

INFORMED CONSENT FOR PERIODONTAL OSSEOUS SURGERY

After a careful oral examination, radiographic evaluation and study of my dental condition, my periodontist has advised me that I have bone loss and/or gum pockets around my teeth from periodontal disease. I understand that periodontal disease weakens support of my teeth by separating the gum from the teeth and possibly destroying some of the bone that supports the tooth roots. The pockets caused by this separation allow for greater accumulation of bacteria under the gum in hard-to-clean areas and can result in further loss or erosion of bone and gum tissue supporting the roots of my teeth. If untreated, periodontal disease can cause me to lose my teeth and can have other adverse consequences to my health. Various forms of periodontal diseases are fairly common and advanced periodontal disease is the primary reason adults lose teeth.

Recommended Treatment: My periodontist has recommended periodontal osseous surgery. I understand that a local anesthetic will be administered as part of the treatment. I further understand that antibiotics and other substances may be applied to the roots of my teeth. During the surgery, my gum will be trimmed and pulled away from the teeth to permit better access to the roots and to the eroded bone. The following treatment and/or therapy may be performed:

- Inflamed and infected gum tissue will be removed, and the root surfaces will be thoroughly cleaned.
- Bone irregularities may be reshaped.
- Bone regenerative material (grafting) may be placed around my teeth.

I understand various types of graft materials may be used. These materials may include my own bone or gum, synthetic bone substitutes, or bone obtained from certified tissue banks. Membranes may be used with or without graft material depending on the type of bone defect present.

My gum will then be sutured back in place closer to the new bone level and a periodontal bandage or dressing may be placed. The surgery will make it look like the gum has receded, making the teeth look longer and resulting in spaces between them as the gum papilla (the pointy part of the gum between the teeth) is lower.

I further understand that unforeseen conditions may call for a modification or change from the anticipated surgical plan. These may include, but are not limited to the following: **(1)** extraction of hopeless teeth to enhance healing of adjacent teeth, **(2)** the removal of a hopeless root of a multi-rooted tooth so as to preserve the tooth, or **(3)** termination of the procedure prior to completion of all of the surgery originally outlined.

Expected Benefits: The purpose of periodontal osseous surgery is to reduce infection, inflammation and to reshape bone deformities created by periodontal disease to reduce the gum pockets. The surgery is intended to help me significantly improve the chances of keeping my teeth in the operated areas and to make my oral hygiene more effective. It should also enable professionals to better clean my teeth. The use of my own bone, gum grafts, bone graft material, or the placement of a protective membrane is intended to enhance bone and gum healing.

Principal Risks and Complications: I understand that a small number of patients do not respond successfully to periodontal surgery, and in such cases, the involved teeth may eventually be lost. Periodontal surgery may not be successful in preserving the function or appearance. Since each patient's condition is unique, long-term success may not occur. Complications may result from the periodontal surgery, drugs, or anesthetics. These complications include, but are not limited to the following: post-surgical infection, bleeding, swelling and pain; facial discoloration; muscle spasm; permanent increased tooth looseness; tooth sensitivity to hot, cold, sweet or acidic foods; shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth; cracking or bruising of the corners of the mouth; restricted ability to open the mouth for several days or weeks; impact on speech; allergic reactions; and accidental swallowing of foreign matter. In the event that donated tissue is used for the graft, the tissue should have been tested for hepatitis, HIV, and other transmittable infectious diseases. Nevertheless, there is a remote possibility that tests will not determine the presence of diseases in a particular donor tissue. The exact duration of any complications cannot be determined, and they may be irreversible.

I understand that there is no method that will accurately predict or evaluate how my gum and bone will heal. I understand there may be a need for a second procedure if the initial results are not satisfactory. In addition, the success of periodontal procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and medications that I may be taking. To my knowledge, I have reported to my periodontist any prior drug reactions, allergies, diseases, symptoms, habits or conditions that might in any way relate to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by my periodontist and taking all medications as prescribed is important to the ultimate success of the procedure.

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