



## **ETOBICOKE PERIODONTICS & IMPLANT CLINIC**

### INFORMED CONSENT FOR SINUS LIFT PROCEDURE

**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**

1. I have been informed and I understand the purpose and the nature of the Sinus bone grafting surgery that will be performed to place a bone graft material into the floor of the sinus to build up adequate bone height (and sometimes width) for the placement of implants.
2. The bone graft that will be placed can either be of animal origin, human origin (other than my own), my own bone or a synthetic bone substitute. The membrane material that might be used is derived from animal sources or it can be synthetic. These grafts and membranes are thoroughly purified by different means to be free from contaminants. Signing this consent form gives my approval for Dr. Chang to use such materials according to their knowledge and clinical judgment for my situation. I consent to the use of such material except for \_\_\_\_\_ (\_\_\_\_) (Patient's initials)
3. In approximately 6-9 months after the bone graft has partially healed and integrated, a second procedure will be done to insert the implants into the upper jaw and the grafted material. In some cases, it is possible to insert the implants and graft the floor of the sinus simultaneously at the same operation. If applicable, I understand that I might be instructed to avoid wearing my denture(s) for 1-2 weeks after the surgery and then use them carefully for several weeks until healing is complete.
4. It is understood that although the success rate of sinus bone grafting in implant dentistry is high, incorporation of the bone graft with my own bone cannot be and or not implied guaranteed or warrantable. There is also no guarantee against unsatisfactory or failed results. Alternative prosthetic measures will have to be considered, including but not limited to, dentures and or bridges and or no treatment.

5. I have been informed and I understand that occasionally there are complications of surgery, drugs and anesthesia including but not limited to:
- Pain, swelling, discoloration of the face, neck and mouth.
  - Numbness and tingling of the upper lip, chin, gums, teeth, cheek, and palate, which may be temporary or, rarely permanent.
  - Infection of the bone, that might require further treatment including hospitalization and surgery.
  - Mal-union, delayed union or non-union of the bone graft material to normal bone.
  - Lack of adequate bone growth into the bone graft replacement material.
  - Bleeding which may require extraordinary means to control hemorrhage.
  - Limitation of jaw function; stiffness of facial and jaw muscles.
  - Referred pain to the ear, neck and head.
  - Postoperative complications involving the sinuses, nose, nasal cavity, sense of smell, infraorbital regions, and altered sensations of the upper cheek and eyes.
  - Postoperative unfavorable reactions to drugs, such as nausea, vomiting and allergy.
6. I have been informed that I should avoid flying for the first 2 weeks after my sinus surgery (pressure changes experienced during flying may cause bleeding and discomfort) and to avoid any strenuous activity for the first week.
7. It is my responsibility to seek attention should any undue circumstances occur post-operatively and I should diligently follow any pre-operative and post-operative instructions. I have also been informed that it is of paramount importance that I take all the prescribed medications as they are crucial to the success of this sinus grafting surgery. Failure to follow these instructions could increase chances of infection or rejection of the graft. I understand that I am not to use alcohol or non-prescribed drugs during the treatment period. I am also informed that smoking is particularly harmful to the success of this operation and could lead to potential failure. I have been requested to stop smoking.
8. 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.
9. I have the opportunity to read this form, ask questions and have my questions answered to my satisfaction. I hereby consent to this sinus grafting surgery on my upper jaw (maxilla) and such additional procedures as may be found necessary in the judgment of Dr. Chang during the course of this treatment. 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

## **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.
--

=