



INFORMED CONSENT FOR BONE GRAFTING AND BARRIER MEMBRANE SURGERY

Tooth/Teeth/Site #(s): _____

BONE GRAFTING

Bone grafting procedure involves augmenting a site in the mouth to attain more bone or prevent bone loss. This is accomplished by placing bone material in such a manner so as to augment the existing bone both horizontally and vertically. A protective barrier or membrane is then placed over the grafted bone for protection. The gums are then closed over and sutured (stitched) in place. A healing time of 4-6 months is then typically allowed for the bone graft to "take", mature, and integrate with the surrounding native bone. The bone graft material and membrane used is derived from a donor source (animal or human) or synthetic. The materials used have been documented to be safe and reliable.

Principal Risks and Complications

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.

There is no method that will accurately predict or evaluate how your gums and bone will heal. Because each patient's condition is unique, long-term success may not occur.

Complications may result from grafting surgery, drugs, or local anesthetics. The duration of complications cannot be determined and they may be irreversible. These complications include but are not limited to:

- **Pain, Bleeding, Bruising, Swelling:** This may last up to a week, if symptoms persist longer you should notify us.
- **Infection:** No matter how carefully surgical sterility is maintained, it is possible due to a non sterile oral environment for issues to occur post operatively. This may become severe and should receive attention as soon as possible.
- **Loss of all or part of the graft:** Success is generally high. Nevertheless it is possible for the graft to fail. This may cause infection, pain or may not even be noticed. The particulate graft may migrate out of the surgery site and be lost. A membrane could dislodge, if so please notify us as soon as possible.
- **Injury to surrounding anatomy:** Nerves may be injured during the process resulting in numbness. If this occurs, it is generally temporary (lasting days, weeks or months), or in rare cases, permanent. Sinus involvement can occur in which case you will need to take special medications and a second surgery may be necessary. Adjacent teeth may be damaged during surgery.

There may be a need for a second procedure if the results are not satisfactory. In addition, the success of surgical grafting procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and certain medications.

Accurate reporting of any prior drug reactions, allergies, diseases, symptoms, habits, or conditions that you may have should be reported. Also, diligence in maintaining the daily oral care recommended after the procedure as well as taking all prescribed medications is important to the ultimate success of the procedure.

Patient Consent

I have been fully informed of the surgery to be performed, to my satisfaction. I understand the risks and benefits of the procedure, alternative treatments, and the necessity for follow-up and self care. I also understand the potential outcome of no treatment in the area - i.e. continued bone loss and possible compromise to adjacent teeth. I realize that during the course of the surgery, the treatment may need to be modified due to existing conditions that are only evident when the surgical site has been exposed. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me.

I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns.

By signing below, I hereby consent to the performance of bone grafting surgery as presented to me and consent to any additional or alternative procedures that may be deemed necessary in the judgment of the Doctor.

Signature

Date

Printed Name