



## Dr. Theresa Conway

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### **Informed Consent for Bone Grafting**

*An explanation of your need for bone grafting/ ridge augmentation by the use of bone grafting materials and guided tissue regeneration, their purpose and benefits, the surgery related to this procedure, and the possible complications as well as alternatives to its use were discussed with you at your consultation. Please read this document which restates issues we discussed.*

**Description of Procedure:** The gum tissue is pushed away and the bone is exposed. The graft material may be placed into an extraction socket(s) and/or on the surface of the bone and then a Guided Tissue Barrier Membrane may be placed over the grafted bone area to prevent gum skin cells from entering the wound and stopping bone regeneration and to aid in the retention of the bone graft. Finally, the gum is sutured back around the teeth and/or together.

**Description of the Graft Material:** Demineralized Bone Allograft- this is human bone tissue donated by the next of kin of deceased persons. 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, syphilis, blood and tissue infections, and the AIDS virus. Tissue is recovered and processed under sterile conditions. Processing includes the demineralization of the bone and its preservation by the process of freeze-drying. In addition, bone processed similar to the above descriptions after harvesting from bovine sources can be used as well as artificial bone-like substances.

**Risks Related to the Procedure:** Risks related to surgery by the use of bone grafts might include, but are not limited to: post-surgical infection, bleeding, swelling, pain, facial discoloration, transient but on occasion permanent numbness of the lip, tongue, teeth, chin, or gum, jaw joint injuries or associated muscle spasms. 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 the advancement of my condition resulting in greater risk or complications including, but not limited to, bone loss, pain, infection, and possible damage to the support of adjacent teeth, a less than satisfactory dental prosthetic result. (2) Building up the ridge with soft tissue grafting which would not increase the possibility of using dental implants. (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 possibility of using dental implants or 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 further bone loss. 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



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worsening of my present condition, including the possible loss of certain teeth with advanced involvement, 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, extraction of hopeless teeth to enhance healing of adjacent teeth, the removal of a hopeless root of a multi-rooted tooth so as to preserve the tooth, 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 the surgery.

**Supplemental 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.