

Periodontics and Dental Implants

An explanation of your need for soft tissue ridge augmentation, its purpose and benefits, the surgery related to its placement and the possible complications as well as alternatives to its use were discussed with you at your consultation. We obtained your verbal consent to undergo this procedure. Please read this document which restates 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 use of Soft Tissue Grafting to attempt Ridge Augmentation at site #:

PURPOSE OF SOFT TISSUE RIDGE AUGMENTATION SURGERY: I have been informed that in areas of my jaws where I have lost teeth, I have poor bony ridges to support conventional dental prosthetics. I have been informed that the purpose of this procedure is to attempt to develop improved soft tissue quality and contour in these areas where prosthetic tooth replacement is being contemplated and that this can result in increased comfort in the use of removable partial dentures (partials) or in improved phonetics and appearance of fixed partial dentures (bridges).

DESCRIPTION OF THE PROCEDURE: After anesthetics have numbed the area to be operated, the gum is reflected from the jawbone surface, the soft tissue graft is placed on this surface. Finally, the graft and gum is sutured in place.

DESCRIPTION OF THE GRAFT MATERIAL: The soft tissue graft can be from one of the three following sources: (1) a layer of gum can be removed from the surface of the gum in the roof of my mouth; (2) a piece of connective tissue from the internal structure of the gum in the roof of my mouth can be harvested through an incision in the palatal gum, after which the incision is sutured closed; (3) a piece of soft tissue donated by the next of kin of deceased persons can be used. All donors are screened by physicians and other health care workers to prevent the transmission of disease to the person receiving the graft. They are tested for hepatitis, venereal disease, blood and tissue infections, and the AIDS virus. Tissue is recovered and processed under sterile conditions. Processing includes preservation by the process of freeze-drying.

RISKS RELATED TO THE PROCEDURE: Risks related to surgery with ridge regeneration by the use of soft tissue grafts might include, but are not limited to, post-surgical infection, bleeding, swelling, pain, facial discoloration, transient but on occasion permanent numbness of the palate, lip, chin or gum; jaw joint injuries, or associated muscle spasm; transient or on occasion permanent increased tooth looseness, tooth sensitivity to hot or cold or sweets or acidic foods, shrinkage of the gum upon healing. Risks related to the anesthetics might include, but are not limited to, allergic reactions, accidental swallowing of foreign matter, facial swelling, bruising, pain or soreness or discoloration at the site of injection of anesthetics.

ALTERNATIVES TO THE PROCEDURE: These may include: (1) no treatment, with the expectation of a less than satisfactory dental prosthetic result; (2) building up the ridge with by bone grafting or bone regeneration; (3) extending the depth of the cheek pouch by surgery with or without the use of a soft tissue graft which would not increase the esthetics or phonetics related to design of a fixed bridge.

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 gum recession. It is anticipated that the surgery will provide some improvement in the condition that exists. 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, 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, use of other forms of soft tissue grafts or procedures 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 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 soft tissue graft surgery to attempt ridge augmentation 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 Patient's Guardian

Date

Relationship to Patient

Signature of Witness

Date