

**Dental Rehabilitation Center
Implant, Cosmetic, & Reconstructive Dentistry
Consent For Clinical Treatment/Procedure**

Name of the treatment(s)/procedure(s):

**PERIODONTAL BONE REGENERATIVE SURGERY
PERIODONTAL CROWN LENGTHENING SURGERY**

Part of the body on which the treatment/procedure will be performed:

INFORMATION ABOUT THE TREATMENT/PROCEDURE

Reason for treatment/procedure (diagnosis, condition, or indication):

Periodontal disease which has weakened the support of the teeth by separating the gum from the teeth and destroying some of the bone that supports the tooth roots. Inadequate tooth structure above the gum line to accommodate a filling, crown, or other restoration, or current restoration set too deep into the gum.

To remove excess gum tissue and/or bone.

Brief description of the treatment/procedure:

PERIODONTAL BONE REGENERATIVE SURGERY

This procedure involves regenerating lost bone and gum tissue due to gum disease. Your teeth are kept in place by your jaw bone and gum tissue. When you have gum disease, bacteria causes a pocket to form around your teeth and gums. When this happens, you may get infection and/or your teeth may become loose.

You will be given an injection of local anesthesia. With local anesthesia, an injection of drugs causes numbness in the exact location of a minor surgery or dental procedure.

Your dentist will make an incision (cut) in your gum to expose the eroded bone and tooth roots. The area will be cleaned to get rid of calculus (tartar), infected gum tissue, and bacteria. Graft material will be placed in the areas of bone loss around the teeth.

Different types of graft material may be used:

Allograft. This is bone tissue donated from another person (organ donor).

Autogenous graft or autograft. This is bone tissue from your own jaw, rib, leg, or hip bone. Depending on the surgical location, this may require a separate incision.

Xenograft. This comes from an animal, usually a cow. This is called Bovine bone.

Alloplastic graft. This is a synthetic material. It acts like natural bone. It encourages allows bone growth.

A membrane may be used to cover the graft site. It is placed between the graft and the gum. This helps prevent gum tissue from growing into the bone. It also encourages the bone to grow. The membrane usually dissolves in a few weeks as the bone heals. Sometimes, it may need to be removed. Your dentist will talk to you about this. Your gum will be stitched back into position. A periodontal bandage or dressing may be placed.

PERIODONTAL CROWN LENGTHENING SURGERY This procedure involves removing gum tissue from around a tooth. Sometimes a small amount of bone is also removed. This exposes more of a tooth.

Your doctor will give you an injection of a local anesthetic. With local anesthesia, an injection of drugs causes numbness in the exact location of a minor surgery or dental procedure. If you have temporary crowns on any of the involved teeth, they may be taken off before the procedure begins. They will be put back on after the procedure.

Your doctor will make cuts in your gum to pull it away from the affected tooth (teeth). This will expose the roots of your tooth (teeth) and surrounding bone. In some cases, removing only a little gum tissue will expose enough of the tooth(teeth)to allow it to be fixed without having to pull the gum away. Some bone may be removed from around the roots of your tooth (teeth) to expose more of the tooth. The affected area will be cleaned with sterile water. Your gums will be stitched back together. Your doctor may place a special bandage over the stitches and around the surgical area.

Potential benefits of the treatment/procedure:

PERIODONTAL BONE REGENERATIVE SURGERY This procedure may reduce or eliminate infection and inflammation. It may restore gums and bone. Your teeth may be saved.

PERIODONTAL CROWN LENGTHENING SURGERY This procedure may allow your doctor to repair decayed or broken teeth. You may not have to have teeth pulled out. Your teeth may look better. The bone in your jaw may be preserved. Your gums may be healthier. If you have a gummy smile, your smile may look better.

Known risks and side effects of the treatment/procedure:

Known risks of this treatment include, but are not limited to:

PERIODONTAL BONE REGENERATIVE SURGERY

Bleeding gums.

Damage to nerve(s). This may include temporary or permanent pain, numbness, or weakness. This may be discovered during the procedure or later.

Damage to the teeth, gums, or nearby structures. This may be discovered during the procedure, or later.

Discomfort from incomplete numbing of the area.

Discomfort or pain from the initial injection.

Incomplete relief of pain.

Loose teeth. This may be permanent. It may worsen over time.

Numbness.

Pain or sensitivity in the tooth.

The procedure may change unexpectedly if needed.

The procedure may need to be repeated.

The procedure may not cure or relieve your condition or symptoms. They may come back and even worsen.

The results of the procedure may not look or feel the way you or others want it to.

You may need additional tests or treatment.

Your doctor may not be able to locate, treat or remove the entire diseased area.

Bone infection (osteomyelitis).

Infection.

Reaction to local anesthesia or other medicines given during or after the procedure.

Reaction to the artificial material in your body.

Swelling.

Breakage of teeth or trauma to the gums.

The device, equipment, or material used to do the procedure or implanted may not work correctly, fail or cause problems during the procedure or later. The procedure may not be completed. You may need additional treatment now or later.

A graft or flap may fail. You may need surgery to remove or replace it.

Damage to the jaw, jaw bone, or nearby structures. This may be discovered during the procedure, or later.

The graft or flap may not attach correctly or well.

Your doctor may need to modify how this procedure is done. Your doctor may not be able to complete this procedure.

PERIODONTAL CROWN LENGTHENING SURGERY

Bleeding.

Bruising and/or swelling at the treatment site.

Damage to the teeth, gums, or nearby structures. This may be discovered during the procedure, or later.

Discomfort from incomplete numbing of the area.

Discomfort or pain from the initial injection.

Having this procedure done may affect your future treatment options. Ask your doctor.

Incomplete relief of pain.

Numbness.

Pain or sensitivity in the tooth.

Slow healing of wounds.

Sores in your mouth, on your lips, tongue, or throat.

The procedure may change unexpectedly if needed.

The results of the procedure may not look or feel the way you or others want it to.

Undesirable cosmetic effects or scarring.

Bone infection (osteomyelitis).

Infection.

Reaction to local anesthesia or other medicines given during or after the procedure.

Alternatives to the treatment/procedure:

PERIODONTAL BONE REGENERATIVE SURGERY

Watching and waiting with your doctor.

Antibiotics. These can be used to reduce the bacteria associated with gum disease.

Scaling and root planing. This is a deep cleaning of your teeth below the gumline. This is performed using a local anesthetic.

Extraction (removal) of a tooth or teeth involved with periodontal disease.

Flap surgery or pocket reduction surgery. This involves cutting the gums away from the teeth. The teeth are then cleaned below the gum line. Bone may be reshaped and smoothed. The gums are then stitched back into place.

You can refuse to use anesthesia.

You may choose not to have this procedure.

PERIODONTAL CROWN LENGTHENING SURGERY

Watching and waiting with your doctor.

Fixing the affected tooth (teeth) without crown lengthening.

Tooth extraction. This is the removal of the decayed or broken teeth.

Laser surgery. This is the use of a laser beam to perform a surgical procedure.

You can refuse to use anesthesia.

You may choose not to have this procedure.

Anesthesia/Moderate Sedation:

Moderate sedation may be used. Medications will be administered to decrease anxiety and discomfort during the treatment/procedure. These medications will be administered by a qualified practitioner. Patient response to some of these medications varies. Patients are expected to remain aware and responsive during the treatment or procedure. Minor risks of moderate sedation include temporary amnesia or forgetfulness and downiness. Moderate sedation can interfere with your ability to drive, operate machinery, or make important decisions for up to 24 hours. Medications used for moderate sedation can cause allergic reactions, respiratory depression (this is when your breathing slows down and may stop), low blood pressure, and a slow or irregular heart beat. In rare instances, these complications can cause death. Tell your health care team if you do not wish to receive moderate sedation.

SIGNATURES

- All relevant aspects of the treatment and its alternatives (including no treatment) have been discussed with the patient(or surrogate) in language that s/he could understand. This discussion included the nature, indications, benefits, risks, side effects, and likelihood of success of each alternative.
- The patient (or surrogate) demonstrated comprehension of the discussion.
- I have given the patient (or surrogate) an opportunity to ask questions.
- I did not use threats, inducements, misleading information, or make any attempt to coerce the patient/surrogate to consent to this treatment.
- I have offered the patient (or surrogate) the opportunity to review a printed copy of the consent form.

Practitioner (Dr. Rami Jandali)

Date/Time:

PATIENT OR SURROGATE:

By signing below, I attest to the following:

- Someone has explained this treatment/procedure and what it is for.
- Someone has explained how this treatment/procedure could help me, and things that could go wrong.
- Someone has told me about other treatments or procedures that might be done instead, and what would happen if I have no treatment/procedure.
- Someone has answered all my questions.
- I know that I may refuse or change my mind about having this treatment/procedure.
- I have been offered the opportunity to read the consent form.
- I choose to have this treatment/procedure.

Patient or surrogate: (Name & Signature)

Date/Time:

Witnesses:

No witness is required if the patient or surrogate signs their name.