ETOBICOKE PERIODONTICS

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INFORMED CONSENT FOR SOFT TISSUE GRAFTING
FREE GINGIVAL GRAFT/SUB-EPHITELIAL CONNECTIVE TISSUE GRAFT

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PLEASE ASK IF YOU HAVE ANY QUESTIONS BEFORE SIGNING THIS DOCUMENT

PURPOSE OF THE PROCEDURE:

Healthy teeth are normally surrounded by strong, thick gum tissue. Some teeth may have thin or insufficient gum tissue, or recession may expose the roots of the teeth. Exposed roots can be more sensitive, look longer, and be more vulnerable to further recession.

A free gingival graft is recommended to increase the amount of strong, attached gum tissue around affected teeth to help protect them long-term.

This procedure is performed to:

- Increase the thickness and width of protective gum (KT) tissue
- Help prevent further gum recession
- It does NOT always cover exposed roots, and it is not a cosmetic procedure

DESCRIPTION OF THE PROCEDURE:

- A small segment of gum tissue is obtained from the roof of the mouth or another donor site
- The tissue is placed and secured around the teeth needing stronger gum support
- The donor area and graft site are allowed to heal and mature over time
- Final appearance may show a visible graft outline, though usually not noticeable in a smile
- Temporary numbness or altered sensation at the donor site can occur and typically improve over time

POSSIBLE RISKS & COMPLICATIONS

Although uncommon, complications may include:

- Pain, bleeding, bruising, or swelling
- Infection or delayed healing
- Recession may continue over time
- Visible colour/texture differences in grafted tissue
- Sensitivity of teeth or donor site
- Short-term or rarely permanent numbness at donor area
- Graft failure requiring retreatment

PATIENT RESPONSIBILITIES

To support successful healing, I understand I must :

- Follow all pre- and post-operative instructions
- Maintain excellent oral hygiene as directed
- Avoid tobacco use – especially during healing
- Take prescribed medications as instructed
- Call the office if unusual symptoms occur

Failure to comply may affect the success of treatment.

By signing below, I confirm the following:

☐ I understand the purpose and anticipated benefits of free gingival grafting

☐ I understand that unforeseen circumstances may require modifications during surgery

☐ I give permission for clinical photography and/or video for documentation and treatment planning

☐ I affirm that I have provided complete and accurate medical and dental information

☐ I have had the opportunity to ask questions, and all questions were answered satisfactorily

☐ I hereby provide informed consent for the recommended Free Gingival Graft Surgery

DATE : _____

PATIENT NAME : _____

SIGNATURE : _____

Provider Confirmation

I have reviewed the nature, purpose, benefits, risks, alternatives, and post-operative care associated with this procedure. I believe the patient understands the information provided

Provider Signature (Dr. Jae W. Chang) _____

Date : _____

POST OPERATIVE INSTRUCTIONS FOLLOWING PERIODONTAL SURGERY

1. Following periodontal surgery, you are likely to experience discomfort as the local anesthetic wears off. Please take the pain relief medication as prescribed.

2. Immediately following your operation, you should apply an ice pack to the surgical side of your face for the first 24 hours. Then on and off at 15-minute intervals.

3. Abstaining from smoking for 6 weeks following surgery will dramatically improve healing, post-operative convalescence and improve your surgical result. Smoking exerts profound negative effects on tooth survivability!

4. Please limit yourself to a soft diet initially and avoid hot foods for 2 weeks. As healing progresses, you may then eat any non-irritating foods.

Please Avoid:

- Smoking (minimum 6 weeks) greatly increases risk of graft failure
- Hot foods/drinks (2 weeks)
- Straws or suction of any kind
- Disturbing the surgical dressing or graft site
- Alcohol for 48 hours
- Sucking, spitting, touching the area

Should significant bleeding occur:

- Do not rinse your mouth
- Apply pressure at the site with a moist gauze (palate or grafted site). Each compression with strong force minimum 15 min-20 min each without exchanging the gauze. Firm pressure for 3-5 min will not achieve anything.
- Elevate your head and do not lie down and please place a coversheet overnight in case of bleeding during sleep

5. The periodontal dressing, if placed, should not be disturbed. If the dressing falls off after the first 24 hours this is not a cause for concern. Simply continue with the post-operative protocol as recommended.

6. The roots of the teeth were uncovered during surgery. You may experience temporary sensitivity to hot and cold, to tooth brushing and to certain foods. Should these symptoms develop, please notify our office so that and a desensitizing treatment can be arranged and/or desensitizing medications prescribed.

Absolutely NO brush the surgical site for 2 weeks after surgery. After 2 weeks, you may gently and carefully brush only the top portion of the teeth (NEVER gum area). You can use a cotton tip dipping into the chlorhexidine rinse (if prescribed) or warm salt water and gently clean the teeth surface and where the gum meets the teeth minimally.

- No electric brush is allowed near the sites for 6 weeks.
- Normal brushing may resume in 3-4 weeks depending on healing process and tissue quality
- Once sutures are removed, very gentle brushing with a soft-bristle brush is required to prevent infection.

7. If a Chlorhexidine rinse (Peridex®) has been prescribed, rinse or swab the surgical site 3 times daily in the morning, midday and evening for 2 weeks following surgery.

8. Teeth near the surgical area may feel loose or sensitive — this will improve as healing progresses.

Should any issues or concerns arise, please call the office