DENVER PERIODONTICS & IMPLANT DENTISTRY

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CONSENT FOR BONE GRAFTING SURGERY (Guided Bone/Tissue Regeneration)

Diagnosis: After a careful oral examination and study of my dental condition, Dr. Heather Richardson has advised me that I have bone recession requiring treatment, or areas predisposed to bone recession. I understand that with this condition, further recession of the bone may occur. In addition, for fillings at the gumline or crowns with edges under the gumline or for orthodontic therapy, it is important to have sufficient width of attached bone to withstand the irritation caused by these restorations or procedures. Gum tissue may also be placed to improve appearance and to protect roots of the teeth or to protect implants from gum recession or gum infection (dehiscence). As an alternative to gum tissue, there may be a resorbable collagen barrier used to maintain the graft material into the defect.

Recommended Treatment: In order to treat this condition, Dr. Richardson has recommended bone grafting procedures to be performed with the use of local anesthesia, and possibly also oral sedation. Bone graft material will be placed to partially or completely cover the tooth root surface or implant exposed by the recession, or to simply thicken the bone if the goal of the graft is to prevent recession from occurring or dehiscence.

Expected Benefits: The purpose of bone grafting is to create an amount of attached bone adequate to reduce the likelihood of further bone recession. Other purposes for this procedure are to cover exposed root or implant surfaces, to enhance the appearance of the teeth and gum line, and to prevent or treat sensitivity or root decay.

Principal Risks and Complications: I understand that no guarantees of success can be or have been made, and that a patient may not respond successfully to bone grafting. If a bone and/or tissue graft is placed to cover the tooth root surface or implant exposed by the recession, the tissue placed over root may shrink back during healing. If this occurs, the coverage of the exposed root or implant surface may not be complete, and may require a secondary procedure if additional root coverage is needed.

I understand that complications may result from any surgery and/or from simply administering local anesthetics. These complications include, but are not limited to: (1) bleeding, swelling, and pain; (2) facial discoloration; (3) post surgical infection; (4) transient or, on occasion, permanent tooth sensitivity to hot, cold, sweet or acidic foods. Less-common side effects may include: (1) numbness of the jaw, lip, tongue, teeth, chin or gum which are usually transient but on rare occasions can be permanent; (2) jaw joint muscle spasm; (3) transient or, on occasion, permanent increased tooth looseness; (4) allergic reactions.

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 initial surgery is not satisfactory. In addition, the success of bone grafting can be affected by: (1) trauma to the healing graft; (2) smoking; (3) medical condition; (4) excessive alcohol consumption; and (5) medications that I may be taking. To my knowledge I have reported to Dr. Richardson any prior drug reactions, allergies, diseases, symptoms, habits, or conditions which might be related to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by Dr. Richardson and taking all prescribed medications are important to the ultimate success of the procedure.

Alternatives to Suggested Treatment: Dr. Richardson has explained alternative treatments for my bone recession. These include no treatment, continued monitoring for progressive recession or loss of bone and tissue surrounding the tooth, and modification of technique for brushing my teeth. I understand that by choosing not to accept the recommended teeth could result in progression of my gum disease and even progress to the loss of some or all teeth affected by gum disease.

Necessary Follow-up Care and Self-Care: I recognize that natural teeth and appliances should be maintained daily in a clean, hygienic manner. I will need to come for post-surgical appointments following my surgery so that my healing may be monitored and so that Dr. Richardson can evaluate and report on the outcome of surgery upon completion of healing. I further understand that long-term success requires my long-term continued performance of daily plaque removal and my return for periodic professional maintenance therapy.

I have been fully informed of the nature of bone grafting surgery, the procedure to be utilized, the risks and benefits of such surgery, the alternative treatments available, and the necessity for follow-up and self-care. I have had the opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with Dr. Richardson. After careful consideration, I hereby consent to the performance of bone grafting surgery as presented to me. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of Dr. Richardson.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

_____ _____

Patient's (or Legal Guardian's) Signature Date

_____ _____

Witness' Signature Date