



ETOBICOKE PERIODONTICS & IMPLANT CLINIC

INFORMED CONSENT FOR ROOT COVERAGE GRAFT

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

Recession: If the gum tissue covering the roots of your teeth recedes, then the roots of the teeth become exposed. Recession can occur for several reasons such as improper tooth brushing or periodontal (gum) disease. Sometimes recession includes the loss of the specialized thick, strong gum tissue that normally surrounds the top of the roots near the crowns of the teeth. If this gum tissue is lost, only soft lining tissue may be present over the root and this soft lining tissue is not as resistant as gum tissue is to the forces of tooth brushing.

Due to recession, the teeth will appear longer, and the exposed root surfaces may be sensitive to hot, cold or sweet substances and to tooth brushing. Dr. Chang will identify the possible reasons why recession has occurred on your teeth. Dr. Chang will provide you with instructions in proper brushing techniques so that you can avoid causing further recession. If the exposed roots are sensitive, Dr. Chang or a hygienist may provide special treatments such as fluorides which help reduce sensitivity over time.

Grafts for Covering Exposed Root(s): Dr. Chang may recommend a grafting procedure to repair the recession defect by covering the exposed root. This procedure is called a Root Coverage Graft. Gum tissue is taken from an area of your mouth such as the roof of your mouth or from another area where there is abundant gum tissue. This removal of gum tissue will not damage the teeth or gum from where the gum tissue is taken. The harvested gum tissue is then transplanted to the area of recession.

It is important to remember that NOT all cases of recession can be treated with Root Coverage Grafts and this will depend upon the amount of recession and bone loss, shape of the root and location of the tooth. As well, Root Coverage Grafts may NOT completely cover or eliminate the recession; no guarantees may be given as to the amount of root coverage that will be obtained from the root coverage grafting procedure. In some instances, more than one grafting procedure may be required. Decreased sense of feeling or even localized numbness on

the roof of the mouth may occur as a result of this procedure.

Root Coverage Grafting will increase the amount of thick, strong gum tissue around the tooth/teeth that were treated and this will help in preventing further recession. In many cases, Root Coverage Grafting will cover the exposed root so that root sensitivity is reduced and the appearance of the treated tooth/teeth is improved.

After the grafting surgery, it is very important for you to follow the Instructions to Patients After Periodontal Surgery. You must perform excellent oral hygiene during the healing phase of the graft so that the grafted tissue will heal and mature properly and completely blend into the surrounding gum tissue.

I have been informed and I understand the purpose and the nature of the Graft for Root Coverage that will be performed to increase the zone of attached gingiva around the affected teeth and to cover completely or partially the exposed roots of the affected teeth.

I have been informed and I understand that occasionally there are complications of surgery including the above mentioned but not limited to.

It is my responsibility to seek attention should any undue circumstances occur postoperatively, and I should diligently follow any pre-operative and post-operative instructions.

I give permission to photography and/or video recording of this procedure for treatment planning, documentation of my ongoing care, teaching and research.

To my knowledge, I have given an accurate report of my physical and mental health history and current condition. I have reported any allergies, illnesses, diseases, and any other considerations related to my health. I hereby state that I read, speak, and understand English.

I have the opportunity to read this form, ask questions and have my questions answered to my satisfaction. I hereby consent to this Graft for Root Coverage, and I understand unforeseen circumstances may necessitate a change in the desired procedure or in the rare cases, prevent completion of the planned procedure.

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.
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
