ETOBICOKE PERIODONTICS

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INFORMED CONSENT FOR REGENERATION (BONE GRAFTING/TISSUE REGENERATION)

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PLEASE ASK IF YOU HAVE ANY QUESTIONS BEFORE SIGNING THIS DOCUMENT

In order to treat this condition, my periodontist has recommended that my periodontal treatment includes bone regenerative surgery. Local anesthetic will be administered to me as part of the treatment. During this procedure, the gums will be opened to permit better access to the roots and the eroded bone. Inflamed and infected gum tissue will be removed, and the root surfaces will be thoroughly cleaned. Bone irregularities may be reshaped.

RISKS OF REGENERATION SURGERY

Although rare, complications may include:

Surgical Risks

- Pain, swelling, bruising, bleeding
- Difficulty opening mouth (TMJ/muscle soreness)
- Stretching/cracking at corners of the mouth
- Bone & Nerve-Related Risks
- Injury to adjacent teeth or roots requiring additional treatment
- Numbness / tingling of lips, chin, gums, palate, or tongue— may be temporary or rarely permanent
- Graft exposure or failure requiring retreatment
- Rare risk of sinus involvement (upper jaw cases)

Outcome-Related Risks

- Root sensitivity to cold, heat, or brushing
- Tooth looseness during early healing
- Incomplete regeneration
- Need for additional grafting if healing is not satisfactory
- Long-term relapse if contributing causes are not controlled

Healing success is affected by:

- Tobacco or alcohol use
- Medical conditions and certain medications
- Nutritional factors
- Oral hygiene levels
- Teeth clenching/grinding

Periodontal regeneration is recommended to:

- Reduce periodontal infection and inflammation
- Rebuild lost gum and bone support around teeth
- Improve long-term tooth stability
- Improve access for oral hygiene and professional care

Bone graft material and/or membranes may be used to help restore lost structures and enhance healing. You have consented to the use of:
→ Xenograft (cow bone)
→ Allograft (human donor bone)
→ Collagen membrane (baby pig protein)

(Initial to confirm) Patient Initials: _____

Alternatives to suggested Treatment:

Extraction of severely compromised teeth
Non-surgical scaling and root planning
– May not eliminate deep infection
– Does not restore lost bone
– May not stop further deterioration

PATIENT'S RESPONSIBILITIES

To maximize success, I agree to:

- Follow all pre- and post-operative instructions
- Take medications as prescribed
- Maintain excellent home oral hygiene
- Attend all recommended follow-up and cleaning appointments
- Avoid smoking (minimum 6 weeks) and limit alcohol
- Avoid trauma or manipulation of the graft site

Failure to comply may compromise healing or require additional surgery.

NECESSARY FOLLOW-UP CARE AND SELF-CARE

I recognize that natural teeth should be maintained daily in a clean, hygienic manner. I will need to come for appointments following my surgery so that my healing may be monitored and so that Dr. Jae Chang can evaluate and report on the outcome of surgery upon completion of healing. Smoking or alcohol intake may adversely affect gum healing and may limit the successful outcome of my surgery. I know that it is important (1) to abide by the specific prescriptions and instructions given by Dr. Jae Chang and (2) to see my general dentist and a hygienist for periodic examination and preventative treatment.

COSTS

The estimated costs for this procedure have already been provided to you. You agree to be ultimately responsible for payment of the treatment.

PATIENT CONSENT

By checking each box, I confirm:

☐ I understand the recommended regeneration procedure and its purpose

☐ I understand risks and possible complications

☐ I understand that success is not guaranteed

☐ I have been informed of alternatives

☐ I consent to graft/membrane use as recommended

☐ I agree to follow post-operative and maintenance care instructions

☐ I have provided accurate medical and dental history

☐ All questions have been answered to my satisfaction

☐ I consent to reasonable treatment modifications if necessary

I voluntarily consent to Periodontal Regeneration Surgery.

I, _____ ACKNOWLEDGE THAT THE ABOVE HAS BEEN EXPLAINED TO MY SATISFACTION INCLUDING POST-OP INSTRUCTION, THAT MY QUESTIONS HAVE BEEN ANSWERED, AND THAT I UNDERSTAND THE RISKS AND SO I HEREBY CONSENT TO THE PROCEDURES DESCRIBED WITH THE FEE ESTIMATE

DATE: _____

PATIENT NAME: _____

SIGNATURE: _____

I confirm that I have reviewed the above information with this patient and believe they understand the proposed treatment, risks, and alternatives.

Dr. Jae Chang Signature: _____

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