# Periodontics and Dental Implants

*An explanation of your need for Soft Tissue Surgery and possible complications as well as alternatives to its use were discussed with you at your consultation. Please read this document which restate issues we discussed and provide the appropriate signature on the last page. Please ask for clarification of anything you do not understand.*

**Consent for the performance of Pedicle Tissue Graft Surgery using collagen via Pinhole site #:**

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**Source of materials may be Porcine (pig) or allograft (human donor) to be determined by surgeon at time of procedure unless there are any objections initials: _______**

EXPLANATION OF DIAGNOSIS: I have been informed of the presence of significant gum recession about some of my teeth. I understand that it is important to have a sufficient width of gum (attached gingiva) around the base of the teeth (at the gumline) such that it maintains a seal of the gum to the teeth and thereby prevents bacterial invasion under the gum with subsequent inflammation. I understand that where there is insufficient attached gingiva (gum), bacteria and food can become lodged under the gumline and this may result in further recession of the gum or localized infection (gum abscess). I also understand that where there are fillings at the gumline or crowns (caps) with edges under the gumline, it is important to have sufficient width of attached gingiva (gum) so that the edges of the fillings or caps or the material from which they are made do not cause significant irritation to the gum. I understand that root coverage varies from individual to individual. In cases where my bone is insufficient, I understand it is not predictable to have root coverage and this is not the goal of the procedure, rather it is to attempt a gain in attached gingiva (gum).

PURPOSE OF PEDICLE TISSUE GRAFTING: I have been informed that the purpose of pedicle tissue grafting is to create an adequate zone (width) of attached gum tissue so as to prevent the likelihood of further gum recession and provide gum attachment - a seal against bacterial and food invasion. In addition, it can in some case result in the reduction of recession of the gumline about a tooth or teeth.

SUGGESTED TREATMENT: It has been suggested that pedicle tissue grafting be performed in areas of my mouth where I have significant gum recession and or lack of adequate attached gingiva. It has been explained that this is a surgical procedure involving pinholes and placing collagen to support the tissue. I understand the gumline immediately after the procedure is “higher” than where it will end up after healing since tissue will be overcompensated in placement in its position. Therefore, I understand that the gum placed over the root will shrink back during healing and that the attempt to cover the exposed root surface may not be completely successful. In cases where my bone is insufficient, I understand it is not predictable to have root coverage and this is not the goal of the procedure, rather it is to attempt a gain in attached gingiva (gum).

RISKS RELATED TO SUGGESTED TREATMENT: While this could be considered a low risk procedure, risks related to pedicle tissue grafting might include, but are not limited to, post-operative bleeding, swelling, pain, infection, facial discoloration, transient or, on occasion, permanent tooth sensitivity to hot or cold, sweets or acidic foods. Risks related to the local anesthetics might include, but are not limited to, allergic reactions, accidental swallowing of foreign matter, facial swelling or bruising, pain, soreness, or discoloration at the site of injection of the anesthetics, lack of root coverage, worsening of recession in certain cases. I understand if I do not follow the strict post-operative instructions that I have a greater risk of putting the success of the procedure in jeopardy. I have been given a list of the supplements that could cause negative effect with the surgery and have avoided these for 2 weeks and will avoid for 2 weeks after treatment.

ALTERNATIVES TO THE PROCEDURE: These may include: (1) the use an autograft (my own tissue, from the roof of my mouth) or allograft ( human donor tissue) of other plastic surgical procedures to attain a similar result; (2)no treatment, with the expectation of chronic inflammation resulting in the advancement of recession which is commonly associated with increased sensitivity of the teeth to temperature extremes and other irritants, increased risk of decay in root surfaces exposed by the recession and possibly the premature loss of teeth; (3) attempts to insulate teeth to control sensitivity by placing fillings in or on root surfaces with the expectation of further recession as a result of this procedure; (4) non-surgical scaling of tooth roots and lining of the gum (root planing and curettage) with the expectation that this will result in only a partial and temporary reduction of inflammation and infection, will not stop recession and will require more frequent professional care, and may result in the worsening of my condition and the premature loss of teeth; (5) extraction of teeth involved with recession and a lack of attached gum tissue.

Signature: ______________________________ Date: ______________

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 eradicating pockets, infection or further bone loss or gum recession. 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 excessive smoking and/or alcohol intake may affect gum healing and may limit the successful outcome of my surgery. I also understand that aerobic exercise can cause the 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 the doctor can evaluate and report on the success of surgery.

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

PATIENT'S ENDORSEMENT: My endorsement (signature) to this form indicates 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.

| ______________________ | ________ | ______________________ |
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| Patient's Signature | Date | Patient's Name |
| ______________________ | ________ | ______________________ |
| Signature of the Patient's Guardian | Date | Relationship to Patient |
| ______________________ | ________ | |
| Signature of Witness | Date | |