



Informed Consent: Bone Graft or Sinus Lift Surgery

- 1. Purpose:** I understand that bone graft surgery is intended to replace lost bone for reconstructive or esthetic purposes. I understand that sinus lift surgery involves raising the height of the floor of the sinus and placing bone grafting material to create a better situation for the subsequent placement of dental implants. I acknowledge that alternative to these procedures have been explained to me. I realize that consequences of not having the bone graft surgery or sinus lift surgery could be, but are not limited to infection or loss of bone, infection of loss of gum tissue, infection, sensitivity of teeth, looseness of teeth leading to the need for extraction, etc. I acknowledge if the bone graft surgery and/or sinus lift procedure are not performed, it may not be possible in the future to place implants or a bone grafts to changes in my oral or medical conditions.
- 2. Infection:** In spite of how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile environment, infections may occur postoperatively. At times these may be of serious nature. Should severe swelling occur, particularly when accompanied with fever or malaise, attention should be received as soon as possible. It is the patient's responsibility to contact this office should the foregoing occur. Such infection may interfere with the success or longevity of the bone graft and ultimate success of the implant.
- 3. Injury to the nerves:** There is the slight possibility of injury to the nerves of the face and tissues of the oral cavity during administration of local anesthetic or during surgery which may cause numbness of lips, tongue, floor of the mouth, and/or cheeks, etc. This numbness may be temporary or, rarely, permanent in nature.
- 4. Excessive smoking, alcohol intake or diabetes:** These factors may adversely affect the healing process, limiting the resulting success of the bone graft and/or sinus lift procedure.
- 5. Related Complications** may include thrombophlebitis (inflammation of blood vessels), injury to adjacent teeth present, bone fracture, sinus penetration, delayed healing, allergic reactions to drugs or medications used, etc. I understand that there is no method to accurately predict the healing capabilities of the gums and/or bone in each patient, including myself, following the placement of a bone graft. I understand that bone remodels while healing and there is no method to predict the ultimate or final volume of bone. In some cases, following healing, additional bone grafting may be necessary to achieve the final results desired.
- 6. Possibility of Failure:** I understand that in some instances bone grafts fail due to mal-union, delayed union or non-union of the donor bone graft to the recipient bone site and must be removed. I understand that that lack of adequate bone growth into the bone graft replacement material may also result in failure of the graft. It is possible that reconstructive surgery may be necessary associated with and/or following removal of the graft. I understand that alternative prosthetic procedures may be required should the bone graft fail.
- 7. Follow-up Treatment:** It is absolutely necessary following sinus lift surgery or the placement of a bone graft to have regular periodic examinations. The patient must assume the responsibility to make appointments and report as instructed by the treating dentist or staff.
- 8. Unusual reactions to medications given or prescribed:** Reactions, from mild to extremely severe, may occur from anesthetics or other medications administered or prescribed.
- 9. Bisphosphonate drug risks:** For patients who have taken drugs such as Fosamax, Actonel, Boniva or any other drug prescribed to decrease the resorption of bone as in osteoporosis, or for treatment of metastatic bone cancer, there is an increased risk of osteonecrosis or failure of bone to heal properly following any surgical procedure involving bone, including sinus lifts and/or bone grafts.

10. I recognize that it is my responsibility to fully inform my treating dentist of the condition of my health and any and all problems thereto. It is also my responsibility to timely seek attention should any undue circumstances occur postoperatively. I agree to diligently comply with any and all preoperative and postoperative instructions given to me.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of the implants and prosthetics relating to implants and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and/or any results from the treatment to be rendered to me. The fee(s) for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize Dr. _____ and/or all associates involved in rendering any services he/she deems necessary or advisable to treatment of my dental conditions, including any anesthetic agents and medications.

Patient's name (please print)

Signature of patient, legal guardian, or
authorized representative

Date

Witness to signature