

CONSENT FOR SINUS LIFT / BONE GRAFTING PROCEDURE

Patient's name

Date

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 or not 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.

IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR BEFORE YOU INITIAL EACH PARAGRAPH BELOW.

- ____ 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. 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 a **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 be specially- prepared bone, or it may be taken from my jaw, chin, skull, or hip, any of which might be supplemented with specially- prepared donated bone or bone substitute.
- ____ 4. I understand that incisions in approximately 5 to 7 months 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 or to stabilize a crown (cap), bridge or denture. I acknowledge that the doctor has explained the procedure, including the number and location of incision 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.
- ____ 5. I have been informed of possible alternatives 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.

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___ 6. 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 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 unintentional entry into the sinus.
- ___ H. Possible injury to nerve branches in the bone resulting in numbness, pain or tingling of the lips, cheeks, gums or teeth.

GENERAL RISKS OF BONE GRAFTING

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

RISKS AND COMPLICATIONS OF GRAFTING FROM WITHIN THE MOUTH AREA

- 1. Damage to adjacent teeth, which may require root canal procedure, may cause loss of those teeth.
- 2. Removal of adult teeth in order to obtain sufficient bone material.
- 3. Numbness or pain in the area of the donor or recipient site, or more extensive areas, which may be temporary or permanent.
- 4. Penetration of the sinus or nasal cavity in the upper jaw, which could result in infection or other complication requiring addition drug or surgical treatment.

RISKS AND COMPLICATIONS OF BONE GRAFTING FROM THE HIP REGION

1. Numbness, burning and/or pain of the hip, thigh or buttocks, may be temporary or permanent.
2. Gait disturbance - inability to walk correctly - which may be temporary or permanent. 3. Hematoma requiring further treatment and hospitalization.
4. Perforation into the abdomen requiring further treatment and hospitalization.
5. Sciatica - radiating pain to the legs from irritation of the sciatic nerve, possibly persistent.
6. Unsightly scarring at the incision site which may be permanent despite later revision.

RISKS OF FREEZE-DRIED, DEMINERALIZED OR OTHER BANKED BONE

On occasion, additional donated bone is used 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 I consent to the administration of anesthesia I have chosen, which is:

- local
- local with nitrous oxide/oxygen analgesia
- local with oral pre-medication
- local 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 I intravenous injection (phlebitis) which 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.

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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 are recovered sufficiently to care for yourself This may be up to 24 hours.
- B. During recovery time (24 hours) you should no drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.
- C. You must have a completely empty stomach. HAVE NOTHING TO EAT OR DRINK FOR EIGHT (8) HOURS PRIOR TO YOUR ANESTHETIC. TO DO OTHERWISE MAYBE LIFE THREATENING!
- D. However, it is important that you take any regular medications(high blood pressure, antibiotic, 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 and event, I authorize my doctor and his staff to perform such procedures as are necessary and desirable in the exercise of professional judgment to complete my surgery.

_____ 13. It has been explained to me 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, 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