

## Consent for Bone Graft Surgery

1. I have been informed and afforded the time to fully understand the purpose and the nature of the bone graft surgery procedure. I understand what is necessary to accomplish the placement of the bone graft under the gum on/or in the bone.
2. My doctor has carefully examined my mouth. Alternatives to this treatment have been explained. I have tried or considered these methods, but I desire a bone graft to help secure the replaced missing teeth.
3. I have further been informed of the possible risks and complications involved with surgery, drugs, and anesthesia. Such complications include pain, swelling, infection and discoloration. Numbness of the lip, tongue, cheek, or teeth may occur. The exact duration may not be determinable and may be irreversible. Also possible are thrombophlebitis (inflammation of the vein), injury to teeth present, bone fractures, sinus penetration, delayed healing, allergic reactions to drugs or medications used, etc.
4. I understand that if nothing is done any of the following could occur: bone disease, loss of bone, gum tissue inflammation, infection, sensitivity, looseness of teeth followed by necessity of extraction. Also possible are temporomandibular joint (jaw) problems, headaches, referred pains to back of the neck and facial muscles, and tired muscles when chewing. In addition, I am aware that if nothing is done an inability to place a bone graft or implants at a later date due to changes in oral or medical conditions could exist.
5. 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 the bone in its healing process remodels and there is no method to predict the final volume of bone, thus additional grafting may be necessary.
6. 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 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 result in further corrective surgery or the removal of the bone graft with possible corrective surgery associated with he removal. If the bone graft surgery fails I understand that alternative prosthetic measures may have to be considered.
7. I understand that excessive smoking, alcohol, or blood sugar may effect 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.

8. I agree to the following procedures:

**Autogenous graft**- Which transplants bone from one region to another.

DONOR SITE	<input type="radio"/>	Chin (mental symphysis)	RECIPIENT SITE	<input type="radio"/>	Upper Arch
	<input type="radio"/>	Edentulous Area		<input type="radio"/>	Lower Arch
	<input type="radio"/>	Maxillary tuberosity		<input type="radio"/>	Edentulous arch
	<input type="radio"/>	Ascending ramus		<input type="radio"/>	Sinus
	<input type="radio"/>	Iliac crest			
	<input type="radio"/>	Tibia			
	<input type="radio"/>	Other			

**Allograft** – Which transplants bone from one individual to a genetically non-identical individual of the same species (cadaver bone). All allografts are processed for donors found to be negative by FDA approved tests for HBsAg, anti-HBc, anti-HCV, STS, antiHIV1/2, and anti- HTLV-I. Although efforts are made to ensure quality, most tissue banks make no claims concerning the biological or biomechanical properties of provided allograft. All allografts have been collected, processed, and distributed for use in accordance with the Standards of the American Association of Tissue Banks.

# Consent for Bone Graft Surgery (cont'd)

DONOR SITE  Demineralized freeze- dried bone (DFDB)  
 Freeze-dried bone

RECIPIENT SITE  Upper Arch  
 Lower Arch  
 Edentulous arch  
 Sinus

**Alloplast** - Implantation of synthetic / chemically derived bone substitutes or membranes.

DONOR SITE  Dense HA  
 Resorbable HA  
 Collagen membranes  
 Other \_\_\_\_\_

RECIPIENT SITE  Upper Arch  
 Lower Arch  
 Edentulous arch  
 Sinus

9. I agree to the type of anesthesia, depending on the choice of the doctor. I agree not to operate a motor vehicle or hazardous device for at least 24 hours or more until fully recovered from the effects of the anesthesia or drugs given to me for my care.
10. 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, dust, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.
11. I consent to photography, filming, recording, xrays, additional professional staff observing the procedure to be performed for the advancement of implant dentistry, provided my identity is not revealed.
12. I agree to notify the doctor's office of any and all changes to my address and/or telephone number within a reasonable time frame (two to four weeks).
13. With clear knowledge of all the possible complications, I have requested that the procedure be performed in the:
  - Office environment
  - Hospital environment
14. I request and authorize medical/dental services for myself, including bone grafts and other surgery. I fully understand the contemplated procedure, surgery, or treatment conditions that may become apparent, which warrant, in the judgment of the doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. I also approve any modifications in design, materials, or care, if it is felt this is for my best interest. If an unforeseen condition arises in the course of treatment which calls for performance of procedures in addition to or different from that now contemplated I further authorize and direct my doctor, associate, or assistant, to do whatever they deem necessary and advisable under the circumstances, including the decision not to proceed with the bone graft procedure.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Doctor

\_\_\_\_\_  
Date

LIFETIME FAMILY DENTISTRY  
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## POST-OPERATIVE INSTRUCTIONS

**\*\*\*PLEASE READ ALL OF THESE INSTRUCTIONS CAREFULLY\*\*\***

Sometimes the after-effects of oral surgery are quite minimal, so not all of the instructions may apply. Common sense will often dictate what you should do. However, when in doubt follow these guidelines or call our office for clarification. Our number is: \_\_\_\_\_

### DAY OF SURGERY

**FIRST HOUR:** Bite down gently but firmly on the gauze packs that have been placed over the surgical site(s) Change gauze every \_\_\_\_\_ for \_\_\_\_\_. If active bleeding persists, place enough new gauze to obtain pressure over the surgical site for another 30 minutes. The gauze may then be changed as necessary (typically every 30 to 45 minutes). It is best to moisten the gauze with tap water and loosely fluff for more comfortable positioning.

**EXERCISE CARE:** Do not disturb the surgical area today. Do **NOT** rinse vigorously or probe the area with any objects. You may brush your teeth gently. **PLEASE DO NOT SMOKE** for at least 48 hours, since this is very detrimental to healing and may cause a dry socket.

**OOZING:** Intermittent bleeding or oozing overnight is normal. Bleeding may be controlled by placing fresh gauze over the areas and biting on the gauze for 30-45 minutes at a time.

**PERSISTENT BLEEDING:** Bleeding should never be severe. If so, it usually means that the packs are being clenched between teeth only and are not exerting pressure on the surgical areas. Try repositioning the packs. If bleeding persists or becomes heavy you may **substitute a tea bag** (soaked in very hot water, squeezed damp-dry and wrapped in a moist gauze) for 20 or 30 minutes. If bleeding remains uncontrolled, please call our office.

**SWELLING:** Swelling is often associated with oral surgery. It can be minimized by using a cold pack, ice bag or a bag of frozen peas wrapped in a towel and applied firmly to the cheek adjacent to the surgical area. This should be applied twenty minutes on and twenty minutes off during the first 24 hours after surgery. If you have been prescribed medicine for the control of swelling, be sure to take it as directed.

**PAIN:** Unfortunately most oral surgery is accompanied by some degree of discomfort. You will usually have a prescription for pain medication. **If you take the first pill before the anesthetic has worn off, you should be able to manage any discomfort better.** Some patients find that stronger pain medicine causes nausea, but if you precede each pain pill with a small amount of food, chances for nausea will be reduced. The effects of pain medications vary widely among individuals.

If you do not achieve adequate relief at first, you may supplement each pain pill with an analgesic such as \_\_\_\_\_

Some patients may even require two of the pain pills at one time. Remember that the most severe pain is usually within six hours after the local anesthetic wears off; after that your need for medicine should lessen. **If you find you are taking large amounts of pain medicine at frequent intervals, please call our office. If you anticipate needing more prescription medication for the weekend, you must call for a refill during weekday business hours.**

**NAUSEA:** Nausea is not uncommon after surgery. Sometimes pain medications are the cause. Nausea can be reduced by preceding each pain pill with a small amount of soft food, and taking

the pill with a large volume of water. Try to keep taking clear fluids and minimize dosing of pain medications, but call us if you do not feel better. Classic Coca Cola may help with nausea.

**DIET:** Eat any nourishing food that can be taken with comfort.

Avoid extremely hot foods.

Do not use a straw for the first few days after surgery. It is sometimes advisable, but not absolutely required, to confine the first day's intake to liquids or pureed foods (soups, puddings, yogurt, milk shakes, etc.) It is best to avoid foods like nuts, sunflower seeds, popcorn, etc., which may get lodged in the socket areas. Over the next several days you may gradually progress to solid foods. It is important not to skip meals! If you take nourishment regularly you will feel better, gain strength, have less discomfort and heal faster. If you are a diabetic, maintain your normal eating habits or follow instructions given by your doctor.

**SHARP EDGES:** If you feel something hard or sharp edges in the surgical areas, it is likely you are feeling the bony walls which once supported the extracted teeth. Occasionally small slivers of bone may work themselves out during the following week or so. If they cause concern or discomfort, please call the office.

### INSTRUCTIONS FOR THE SECOND AND THIRD DAYS

**MOUTH RINSES:** Keeping your mouth clean after surgery is essential. Use 1/4 teaspoon of salt dissolved in an 8 ounce glass of warm water and gently rinse with portions of the solution, taking five minutes to use the entire glassful. Repeat as often as you like, but at least two or three times daily.

**BRUSHING:** Begin your normal oral hygiene routine as soon as possible after surgery. Soreness and swelling may not permit vigorous brushing, but please make every effort to clean your teeth within the bounds of comfort.

**HOT APPLICATIONS:** You may apply warm compresses to the skin over the areas of swelling (hot water bottle, hot moist towels, heating pad) for 20 minutes on and 20 minutes off to help soothe tender areas. This will also help decrease swelling and stiffness.

**HEALING:** Normal healing after tooth extraction should be as follows: The first two days after surgery are generally the most uncomfortable and there is usually some swelling. On the third day you should be more comfortable and, although still swollen, can usually begin a more substantial diet. **The remainder of the post-operative course should be gradual, steady improvement.** If you don't see continued improvement, please call our office. If you are given a plastic irrigating syringe, **DO NOT** use it for the first five days. Then use it daily according to the instructions until you are certain the tooth socket has closed completely and that there is no chance of any food particles lodging in the socket.

It is our desire that your recovery be as smooth and pleasant as possible. Following these instructions will assist you, but if you have questions about your progress, please call the office where you had surgery. A 24-hour answering service is available to contact the doctor on call after hours. Calling during office hours will afford a faster response to your question or concern.

**PLEASE NOTE: telephone calls for narcotic (pain killer) prescription renewal are ONLY accepted during office hours.**