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Bone Grafting Patient Surgery Information and Consent Form:

Diagnosis: After careful oral examination, a review of radiographs and study of dental condition, my dentist advised me that bone grafting will help improve my overall oral condition both esthetically and functionally.

Recommended Treatment: I have been presented with the following options for treatment as well as their benefits and risks.

1. No treatment.
2. Placement of a grafting material and or autogenous bone with a periodontal membrane (either resorbable or non-resorbable).

I have selected the option of placement of the graft to allow architecture for my own bone to grow in. I am aware of the benefits and have been informed of the surgical procedure, and the risks involved.

Surgical Phase of Procedure: I understand that sedation may be utilized and that a local anesthetic will be administered to me as a part of the treatment. My gum tissue will be opened to expose the bone. The grafting material as well as my own bone that is harvested from an edentulous area will be placed. The graft will be held in place and be protected from in growth of soft tissue by a periodontal membrane. These membranes are either resorbable (bovine collagen) or non-resorbable (Gortex). The gum and soft tissue will be stitched closed over or as close as possible to complete closure. I understand that dentures usually cannot be worn during the first two weeks of the healing phase.

I further understand that if clinical conditions turn out to be unfavorable for the use of this bone grafting procedure, my dentist will make a professional judgment of the management of the situation.

After the surgery, there may be temporary pain, swelling, discoloration of the skin, and numbness or altered sensation. If sinus grafts are used, there may be nosebleeds.

Post –Operative Exam: Examinations following surgery will be required at regular intervals.

1. 10-14 days after surgery (suture removal if needed).
 - a. 2 months after surgery.
 - b. 4 months after surgery.
 - c. *Certain situations may require more frequent visits.

Post-operative examination will include:

1. Visual inspection of gingival tissue.
2. Periodontal tissue evaluation with respect to inflammation.
3. X-rays if indicated.

Post-Operative Complications: Some problems that may occur are pain around the surgical site or infection.

Prognosis: While the prognosis is favorable at this time, the results cannot be guaranteed since unforeseen changes in the bone and soft tissue may occur which may cause failure of the bone graft to heal properly. This in turn may require removal of the bone graft and grafting material. No problems are usually foreseen as a result of this removal

Expected Benefits:

1. Avoids loss of boney structure (which will help ensure the esthetic and functional longevity of an implant or a multiunit bridge).
2. Helps secure remaining teeth.
3. Helps eliminate boney defects (may be periodontal in nature).
4. Helps retain bone for future implant placement.

Risks and Limitations: Like any surgery, bone grafting surgery poses some health risks. Problems are rare, though, and when they do occur they're usually minor and easily treated. Risks include:

1. Infection at the bone grafting site.
2. Injury or damage to surrounding structures, such as other teeth or blood vessels.
3. Nerve damage, which can cause pain, numbness or tingling in your natural teeth, gums, lips, tongue, or chin.
4. Sinus problems, when bone graft is placed in the upper sinus to increase amount of bone for implant placement (sinus lift procedure).
5. Failure of bone graft (requiring removal of bone graft and or grafting materials).
6. Bleeding.
7. Swelling and Pain.
8. Facial discoloration.
9. Jaw joint injuries.
10. Muscle spasm.
11. Increased looseness of teeth (usually transient).
12. Tooth sensitivity to hot, cold, sweet, or acidic foods.
13. Shrinkage or loss of gum tissue upon healing resulting in elongation of some teeth and greater spaces between some teeth (loss of interproximal tissue may decrease the esthetic outcome).

14. Cracking or bruising of the corners of the mouth.
15. Restricted ability to open the mouth for several days or weeks.
16. Impact on speech.
17. Allergic reaction.
18. Bone fractures.
19. Delayed healing .
20. Accidental swallowing of foreign matter or small instruments used while placing implants.

*The exact duration of any complications cannot be determined, and may be irreversible.

Healing: My doctor has explained that there is no method to predict accurately the gum and bone healing capabilities in each patient following the placement of a bone graft. It has been explained that bone in its healing process remodels and there is no method to predict the final volume of bone, thus additional grafting may be necessary.

Bone Graft Failure: It has been explained that in some instances bone grafts fail (mal-union, delayed union or non-union of the donor bone graft to the recipient bone site) and must be removed. It also has been explained to me lack of adequate bone growth into the bone graft replacement material could result in failure. I have been informed and understand that the practice of dentistry is not an exact science; no guarantees or assurances as to the outcome of the results of treatment or surgery can be made. I am aware that there is a risk that the bone graft surgery may fail, which might require further corrective surgery or the removal of the bone graft with possible corrective surgery associated with the removal. If the bone graft surgery fails I understand that alternative prosthetic measures may have to be considered.

Lifestyle Limitations: I understand that excessive smoking, alcohol, or blood sugar may affect gum healing and may limit the success of the bone graft. I agree to follow my doctor's home care instructions. I agree to report to my doctor for regular examinations as instructed.

Accurate Health and Medical History: To my knowledge, I have given an accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, or dust. Blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health have also been reported to my doctor.

No Warranty or Guarantee: Even though bone grafting surgery has a very high success rate, I hear by acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. Due to individual patient differences, a dentist cannot predict certainty of success. There exists the risk of failure, relapse, additional treatment, or worsening of my present condition, including the possible loss or devitalization of certain teeth, despite the best of care.

Publications of Records: I authorize photos, slides, and x-rays of my care and treatment during or after its completion to be used for the advancement of dentistry. My identity will not be revealed to the general public.

PATIENT CONSENT:

I have been fully informed of the nature of bone grafting surgery, the procedure to be utilized, the risks and benefits of the surgery, the alternative treatments available, and the necessity for follow-up care and self care. I have had the opportunity to ask any questions or concerns I may have in connection with the treatment. I hereby consent to performance of bone grafting surgery as presented to me during my case presentation visit.

If clinical conditions prevent the placement of the bone graft, I defer to my dentist's judgment on the surgical management of that situation.

I understand that the fee for my bone grafting surgery does not include the fee for the restorative work that includes any type or number of implants or prostheses.

I certify that I have read and fully understand this document and hereby give consent to Dr. Michelle Caldwell, DDS, to perform the necessary treatment.

DATE: _____

PATIENT SIGNATURE/LEGAL GUARDIAN:

WITNESS SIGNATURE: _____

DENTIST SIGNATURE: _____

Location and Type of Dental Implants Proposed: _____
