
Patient Name

Sinus Graft

1. What is informed consent? It is very important for you to understand your condition and the necessary procedures that you will undergo in treatment. We want you to be aware of all the advantages and disadvantages of each procedure as well as alternatives. **This document in no way obligates you to any treatment.** We hope it will answer your questions or generate new ones which we will be glad to discuss with you.

2. Definitions A sinus graft is a procedure to graft bone to the floor of the sinus allowing placement of a dental implant.

3. Why do I need this procedure? Dental Implants require adequate bone. Lack of adequate bone prevents implant placement.

4. Will the surgery hurt? There is always some discomfort with any surgery. You will be given local anesthetics (e.g. Novocaine). You can expect to be comfortable during the procedure. Reactions to these anesthetics are rare, but please let us know if you have ever had a reaction.

Prescriptions for oral medications will be given for discomfort following the procedure. Most patients are comfortable with mild pain medications. A few patients will have moderate to severe discomfort that requires stronger medication.

Antibiotics are sometimes prescribed. If you are a female on oral contraceptives, they may be less effective at preventing pregnancy. You should consider additional protection at this time.

Patients who smoke or have a habit of grinding or clenching their teeth tend to have greater discomfort.

5. Are there risks? Bone graft surgery is extremely safe and complications are very rare. However, with all surgery there are possible problems and risks that include:

- The graft will not take.
- The implant cannot be done.
- Additional procedures may be needed.
- Nerve damage can occur during the procedure, resulting in partial or permanent numbness.

Other complications include, but are not limited to, infection, bleeding, swelling, pain, facial bruising and discoloration, sensitivity to teeth, recession of adjacent teeth, accidental swallowing or inhaling of foreign objects of matter. The exact duration of any complication cannot be determined and they may be irreversible.

6. Recommended Treatment: Sinus grafting involves placement of a bone graft material. These materials may come from your jawbone, animal sources, synthetics or tissue banks (human sources).

7. What will the first week be like? During the first 24 hours after surgery, you should take it easy and apply ice inside your mouth and cold compresses to the outside of your face according to the directions we

will give you. Keeping the surgical area cold the first day will help keep down swelling, pain and bleeding. Slight bleeding is common after surgery and you will be given instructions on how to manage it.

Don't be afraid to take the recommended medications. If you take them exactly as prescribed, your post operative complications and discomfort will be minimal. Always call the doctors if you develop a rash or reaction to any medications. Never take over-the-counter pain medications with your prescriptions unless you check with the doctors.

Slight swelling and bruising are common. The medications should keep you comfortable, but if you are not, please be sure to contact the doctors. Most patient can return to their normal functions the day following the surgery, but a small percentage of patients may take a few days to feel able to return to regular activities.

8. Healing period and timing: A 4-9 month of healing will be required. Any discomfort is a concern and should be brought to our attention. If an implant is anticipated, it must be placed within the recommended time frame.

9. Potential failure: It is possible for a bone graft to fail or have less than favorable results.. This may be related to your overall health, restorative care, smoking or your bite. Subsequent procedures may be needed.

10. Complications: With all surgical procedures, complications beyond what has been listed can occur that are unforeseen, complex and serious. These situations may require the referral to other health professionals and may require hospitalization.

11. Conclusion: I have been fully informed of the nature of periodontal / implant/ graft therapy, the procedures to be utilized, the risks and benefits, the alternatives available and the necessity for follow-up and self care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the performance of periodontal / implant therapy as presented to me during consultation and in the treatment plan presentation. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist.

12. Additional comments:

I certify that I have read and fully understand this document.

_____	_____	_____
Date	Signature	Witness
	_____	_____
	Printed Name	Printed Name of Witness