

CONSENT FOR TWO-STAGE OSSEOUSINTEGRATED IMPLANT WITH SINUS-LIFT/BONE GRAFTING PROCEDURE

Page 1 of 4

Patient's Name

Date

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

You have the right to be given information about your proposed implant placement so that you are able to make the decision as to whether to proceed with surgery. What you are being asked to sign is confirmation that you have been given information on the nature of your proposed treatment, the known risks associated with it and the possible alternative treatments.

- _____ 1. Dr. _____ has informed me of my diagnosis (condition) which is described as: _____
- _____ 2. The surgical procedure proposed to treat the above condition has been explained to me and I understand it to be: _____
- _____ 3. I understand that incisions will be placed inside my mouth in the upper jaw for the purpose of placing one or more endosteal root form structures (implants) in my jaw to serve as anchors for a missing tooth or teeth to stabilize a crown (cap), bridge or denture. I acknowledge that the doctor has explained the procedure, including the number and location of incisions and the type of implant to be used. I also understand that the crown, bridge or denture that will later be attached to this implant(s) will be made and attached by Dr. __ and that a separate charge will be made by that office.
- _____ 4. In my case, I further understand that there is not enough natural jawbone in which to place the proposed implant and that a procedure called "sinus lift" is planned. This procedure is more complicated than usual implant placement and involves opening the sinus cavity in my upper jaw and placing a bone graft in order to provide support for the implant. I have been told that this graft could come from specially-prepared donated bone, or may be taken from my jaw, chin, skull or hip, any of which might be supplemented with specially-prepared donated bone or bone substitute.
- _____ 5. I understand the implant(s) may remain covered by gum tissue for at least six months or longer, before it can be used, and that a second surgical procedure may be required to uncover the top of the implant(s). No guarantee can be or has been given that the implant(s) will last for a specific time period. It has been explained to me that once the implant(s) is/are inserted, the entire treatment plan must be followed and completed on schedule. If this is not done, the implant(s) may fail.

CONSENT FOR TWO-STAGE OSSEOUSINTEGRATED IMPLANT WITH SINUS-LIFT/BONE GRAFTING PROCEDURE

Page 2 of 4

____6. I have been informed of possible alternative forms of treatment (if any), including:

I understand that other forms of treatment or no treatment at all are choices that I have and the risks of those choices have been presented to me.

____7. My doctor has explained to me that there are certain inherent and potential risks and side effects in any surgical procedure and in this specific instance such risks include, but are not limited to, the following:

RISKS OF IMPLANT SURGERY

- ____ A. Post-operative discomfort and swelling that may require several days of at-home recuperation.
- ____ B. Prolonged or heavy bleeding that may require additional treatment. Because the sinus is involved, some bleeding may be from the nose.
- ____ C. Injury or damage to adjacent teeth or roots of adjacent teeth, possibly requiring further root canal therapy, and occasionally the loss of an injured tooth.
- ____ D. Post-operative infection, including sinus infection that may require additional treatment. In rare instances an opening may develop between mouth and sinus, again requiring additional treatment.
- ____ E. Stretching of the corners of the mouth that may cause cracking and bruising.
- ____ F. Restricted mouth opening for several days; sometimes related to swelling and muscle soreness, and sometimes related to stress on the jaw joints (TMJ).
- ____ G. Possible prolonged symptoms of sinusitis requiring certain medications and longer recovery time, resulting from intentional entry into the sinus.
- ____ H. Possible injury to nerve branches in the bone resulting in numbness, pain or tingling of the lips, cheek, gums or teeth.

GENERAL RISKS OF BONE GRAFTING

- ____ A. Bleeding, swelling or infection at the donor site requiring further treatment.
- ____ B. Allergic or other adverse reaction to drugs used during or after the procedure.
- ____ C. The need for additional or more extensive procedures in order to obtain sufficient bone for grafting.

CONSENT FOR TWO-STAGE OSSEOUSINTEGRATED IMPLANT WITH SINUS LIFT/BONE GRAFTING PROCEDURE

Page 3 of 4

RISKS AND COMPLICATIONS OF GRAFTING FROM WITHIN THE MOUTH AREA

- ___ A. Damage to adjacent teeth, which may require future root canal procedures, or may cause loss of those teeth.
- ___ B. Removal of adult teeth in order to obtain sufficient bone material.
- ___ C. Numbness or pain in the area of the donor or recipient site, or more extensive areas, which may be temporary or permanent.
- ___ D. Penetration of the sinus or nasal cavity in the upper jaw that could result in infection or other complication requiring additional drug or surgical treatment.

RISKS OF FREEZE-DRIED, DEMINERALIZED OR OTHER BANKED BONE

Frequently, donated bone is used as the sole source of bone for the sinus lift, or to supplement the patient's bone, or to spare an extensive donor site surgical procedure. Use of such bone may involve separate risks including, but not limited to:

- ___ A. Rejection of the donated graft material together with the entire graft.
 - ___ B. The remote chance of disease transmission from processed bone.
- ___ 8. I understand that in my grafting procedure, the use of (autogenous, demineralized, etc.) bone is expected to be taken from (note anatomic area), plus (other area)
- ___ 9. **ANESTHESIA**
The anesthesia I have chosen for my surgery is:
- Local Anesthesia
 - Local Anesthesia with Nitrous Oxide/Oxygen Analgesia
 - Local Anesthesia with Oral Premedication
 - Local Anesthesia with Intravenous Sedation
 - General Anesthesia
- ___ 10. **ANESTHETIC RISKS** include: discomfort, swelling, bruising, infection, prolonged numbness and allergic reactions. There may be inflammation at the site of an intravenous injection (phlebitis) that may cause prolonged discomfort and/or disability, and may require special care. Nausea and vomiting, although rare, may be unfortunate side effects of IV anesthesia. Intravenous anesthesia is a serious medical procedure and, although considered safe, carries with it the risk of heart irregularities, heart attack, stroke, brain damage or death.

**CONSENT FOR TWO-STAGE OSSEOUSINTEGRATED IMPLANT WITH
SINUS LIFT/BONE GRAFTING PROCEDURE
PAGE 4 OF 4**

_____ **11. YOUR OBLIGATIONS IF IV ANESTHESIA IS USED**

- A. Because anesthetic medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you home and stay with you until you are recovered sufficiently to care for yourself. This may be up to 24 hours.
- B. During recovery time (24 hours) you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.
- C. You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR SIX (6) HOURS PRIOR TO YOUR ANESTHETIC. TO DO OTHERWISE MAY BE LIFE-THREATENING!**
- D. **However**, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any medications provided by this office, **using only a small sip of water.**

_____ 12. It has been explained to me that in the course of the procedure unforeseen conditions may be revealed which will necessitate extension of the original procedure, a different procedure from those set forth above, or abandonment of the procedure entirely. In such an event, I authorize my doctor and his or her staff to perform such procedures as are necessary and desirable in the exercise of professional judgment to complete my surgery.

_____ 13. I understand that my doctor is not a seller of the implant device itself and makes no warranty or guarantee regarding success or failure of the implant or its attachments used in the procedure.

_____ 14. I understand smoking is extremely detrimental to the success of implant surgery. I agree to cease all use of tobacco for 2-3 weeks prior to and after surgery, including the later uncovering procedure, and to make strong efforts to give up smoking entirely.

_____ 15. It has been explained to me and I understand that a perfect result is not, and cannot be guaranteed or warranted.

CONSENT

I certify that I speak, read and write English and have read and fully understand this consent for surgery, and that all blanks were filled in prior to my initialing and signing this form and that all my questions were answered to my satisfaction.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date



ORAL AND IV BIPHOSPHONATE DRUGS, ANTIRESORPTIVE DRUGS, OR ANTIANGIOGENIC DRUGS PATIENT EDUCATION

For patients who have taken or are currently taking

- Oral Bisphosphonate Drugs
- IV Bisphosphonate Drugs (Zometa/Aredia)
- Antiresorptive Drugs (Denosumab)
- Antiangiogenic Drugs

Research shows that there is a small risk of developing osteonecrosis (bone cell death) of the jaw or other complications after dental treatment. The jaw bones usually heal completely, but in some patients taking these drugs, the ability of the bone to heal may be altered. This risk is increased in procedures like tooth extraction, tissue surgery, implant placement or other invasive procedures that cause damage to the bone. Therefore, it is important to understand these risks before proceeding with any invasive procedure.

After your dental procedure, long-term care with your medical doctor, dentist and/or oral and maxillofacial surgeon may be required to check your condition. Even if there are no immediate complications from the proposed dental treatment, the area is always subject to infection and breakdown at any time due to the unstable condition of the bone. Even the smallest trauma from a toothbrush, chewing hard food, or denture sores may set off a complication. There may be delayed healing, osteonecrosis of the jaw, loss of bone and soft tissues, infection, jaw fracture, oral-cutaneous fistula (open draining wounds), or other significant complications. The risk of osteonecrosis can be increased by certain medical conditions including diabetes, immune suppression, cancer, as well as social habits like tobacco and alcohol use.

If osteonecrosis should occur, treatment may be long and difficult. Ongoing intensive therapy that could include hospitalization, taking antibiotics for a long time, and removal of dead bone. Reconstructive surgery may be needed, including bone grafting, metal plates and screws, and/or skin flaps and grafts. The risk is higher the longer these drug therapies have been taken.

The decision to stop this drug therapy before dental treatment will not lessen the risk of developing osteonecrosis and should only be made after talking with the medical doctor who prescribed the drug(s) and the treating oral and maxillofacial surgeon. If you are taking anti-angiogenic medications, stopping these medications prior to dental treatment may improve healing and should be reviewed with your treating doctors.

My signature below acknowledges I have read and understand the information provided to me and my questions have been answered.

Patient's (or Legal Guardian's) Signature

Date

Print Patient's (or Legal Guardian's) Name/Relationship

Date



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, if you have a question, 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 areas, making sure they remain in place. Do not change them for the first hour unless the bleeding is not controlled. The packs may be gently removed after one hour. 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 vegetables (such as 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, it will reduce the chance that nausea will occur. 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 aspirin or ibuprofen. 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 eaten 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 ¼ 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.