



ETOBICOKE PERIODONTICS & IMPLANT CLINIC

**INFORMED CONSENT FOR REGENERATION
(BONE GRAFTING/TISSUE REGENERATION)**

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PLEASE ASK IF YOU HAVE ANY QUESTIONS BEFORE SIGNING THIS DOCUMENT

Recommended Treatment: In order to treat this condition, my periodontist has recommended that my periodontal treatment include bone regenerative surgery. Local anesthetic will be administered to me as part of the treatment. Antibiotics and other substances may be applied to the roots of my teeth.

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 GUM GRAFT SURGERY

- a. Postoperative discomfort, pain; swelling; bruising; infection; bleeding; delayed healing, scarring that may require several days of at-home recuperation.
- b. Prolonged or heavy bleeding that may require additional treatment.
Injury or damage to adjacent teeth or roots of adjacent teeth, possibly requiring further root canal therapy and occasionally the loss of an injured tooth.
- c. Postoperative infection that may require additional treatment.
- d. Stretching of the comers of the mouth that may cause cracking and bruising.
- e. Restricted mouth opening for several days; sometimes related to swelling and muscle soreness and sometimes related to stress on the jaw joints (TMJ).
- f. Possible injury to nerve branches in the bone resulting in numbness, pain or tingling of the lips, cheek, gums, teeth, or palate. If graft is placed in the lower jaw, there may be numbness or pain of the chin or tongue also. These symptoms may persist for several weeks, months or in rare instances, may be permanent.
- g. Allergic or other adverse reaction to drugs used during or after the procedure.
- h. Failure of donated or artificial graft material.

- i. The remote chance of viral or bacterial disease transmission from processed graft material.
- j. Failure of treatment or not achieving expected results, such as changes in texture

There is no method that will accurately predict or evaluate how my gum and bone will heal. I understand that there may be a need for a second procedure if the results are not satisfactory. In addition, the success of periodontal procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and medications that I may be taking. I also understand that modifications of my brushing habits might be necessary to prevent relapse of problem.

To my knowledge, I have reported to Dr. Jae Chang any prior drug reactions, allergies, diseases, symptoms, habits, or conditions that I have. I understand that my diligence in providing the personal daily care recommended by Dr. Jae Chang and taking all prescribed medications are important to the ultimate success of the procedure.

PATIENT'S RESPONSIBILITIES

I understand that I am an important member of the treatment team. In order to increase the chance of achieving optimal results, I have provided an accurate and complete medical history, including all past and present dental and medical conditions, prescription and non-prescription medications, any allergies, recreational drug use, and pregnancy (if applicable).

I understand the use of tobacco and alcohol is detrimental to the success of my treatment. I agree to follow all instructions provided to me by Dr. Jae Chang before and after the procedure, take medication(s) as prescribed, practice proper oral hygiene, keep all appointments, make return appointments if complications arise, and complete care. I will inform my doctor of any postoperative problems as they arise. My failure to comply could result in complications or less than optimal results

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

I have been fully informed of the surgery to be performed and details of the post-op instruction provided well in advance of the surgery. I understand the risks and benefits of the procedure, alternative

treatments, and the necessity for follow-up and self care. I realize that during the course of the surgery, the treatment may need to be modified due to existing conditions that are only evident when the surgical site has been exposed.

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 certify that I have explained to the patient and/or the patient's legal representative the nature, purpose, benefits, known risks, complications, and alternatives to the proposed procedure. The patient and/or patient's legal representative has voiced an understanding of the information given. I have answered all questions to the best of my knowledge, and I believe that the patient and/or legal representative fully understands what I have explained.

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 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. This is normal. 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 with minimum 15 min-20 min each without exchanging the gauze. Firm pressure for 3-5 min will not achieve anything.
 - Apply an ice pack on the face (not inside of the mouth)
 - Limit activity. Excessive exertion of any type is to be avoided.
- Elevate your head and do not lie down and please place a coversheet overnight in case of bleeding during sleep

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.

**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**

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 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.

9. 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.