

OSSEOUS SURGERY INFORMED CONSENT

Patient Name: _____

Date: _____

Diagnosis. After a careful oral examination and study of my dental condition, my periodontist has advised me that I have periodontal disease. I understand that periodontal disease weakens support of my teeth by separating the gum from the teeth. The pockets caused by this separation allow for greater accumulation of bacteria under the gum in hard-to-clean areas and can result in further erosion or loss of bone and gum supporting the roots of my teeth. If untreated, periodontal disease can cause me to lose my teeth and can have other adverse consequences.

Recommended Treatment. In order to treat this condition, my periodontist has recommended that my treatment include periodontal surgery. I understand that antibiotics and other substances may be applied to the roots of my teeth.

During this procedure, my gum will be opened to permit better access to the roots and to the eroded bone. Inflamed and infected gum tissue will be removed, and the root surfaces will be thoroughly cleaned. Bone irregularities will be reshaped, and bone regenerative material may be placed around my teeth. My gum will then be sutured back into position, and a periodontal bandage or dressing may be placed.

I further understand that unforeseen conditions may call for a modification or change from the anticipated surgical plan. These may include, but are not limited to:

- (1) Extraction of hopeless teeth to enhance healing of adjacent teeth
- (2) Termination of the procedure prior to completion of the surgery.

Expected Benefits. The purpose of periodontal surgery is to reduce infection and inflammation and to restore my gum and bone to the extent possible. The surgery is intended to help me keep my teeth in the operated areas and to make my oral hygiene more effective. It should also enable professionals to better clean my teeth.

Principal Risks and Complications. I understand that a small number of patients do not respond successfully to periodontal surgery, and in such cases, the involved teeth may be lost. Periodontal surgery may not be successful in preserving function or appearance. Because each patient's condition is unique, long-term success may not occur.

I understand that complications may result from periodontal surgery, drugs, or anesthetics. These complications include, but are not limited to post-surgical infection, bleeding, swelling and pain, facial discoloration transient but on occasion permanent numbness of the jaw, lip, tongue, teeth, chin or gum, jaw joint injuries or associated



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muscle spasm, transient but on occasion permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, shrinkage of the gum upon healing resulting elongation of some teeth and greater spaces between some teeth, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reactions, and accidental swallowing of foreign matter. The exact duration of any complications cannot be determined, and they may be irreversible.

I understand that there may be a need for a second procedure if the initial results are not satisfactory. In addition, the success of periodontal procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and medications that I may, be taking. To my knowledge I have reported any prior drug reactions, allergies, diseases, symptoms, habits, or conditions, which might in any way relate to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by my periodontist and taking all prescribed medications are important to the ultimate success of the procedure.

Alternatives to Suggested Treatment. I understand that alternatives to periodontal surgery include:

- No treatment
- Extraction of teeth involved with periodontal disease
- Nonsurgical intervention of tooth roots and lining of the gum (scaling and root planing), with or without medication, in an attempt further reduce bacteria and tartar under the gumline.

Necessary Follow-up Care and Self Care. It is important to continue to see my regular dentist for follow ups and maintenance, as well as recommendations on prostheses to stabilize gingival tissue and dentition. I understand that the failure to follow such recommendations could lead to ill effects, which would become my sole responsibility.

Procedure and Tooth Number(s): _____

Patient's (Guardian if Minor) Signature and Date: _____

Witness to Signature and Date: _____