

Patient Consent for Bone Grafting Surgery

Dr. Ted | Periodontist

The following document is an outline of the discussion I have had with Dr. Ted regarding bone graft surgery. I have discussed the following with Dr. Ted and all my questions have been answered to my satisfaction.

Diagnosis – After careful oral examination and study of my dental condition, my dentist has advised me that I have the following condition:

Condition:

Recommended treatment – in order to treat this condition, my periodontist has recommended that my treatment include bone grafting surgery. In this surgical procedure, local anesthetics will be administered to me as part of the treatment. My gum tissues will be opened to expose the existing bone. This is then followed by placing bone material in such a manner so as to augment existing bone. A protective barrier or membrane may then be placed over the grafted bone for protection. The gums are then closed over and sutured (stitched) in place to completely cover the bone grafted area. A healing time of 4-6 months is typically allowed for the bone graft to “take”, mature, and integrate with the surrounding native bone.

As discussed, the bone graft material and membrane we’ll be using is derived from a donor source (animal or human) or synthetic. The materials I use have been documented to be safe and reliable. I consent to my surgeon to place any type of graft along with resorbable or non-resorbable membranes, as he deems necessary. I understand that there is a risk of rejection of the graft. If the graft or membranes are rejected, become infected, or exposed following surgery, there may be need for complete or partial removal of the grafted material.

Expected Benefits: The purpose of bone grafting in your case would be to increase the width of the existing bone to allow for proper implant placement. It would also help to harmonize the esthetics of the region.

Alternatives to Suggested Treatment – I understand that alternatives to bone grafting surgery include, but not limited to: no treatment, or choose other alternatives for the restorative needs, for example, a bridge or a denture.

Principal Risks and Complication – Although bone grafting of localized areas to increase the width of existing bone has been shown in clinical studies to be a predictable procedure, a very small number of patients do not respond successfully to the procedure and may require revision procedures to attain the desired result. The procedure may not be successful in preserving function or appearance. Because each patient’s condition is unique, long-term success can not be guaranteed.

I understand that complications may result from the surgery, drugs, and anesthetics. These complications include, but are not limited to:

- Post- surgical infection, bleeding, swelling and pain, facial bruising or discoloration.
- Transient but on occasion permanent numbness or tingling sensation in the jaw, lip, tongue, teeth, chin or gum.
- Jaw joint injuries or associated muscle spasm.
- Shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth.
- Cracking or bruising of the corners of the mouth.
- Restricted ability to open the mouth for several days or weeks.
- Impact on speech.
- Allergic reactions.
- Damage to adjacent teeth, roots, bone or soft tissue structures
- Bone fractures
- Delayed healing
- Accidental swallowing of foreign matter.
- Loss of grafted material.

I understand that the exact duration of any complications cannot be determined.

In addition, the success of bone grafting surgery can be affected by medical condition, smoking, inadequate oral hygiene, and medications that I may be taking. To my knowledge, I have reported to my periodontist any prior drug reactions, allergies, diseases, symptoms, habits, or conditions which might in any way relate to the surgical procedure. I understand that my diligences in providing the personal daily care recommended by my periodontist and taking all prescribed medications are important to the ultimate success of the procedure.

Necessary Follow-up Care and Self-Care – I will need to come for appointments following my surgery so that my healing may be monitored and so that my periodontist can evaluate and report on the outcome of surgery upon completion of healing. Smoking may adversely affect healing and may limit the successful outcome of my surgery. I know that is important (1) to abide by the specific prescriptions and instructions given by the periodontist, (2) to maintain a clean, hygienic oral condition daily and (3) continue to see my periodontist and dentist for periodic examination and preventative treatment.

Publication of Records - I authorize photos, slides, x-rays or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry and reimbursement purposes. My identity will not be revealed to the general public, however, without my permission.

PATIENT CONSENT

I have been fully informed of the nature of the bone grafting surgery, the procedure to be utilized, the risks and benefits, the alternatives available, and the necessity for follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concern with Dr. Ted. After thorough deliberation, I hereby consent to have Dr. Ted perform bone grafting surgery as presented to me during consultation and in the treatment plan presentation as described in this document. I also consent to the performance of additional or alternative procedures as may be deemed necessary in the best judgement of Dr. Ted.

A handwritten signature in black ink, appearing to be 'Nancy Johnson', written in a cursive style.

Patient/ Parent/ Guardian Signature

Witness:

Nancy Johnson