

Consent for Bone Regenerative Materials

I have been advised that my periodontal and/or anatomic condition includes areas of bony deficiency/insufficiency that are due to periodontal disease and/or natural causes. If periodontal bony defects are left untreated, periodontal disease may progress and can result in tooth loss and/or other adverse consequences. If anatomic bony defects are left untreated, it may make it impossible or difficult to proceed with dental prosthetic treatment (e.g. dental implants, removable and fixed dentures).

Bone Regenerative Surgery: I understand that sedation may be utilized and that a local anesthetic will be administered to me as part of the treatment. I further 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 areas of bony deficiency/insufficiency. Graft material will be placed in the areas of bone loss around teeth and/or in edentulous deficient areas. Various types of graft materials may be used, including my own bone, bone obtained from tissue banks, synthetic bone substitutes, and/or biologic material. Membranes may be used with or without the graft to assist in regeneration. My gums will be sutured back in a position that will be best suited for healing.

Expected Benefits: The purpose of bone regenerative surgery is to stimulate my body's natural healing mechanism to repair, regenerate, and/or augment bony areas to improve my overall periodontal condition and/or provide more supporting tissue for dental prostheses.

Principal Risks and Complications: I understand that some patients do not respond successfully to bone regenerative procedures and, in such cases, the involved teeth may be lost. The procedure 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 the 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 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 in 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. In the event that donated tissue is used for the graft; the tissue will have been tested for hepatitis, syphilis, and other infectious diseases. Nevertheless, there is a remote possibility that tests will not determine the presence of such diseases in a particular donor tissue. The exact duration of any complications cannot be determined, and they may be irreversible.

There is no method that will accurately predict or evaluate how my gum and bone will heal. I understand that there may be a need for a second procedure if the initial surgery is not satisfactory. In addition, the success of bone regenerative 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 to the Periodontist any prior drug reactions, allergies, diseases, symptoms, habits, or conditions that might in any way relate to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by the Periodontist and taking all prescribed medications are important to the ultimate success of the procedure.

Necessary Follow-up Care and Self-Care: I recognize that natural teeth and appliances should be maintained daily in a clean, hygienic manner. I will need to come for appointments following my surgery so that my healing may be monitored and so that the Periodontist can evaluate and report on the outcome of surgery upon completion of healing. Smoking or alcohol intake may adversely affect gum healing and may limit the successful outcome of my surgery. I know that it is important:

- to abide by the specific prescriptions and instructions given by the Periodontist and
- to see the Periodontist for periodic examination and preventive treatment.

Maintenance may also include adjustment of prosthetic appliances.

No Warranty or Guarantee: I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. In most cases, the treatment should provide benefit in reducing the cause of my condition and should produce healing which will help me keep my teeth. Due to individual patient differences, however, the Periodontist cannot predict certainty of success. There is a risk of failure, relapse, additional treatment, or even worsening of my present condition, including the possible loss of certain teeth, despite the best of care.

Publication of Records: I authorize photographs and radiographs of my care and treatment during or after its completion to be used for the advancement of dentistry and or reimbursement purposes. My identity will not be revealed to the general public, however, without my permission.

Changes During Surgery: I consent to use of an alternative treatment or method if clinical conditions are found to be unfavorable for the proposed periodontal surgery that has been described to me. If clinical conditions prevent the periodontal surgery, I defer to the Periodontist's judgment on the surgical management of that situation, which may include the use of membranes, grafting materials or even the removal of a root or tooth.

I certify that I have read, understood, and consent to the terms put forth in this document: