

Informed Consent: Oral Surgery

If you have questions, write them in this margin and discuss them with Dr. Chun before signing this consent form.

I UNDERSTAND ORAL SURGERY AND/OR DENTAL EXTRACTIONS INCLUDE POSSIBLE INHERENT RISKS SUCH AS, BUT NOT LIMITED TO, THE FOLLOWING:

INJURY TO THE NERVES

This would include injuries causing numbness of the lips; the tongue; any tissues of the mouth; and/or cheeks or face. This numbness that could occur may be temporary, lasting a few days, a few weeks, or a few months, or possibly permanent and could be the result of surgical procedures or anesthetic administration.

BLEEDING, BRUSHING, AND SWELLING

Bleeding may last several hours. If profuse, you must contact us as soon as possible. Some swelling is normal, but if severe, you should notify us. Bruises or hematomas may persist for some time.

DRY SOCKET

This occurs on occasion when teeth are extracted and results from a blood clot not forming properly during the healing process. Dry Sockets can be extremely painful.

SINUS INVOLVEMENT

In some cases, the root tips of the upper teeth lie close to the tissues of the sinuses. Occasionally during extraction or surgical procedures, this sinus membrane may be perforated. Should this occur, it may be necessary to have the sinus surgically repaired.

INFECTION

No matter how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile or infected oral environment, infections may occur postoperatively. At times these may be serious. Attention should be received if you have severe swelling, particularly accompanied by fever or malaise, as soon as possible.

FRACTURED JAW, ROOTS, BONE FRAGMENTS, OR INSTRUMENTS

Although extreme care will be used, the jaw, teeth roots, bone spicules, or instruments used in the extraction procedures may fracture or be fractured, requiring referral to a specialist. A decision may be made to leave a small piece of root, bone fragment, or instrument in the jaw when removal may require additional extensive surgery, which could cause more harm and increase the risk of complications.

INJURY TO ADJACENT TEETH OR FILLINGS

This could occur at times, no matter how carefully surgical and/or extraction procedures are performed.

BACTERIAL ENDOCARDITIS

Because of the normal existence of bacteria in the oral cavity, the tissues of the heart, as a result of reasons known or unknown, may be susceptible to bacterial infection transmitted through blood vessels and bacterial endocarditis (an infection of the heart) could occur. I am responsible for informing the dentist of any heart problems known or suspected.

UNUSUAL REACTIONS TO MEDICATIONS GIVEN OR PRESCRIBED

Reactions, either mild or severe, may occur from anesthetics or other medications administered or prescribed. All prescription drugs must be taken according to instructions. Women using oral contraceptives must know that antibiotics can render these contraceptives ineffective. Other methods of contraception must be utilized during the treatment period.

MY RESPONSIBILITY IS TO SEEK ATTENTION SHOULD ANY UNDUE CIRCUMSTANCES OCCUR POSTOPERATIVELY, AND I SHALL DILIGENTLY FOLLOW ANY PREOPERATIVE AND POSTOPERATIVE INSTRUCTIONS GIVEN TO ME.

Patient or Legal Representative Name & Signature Date

Tooth # Witness Signature Date

Informed Consent: Bone Grafts

If you have questions, write them in this margin and discuss them with Dr. Chun before signing this consent form.

I UNDERSTAND ORAL SURGERY AND/OR BONE GRAFTING INCLUDE POSSIBLE INHERENT RISKS SUCH AS, BUT NOT LIMITED TO, THE FOLLOWING:

Dr. Chun has explained the various steps in my proposed surgery to reconstruct and restore the area of deficient bone volume with a bone grafting procedure and bone replacement materials. Alternative treatment has been discussed, and I feel comfortable proceeding with the surgery.

The following pertains to my surgery, which has been explained to me.

1. The surgical technique has been explained to me in detail. I understand that just as in any surgery, complications can occur, including, but not limited to, infection, bleeding, tissue damage, permanent numbness of the lip, face, cheeks, and tongue when operating on the lower jaw, and loss of the graft requiring future surgical procedures.
2. The bone graft material can be the autogenous bone taken from your body or processed graft material. The anterior part of the chin, the posterior area of the lower jaw, and the posterior region of the upper jaw are some donor sites for autogenous bone.
3. When the chin region is the donor site, it is possible that the port of the lip, chin, front teeth, and gums will have some numbness. If this occurs, it is usually transient but may remain permanent.
4. When the posterior region of the lower jaw is the donor site, it is possible for that side of the gums, teeth, chin, cheek, and tongue to have some numbness. If this occurs, it is usually transient but may remain permanent.
5. If the posterior part of the upper jaw is the donor site, there is the possibility of exposure to the sinus.
6. Processed bone graft materials come in various forms. One form is processed cadaver bone. Another material combines the mineral components of natural bone and comes from cows. These processed materials have been used in thousands of grafts. Also, synthetic resorbable silica oxide particles (glass) have been shown to develop into natural bone. The graft I prefer is a combination of one or more processed materials mixed with some of your own bone and/or your blood. Please feel free to ask me any questions regarding the choice of graft materials.
7. The graft should heal for approximately 3-6 months. After the graft has healed, a second procedure will be done to insert the implant(s) into the jaw. It is expected that the implant(s) will become stable and firm within the bone and act as an anchor(s) for the prosthesis.
8. Following the bone graft, it may be necessary to have a second procedure called vestibulopathy. This operation provides more tissue to cover the grafted ridge site.

MY RESPONSIBILITY IS TO SEEK ATTENTION SHOULD ANY UNDUE CIRCUMSTANCES OCCUR POSTOPERATIVELY, AND I SHALL DILIGENTLY FOLLOW ANY PREOPERATIVE AND POSTOPERATIVE INSTRUCTIONS GIVEN TO ME.

Patient or Legal Representative Name & Signature

Date

Tooth #

Witness Signature

Date