



DENTAL SURGICAL  
*solutions*  
LLC

## SINUS LIFT PROCEDURE WITH BONE GRAFTING AND POSSIBLE DENTAL IMPLANT PLACEMENT

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Anesthetic (circle one):      Topical                      Local                      N2o/o2                      IV

**Please initial each paragraph after reading. If you have any questions about your proposed treatment, please ask your doctor BEFORE initialing or signing this form.**

\_\_\_\_\_ I understand that surgery will be performed to place a bone graft material into the floor of the sinus to build adequate bone height for the placement of implants. The bone graft will consist of a bone substitute material, tissue bank bone, bone harvested from surrounding bony structures in my own mouth or combination of all three. In approximately **5 to 6 months**, after the graft has partially healed, a **second procedure** will be done to place the implant(s) in the upper jaw and the grated material. In some cases, it is possible to place the implants and graft during the same procedure. It is expected that the implants will become stable and act as anchors for fixed or fixed detachable dentures.

\_\_\_\_\_ I have been informed that the likelihood of success of the suggested treatment plan is good; however, there are risks involved. The bone graft replacement material used has been shown to be free from rejection or infection; however, there is no guarantee that my graft will not become infected or be rejected. It is understood that although good results are expected, they cannot be and are not implied, guaranteed, or warrantable. There is also no guarantee against unsatisfactory or failed results. There have been some cases of failure of the graft to incorporate into new bone or to sustain implants. Rarely, implants have failed and require removal; occasionally, the area can be re-grafted and implants reinserted.

I understand that sinus bone grafting and barrier membrane procedures include inherit risks, including but not limited to the following:

\_\_\_\_\_ 1. **Pain.** Some discomfort is inherent in any oral surgery procedure. Grafting with material that do not have to be harvested from the body is less painful because they do not require donor site surgery. If the necessary bone is take from the chin or wisdom tooth area, there will be more pain, which can be largely controlled with pain medications.

\_\_\_\_\_ 2. **Infection.** No matter how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile oral environment, for infections to occur postoperatively. At times, these may be serious in nature. Should severe swelling occur, particularly if is accompanied with fever or malaise, professional attention should be sought as soon as possible.

\_\_\_\_\_ 3. **Bleeding, bruising and swelling.** Some moderate bleeding may last several hours. If bleeding is profuse, the office should be contacted as soon as possible. Likewise, some swelling is normal, but if it is

severe, the office should be notified. Swelling usually starts to subside after about 48 hours. Bruises may persist for a week or more.

\_\_\_\_\_ 4. **Loss of part or all of the graft.** Success with bone and membrane grafting is high. Nevertheless, it is possible that the graft should fail. Block grafts may not adhere to the native bone and/or could become infected. Despite meticulous surgery, particulate bone graft materials can migrate out of the surgical site and be lost. A membrane graft could start to dislodge. If so, the doctor should be notified. Patient compliance is essential for success.

\_\_\_\_\_ 5. **Types of graft material.** Some bone graft and membrane materials commonly used are derived from human or other mammalian sources. These grafts are thoroughly purified to be free of contaminants. Signing this consent signifies my approval for the doctor to use materials according to his or her knowledge and clinical judgment of my situation.

\_\_\_\_\_ 6. **Injury to nerves.** A possible consequence of the surgical procedures or anesthetic administration is injury causing numbness of the lips and tongue as well as any tissue of the mouth, cheeks, and/or face. This numbness may be of a temporary nature, lasting a few days, weeks, or months, or could possibly be permanent.

\_\_\_\_\_ Dr. White has explained and described the procedure to my satisfaction, including the fact that if the new bone does not incorporate into the bone graft material, alternative prosthetic measures will have to be considered. I have also been advised of the possible risks of non-treatment and understand that I have the option of seeking additional opinions from other providers if desired.

\_\_\_\_\_ I understand that I am to follow the oral and written instructions given to me, realizing failure to do so may result in less than optimal results of the procedure, and that I am to present myself for postoperative appointments as scheduled.

\_\_\_\_\_ I request the performance of the procedure named above and such additional procedures as may be found necessary in the judgment of my doctor during the course of this treatment. I understand unforeseen circumstances may necessitate a change in the procedure, or, in rare cases, prevent completion of the planned procedure.

\_\_\_\_\_ I request the administration of anesthetic as considered necessary or advisable in the judgment of the doctor.

\_\_\_\_\_ Exceptions to surgery and/or anesthetic, if any are: \_\_\_\_\_

\_\_\_\_\_ I request the disposal of any tissues that may be necessary to remove.

\_\_\_\_\_ I authorize photographs, slides, x-rays, or any other visual records of my care and treatment during or after its completion to be used for the advancement of dentistry and reimbursement purposes. However my identity will not be revealed to the general public without my permission.

\_\_\_\_\_ I understand that there may be additional laboratory charges for specific specimens taken for analysis.

\_\_\_\_\_ I understand that it is my responsibility to seek attention should any undue circumstances occur postoperatively and that I should diligently follow any preoperative and postoperative instructions.

\_\_\_\_\_ I have read and understand the consent for surgery above and desire to proceed as planned. I acknowledge that no guarantees have been made to me concerning the outcome or results of the surgery or procedure. I have no unanswered questions concerning the proposed treatment.

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Patient's (or Legal Guardian's) Signature

Printed Name

Date

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Doctor's Signature

Date

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Witness' Signature

Date