



## **ETOBICOKE PERIODONTICS & IMPLANT CLINIC**

### **INFORMED CONSENT FOR RIDGE AUGMENTATION (BONE GRAFT SURGERY)**

**Dr. Jae W. Chang**

**B.Sc., D.D.S., M.Sc.(Periodontics), F.R.C.D (C)**

**Specialist in Periodontics**

**PLEASE ASK IF YOU HAVE ANY QUESTIONS BEFORE SIGNING THIS DOCUMENT**

### **INFORMED CONSENT FOR RIDGE AUGMENTATION**

*An explanation of your need for ridge augmentation using bone graft and membrane, their purpose and benefits, the surgery related to this procedure, and the possible complications as well as alternatives to its use were discussed with you at your consultation. We obtained your verbal consent to undergo this procedure. Please read this document which restates issues we discussed and provide the appropriate signature on the last page. Please ask for clarification of anything you do not understand.*

**SUGGESTED TREATMENT:** I have been informed of the need for ridge augmentation. I have been informed that there would be benefit for the anchorage of dental implants supporting conventional dental prosthetics if bone augmentation were performed.

**DESCRIPTION OF THE PROCEDURE:** After anesthetics have numbed the area to be operated, the gum is lifted from the jawbone surface, the graft material placed on the surface of the bone and then a membrane may be placed over the grafted bone area, to prevent gum skin cells from entering the wound and stopping bone regeneration and to aid in the retention of the bone graft. Finally, the gum is sutured back around the teeth and/or together.

**DESCRIPTION OF THE GRAFT MATERIAL AND MEMBRANE:** (1) Bone tissue harvested from other areas of your mouth. (2) Processed Bone Allograft- this is human bone tissue of deceased persons, donated by the next of kin. All donors are screened by physicians and other health care workers to prevent the transmission of disease to the person receiving the graft. They are tested for hepatitis, syphilis, blood and tissue infections, and the AIDS virus. Tissue is recovered and processed under sterile conditions. Processing includes preservation of the bone by the process of freeze-drying. (3) Bone processed similar to the above descriptions after harvesting from bovine sources. (4) Artificial bone-like ceramic or mineral substances. (5) Membrane derived from bovine or porcine sources.

**RISKS RELATED TO THE PROCEDURE:** Risks related to surgery with the ridge augmentation by the use of bone grafts might include, but are not limited to: post-surgical infection, infection of the

bone graft, bleeding, swelling, pain, facial discoloration, transient but on occasion permanent, numbness of the lip, tongue, teeth, chin, or gum, jaw joint injuries or associated muscle spasms, transient, or on occasion permanent, increased tooth looseness, tooth sensitivity to hot or cold, sweets or acidic foods, shrinkage of the gum upon healing (which could result in elongation of and/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 or soreness or discoloration at the site of injection of anesthetics

ALTERNATIVES TO THE PROCEDURE: These may include: (1) No treatment which would not increase the possibility of using dental implants. (2) Building up the ridge with soft tissue grafting which would not increase the possibility of using dental implants. (3) Extending the depth of the cheek pouch by surgery with or without the use of a soft tissue graft which would not increase the possibility of using dental implants or the esthetics or phonetics related to design of a fixed bridge.

### **Consent for Ridge Augmentation**

NO WARRANTY OR GUARANTEE: I hereby acknowledge that no guarantee, warranty, or assurance has been given to me that the proposed surgery will be completely successful in augmenting the bone so that dental implants can be placed successfully. It is anticipated that the surgery will provide benefit in improving the site so that dental implants can be placed successfully. Due to individual patient differences, however, one cannot predict the absolute certainty of success. Therefore, there exists, despite the best of care, the risk of failure, relapse, selective retreatment, or worsening of my present condition.

CONSENT TO UNFORSEEN CONDITIONS: During surgery, unforeseen conditions could be discovered which would call for a modification or change from the anticipated surgical plan. These may include, but are not limited to, extraction of hopeless teeth to enhance healing of adjacent teeth, the removal of a hopeless root of a multi-rooted tooth so as to preserve the tooth, or termination of the procedure prior to completion of all of the surgery originally scheduled. I therefore consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of the treating doctor.

COMPLIANCE WITH SELF-CARE INSTRUCTIONS: 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 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 the surgery.

DATE:

PATIENT NAME:

SIGNATURE

## **POST OPERATIVE INSTRUCTIONS FOLLOWING THE 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 at 10-15-minute intervals for the first 24 hours. Afterwards, 15 min in every hour will help healing uneventfully.
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.
5. For a few hours after you leave the office, you may notice that your saliva is slightly pink in color.
6. The day of surgery please **avoid**:
  - Smoking
  - Sucking on the area
  - Excessively hot drinks
  - Alcohol for 48 hours
  - Do not use a straw (suction) as this may stimulate bleeding
7. 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.
8. **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). Also, 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.
9. 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.

Once the sutures are removed, it is essential to keep the surgical site clean with very gently brushing with soft-bristle brush. Bacterial plaque if allowed to remain on your teeth and gums will increase your sensitivity and the risk of developing infection. Failure to adhere to the recommended oral hygiene regime may cause your sensitivity to worsen rather than improve.

10. 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.
10. The teeth in the area of the surgery may seem looser initially. Once complete healing is achieved, mobility should return to pre-surgical levels. Try to ignore the feeling of looseness and avoid developing the habit of moving the loose teeth with your tongue, fingers or gritting or grinding your teeth. It is possible to cause further loosening of your teeth with such habits.

Should any issues or concerns arise, please call the office.
--