

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

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

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):

Malformed or sharp bone in the jaw that prevents the comfortable fit of dental appliances, or causes discomfort. May be performed along with tooth extraction.

Brief description of the treatment/procedure: ALVEOPLASTY

This procedure involves smoothing uneven or sharp bone in the jaw, usually in areas that have previously lost teeth. You will be given a local anesthetic before your procedure. With local anesthesia, an injection of drugs causes numbness in the exact location of a minor surgery or dental procedure. You may have IV sedation. An IV tube is a small plastic tube that is placed in a vein, usually in your arm. Medications are put into your vein to make you feel very relaxed. You may fall asleep.

In some cases, your doctor will make a model of your jaw prior to your procedure. This model will show your doctor where to remove bone and how much to remove. The model will be used to make a cast. The cast is ground down in areas where bone should be removed. Then, a plastic model of the cast, called a stent, will be made. It looks like a denture base, but is clear. Your doctor will use the stent during your procedure to make sure the right amount of bone has been removed. Your surgeon will make a cut in the gum tissue to expose the area where the bone is uneven. The exposed bone will be shaved or cut with dental hand instruments or dental burs. A file may be used to smooth the bone. Water may be used on the area to remove debris. A stent may be used to see if enough bone has been removed. If more bone needs to be removed, the process will be continued. Your gum tissue will be closed with stitches. You may have a temporary denture placed.

Potential benefits of the treatment/procedure:

This procedure may allow better fit, function and comfort of dental appliances. It may prevent bone loss in the jaw.

Known risks and side effects of the treatment/procedure:

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

- Bleeding.
- Bruising and/or swelling at the treatment site.
- Discomfort from incomplete numbing of the area.
- Discomfort or pain from the initial injection.
- Incomplete relief of pain.
- The procedure may need to be repeated.
- Bone infection (osteomyelitis).

- Problems with the bone healing.
- Reaction to local anesthesia or other medicines given during or after the procedure.
- Breakage of teeth or trauma to the gums.
- Wound infection, poor healing or reopening of the incision(s). Blood or clear fluid can also collect at the wound site(s).
- Damage to the facial nerve(s). This may change the appearance of your face or make your tongue weak or numb. It may cause partial or complete paralysis of your face.
- Damage to the jaw, jaw bone, or nearby structures. This may be discovered during the procedure, or later.

Alternatives to the treatment/procedure:

- Watching and waiting with your doctor.
- Revision of dentures to allow them to fit better.
- 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.