

## PENINSULA DENTAL IMPLANT CENTER

### **CONSENT FOR BONE GRAFTING**

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#### **SUGGESTED SUPPLEMENT TO MY SURGERY:**

I understand that Dr. Gupta will use banked bone (bone donated by another person) or bone substitute instead of harvesting bone from another surgical area

I understand that Dr. Gupta will harvest bone from another region in my mouth requiring a separate procedure.

I understand that Dr. Gupta may use banked bone (bone donated by another person) or bone substitute in addition to harvesting bone from another region in my mouth.

Additional materials may be used to enhance the outcome of bone grafting and may include the following items:

A barrier membrane made of Teflon and/or Titanium which required a secondary procedure to remove the synthetic material in the future.

A barrier membrane made of processed collagen which will most likely dissolve during the first few weeks after the surgery, but remaining fragments may need to be removed.

Additionally, I understand that wires, surgical screws, surgical tacks or sutures are commonly used to immobilize and fix a bone graft or membrane in place and that some forms of these may need to be removed after healing.

GENERAL RISKS: include, but are not limited to: allergic reactions, discomfort and pain, swelling, bleeding, infection, bruising, injury to the jaw joint and soreness of associated chewing muscles, fracture of a tooth/teeth during surgery, jaw fracture, later sensitivity to certain foods or temperature changes, or shrinkage of gum and bone after surgery. Numbness and altered sensation (possibly permanent) may occur at the donor site and in more remote areas, possibly requiring further treatment. There may be loss of bone particles from donor or recipient sites. If a large portion of the bone graft is lost, you may require more additional procedures. Any of the above may require additional medication or other care, possibly for a prolonged time. Individuals who choose to smoke are at greater risk of bone graft loss than non-smokers.

RISKS AND COMPLICATIONS OF GRAFTING include, but are not limited to: damage to adjacent teeth that may require future root canal procedures or that may cause loss of those teeth, removal of adult teeth in order to obtain sufficient bone material, numbness or pain in the area of the donor or recipient site, or more extensive areas, which may be temporary or permanent, and penetration of the sinus or nasal cavity in the upper jaw, which could result in infection or other complication requiring additional medical or surgical treatment.

#### **ALTERNATIVES TO THE PROCEDURE:**

- 1) No treatment. Understanding that my condition may progress to adversely affect my dental health including, but not limited to continued bone loss, tooth loss, increasing difficulty chewing and jaw function including the risk of jaw fracture.
- 2) No use of grafted, banked bone, or bone substitute. Understanding that this is associated with significant reduction of a successful result, and likely bone loss in the future.

**NO WARRANTY OR GUARANTEE:** I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed surgery will be completely successful in eradication pockets, infection, or further bone loss or gum recessions. It is anticipated that the surgery will provide benefit in reducing the cause of this condition and produce healing which will enhance the possibility of longer retention of my teeth. Due to individual patient differences, however, one cannot predict the absolute certainty of success. Therefore, there exists the risk of failure, relapse, selective retreatment, or worsening of my present condition, including the possible loss of certain teeth with advanced involvement, despite the best of care.

**CONSENT TO UNFORESEEN CONDITIONS:** During surgery, unforeseen conditions could be discovered which would call for a modification or change from the anticipated surgical plan. These may include but are not limited to, performance of another plastic surgical procedure to attain a similar result, or termination of the procedure prior to completion of all of the surgery originally scheduled. I therefore consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of the treating doctor.

**COMPLIANCE WITH SELF-CARE INSTRUCTIONS:** I understand that smoking and/or alcohol intake may affect gum and bone healing, and may limit the successful outcome of my surgery. I also understand that aerobic exercise can cause loss of a clot with bleeding and possibly reduced success to the outcome of this surgical procedure. I agree to follow instructions related to the daily care of my mouth and to the use of prescribed medications. I agree to report for appointments as needed following my surgery so that healing may be monitored and Dr. Gupta can evaluate and report on the success of surgery. I also understand the importance of the need to remove materials-membranes, screws, tacks, or sutures after healing of the graft and agree to make myself available and report for those procedures as directed.

**SUPPLEMENTAL RECORDS AND THEIR USE:** I consent to photography, video recording, and x-rays of my oral structures related to these procedure, and for their educational use in lectures or publications, provided my identity is not revealed.

**PATIENT'S ENDORSEMENT:** My endorsement (signature) to this form indicated that I have read and fully understand the terms used within this document and the explanations referred to or implied. After thorough consideration, I give my consent for the performance of any and all procedures related to connective tissue graft surgery as presented to me during the consultation and treatment plan presentation by the doctor or as described in this document.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Signature of the Patient's Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

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