enhance the reduction of gum pockets on healing. If bone loss is severe, a bone graft may be placed to restore the area. If the gum tissue is thicker than normal, it may be reduced. Finally, the gum flaps are replaced up against the teeth and sutured back around them.
- **Risks/Complications:** Risks related to periodontal flap and osseous surgery might include, but are not limited to, post-surgical infection, bleeding, swelling, pain, and facial discoloration. Occasionally yet rare, permanent numbness of the lip, tongue, teeth, chin or gum, jaw joint injuries, or associated muscle spasm, or increased tooth looseness. Tooth sensitivity to hot, cold, sweets. or acidic foods may occur as well as shrinkage of the gum upon healing or greater spaces between some teeth. Risks related to the anesthetics might include, but are not limited to, allergic reactions, accidental swallowing of foreign matter, facial swelling, bruising, pain, soreness, or discoloration at the site of injection of anesthetics. The exact duration of any complications cannot be determined and may be irreversible.
- **Alternative treatment options:**
 - ❖ **No treatment**, with the expectation of the advancement of my condition resulting in the possible premature loss of teeth.
 - ❖ **Extraction of teeth** involved with advanced bone loss.
 - ❖ **Surgical flap curettage** -Attempts to further reduce bacteria and tartar under the gumline (surgical root cleaning) with the expectation that this will not reduce pockets or strengthen weakened teeth (teeth with advanced bone loss).
 - ❖ **Non-surgical root planning and curettage** - scraping of tooth roots and lining of the gum the expectation that this will not fully eliminate deep bacteria and tartar, result in only a partial and temporary reduction of inflammation and infection, will not reduce gum pockets and will require more frequent professional care, and may result in the worsening of my condition and the premature loss of teeth.
- **Outcome:** There is no method that will accurately predict how the gums and bone will heal. The success of the procedure can be affected by medications, medical issues, and nutritional problems. Success can also be affected by habits such as smoking, drinking alcohol, clenching, or grinding, and inadequate oral hygiene. It is important to follow all aftercare instructions that are given at the appointment.

Patient Consent

I have been fully informed and understand the nature of osseous surgery, the procedure to be performed, the risks, benefits, outcomes, and the alternative treatments available.

I have had an opportunity to ask any questions I may have in connection with the treatment.

I hereby acknowledge that no guarantee, warranty, or assurance has been given to me that the proposed surgery will be completely successful in eradicating pockets, infection or further bone loss or gum recession.

I consent for unforeseen circumstances that can be discovered during surgery that would call for a modification or change from the anticipated surgical plan and agree to all related costs.

I understand that this surgery is only half the battle, and the rest will depend on my compliance with aftercare. I understand that excessive smoking and/or alcohol intake may affect gum healing and may limit the successful outcome of my surgery. I agree to follow instructions related to the daily care of my mouth and to the use of any prescribed medications. I agree to report for appointments as needed following my surgery so that healing may be monitored, and the doctor can evaluate and report on the success of surgery.

I hereby consent to the performance of osseous surgery as presented to me during consultation, treatment planning, and in this document. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my doctor.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

Printed Name of Patient

Date

Signature of patient (or parent/guardian if patient is a minor)

Relationship to patient

Witness

Date