



## Great Lakes Dental Solutions

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### Bone Graft and Implant Consent Form

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I am aware that Medicine and Dentistry is not an exact science and no guarantees of success or results have been made. I understand that Specialist(s) referral may be required for any complications arising during and or after completion of treatment. I shall be responsible for all costs associated with any specialist referrals and or ER Hospital visits. I understand that such a referral is warranted in my best interests.

I consent to the administration of local anesthesia, antibiotics, analgesics, or any other drug that may be deemed necessary in my case, and understand that there is a small element of risk inherent to the administration of any drug or anesthesia. The risks can include adverse allergic reaction including anaphylaxis, vomiting, miscarriage, cardiac arrest or even death, aspiration, irritation and swelling of a vein, pain, discoloration and injury to blood vessels and/or nerves.

I have been made aware that tobacco, alcohol and recreational drug use could lead to failure of bone graft and or implant.

I have been made aware that the possible risks include, but not limited to:

**Pain:** Discomfort after any surgery is normal and expected. Grafting with materials that do not have to be harvested from your body is less painful. If bone or tissue is harvested from an additional site, then the donor site will be sore for a few days. Pain is best managed with pain medications and cold compress.

**Infection:** Due to the existing non sterile oral environment, post operative infections can occur and are managed by antibiotics. Should any severe infection, high fever and swelling occur, please call us immediately.

**Swelling, bruise and bleeding:** Moderate amount of bleeding and swelling can occur during the first 3-5 days. Placing a wet gauze under moderate bite pressure helps to control bleeding. If bruising occurs, it will last for a week.

**Muscle stiffness:** The administration of local anesthesia and keeping your mouth open for the procedure can result in muscle stiffness and difficulty in opening your mouth. Call us if this persists for over a week.

**Cheek and or lip bite:** Due to numbness, you may bite your cheek or tongue due to anesthesia. Please do not chew until anesthesia subsides completely.

**Cracking or redness at the corner of the lips:** This may occur due to the stretching of your mouth during surgery, especially at the back of your mouth. We advise you to apply lip balm or vaseline.

**Teeth and gum irritation and recession:** During surgical procedure it is normal for the area to become sore. Any surgical procedure can result in a small amount of gum recession during healing around adjacent teeth involved in flap.

**Cosmetic concern:** Discoloration and appearance changes of gum tissue can lead to unsatisfactory cosmetic result.

**Chipping or damage to adjacent teeth, restorations or other oral structures, sub-luxation and dislocation of teeth and or TM joint and jaw bone fracture:** We take utmost care to prevent this from happening. Please follow our instructions during the procedure.

**Nerve injury:** Injury to nerve, lip numbness and altered taste: Injury to lip, tongue or tissues, cheeks and or face can occur. This numbness or altered taste can be temporary - lasting for a few weeks to months or can be permanent. This could be the result of surgical procedure and or anesthetic administration. Please report any lip numbness immediately.

**Foul odor:** Food collection and or infection can cause foul odor. Brush and rinse your mouth very gently and follow our post operative instructions. **Dry socket** - Due to spitting or suction action, loss of blood clot may occur exposing bone to the oral environment, called dry socket, resulting in pain for 2 weeks. To prevent this, please follow post operative instructions.

Sinus involvement: In some cases, roots of upper teeth are in close proximity to the maxillary sinus. Occasionally, with extractions and or bone grafting near the sinus, the sinus may get involved or an opening between the mouth and sinus can occur. Should sinus penetration occur, it will be necessary to perform sinus closure or repair by an oral surgeon or ENT.

Extraction and surgical procedures: Possibility of dry socket that may occur following surgery (loss of blood clot); altered nerve sensation on lip and chin including numbness, tingling, itching or burning that may last for few weeks to months or even result in permanent lip numbness; communication of oral cavity with the sinus is possible, requiring a surgical repair by specialist. In rare cases, tooth root maybe left behind to prevent damage to nerve and critical structures. Bone grafting maybe required providing support to adjacent teeth or critical structures. Sharp bony splinters may require additional surgery.

Type of bone graft material: Some graft materials and membranes are derived from humans (allograft), some are derived from pig (porcine), some from cow (bovine) and some are synthetic (calcium and phosphates). These grafts, membranes and or recombinant gels are thoroughly purified by different means and are free of contaminants. However, there is a rare chance of disease spread from processed substitute materials.

Loss of all or part of the graft: Success with *preliminary* bone graft and/or membrane is high. Nevertheless, it is possible that the grafting procedure may fail. Despite meticulous surgery, particulate bone graft material can migrate out of the site and be lost. A membrane could dislodge. If this occurs, the doctor should be notified. Your compliance is essential to successful healing. *Additional grafting (secondary graft), sinus lift or other augmentation procedures maybe required upon evaluation.*

Loss of dental implant: Success with dental implant (s) is high. Nevertheless, it is possible that the procedure may fail. Despite meticulous surgery, dental implant may fail to integrate with natural bone and is dependent upon many factors. If this occurs, the doctor should be notified. Your compliance is essential to successful healing. Bone loss around implant or adjacent teeth can occur requiring grafting and referral to specialist may be required.

No guarantees have been made to the length of time needed to complete treatment. Regular dental checks and oral hygiene maintenance including routine cleanings are advised for long term success.

I do voluntarily assume responsibility for any and all possible risks, including the risk of harm, if any, which may be associated with any phase of this treatment, in hopes of obtaining the desired results, which may or may not be achieved.

I hereby certify that I have provided accurate and complete medical history including past and present medical and dental conditions, prescription and nonprescription medications, any allergies, recreational drug use and pregnancy status (if applicable). I have had sufficient time to read and understood the above in English and all questions have been answered. I hereby give consent to the dental procedure(s) performed and am aware of the known risks, advantages and disadvantages of alternative treatment options such as doing nothing, fixed bridge and removable partial .

Doctor and/or staff are allowed to record camera pictures and/or take audiovisual recordings of the procedure. I hereby give consent to post pictures and/or audio video recordings on social media and/or print.

Use pictures or videos for my records only, do not post any pictures or videos on website or social media.

Tooth # / Site: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient / Legal guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_