

CONSENT FOR RIDGE AUGMENTATION SURGERY

Patient Name: _____ Date: _____

PLEASE INITIAL EACH PARAGRAPH AFTER READING. IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR BEFORE INITIALING.

PURPOSE: This treatment is termed “ridge augmentation” and is an effort to improve ridge form in order to support, or otherwise help stabilize, a denture, dental implant or bridge.

TREATMENT: Augmentation is accomplished by placing bone or bone substitute materials through an incision(s) in the gum and into a tunnel beneath the gum tissue on the top of the inadequate bony ridge. After a suitable healing time, a new denture, bridge or implant may be placed, or the old appliance may be modified. During the healing phase, the old denture can often be modified and worn, although a very restricted diet is required. Rarely, the old appliance cannot be worn at all during healing. On occasion a secondary procedure called a “vestibuloplasty” (to gain more ridge surface) may be necessary in conjunction with the augmentation procedure in order to obtain the best possible result for the new appliance.

ALTERNATIVES TO TREATMENT: If this treatment is not done, I understand my choices are: to continue wearing the denture or appliance I have at present; remake my present appliance to try to improve the fit; undergo surgical procedures to reposition muscle attachments or otherwise attempt to extend the deficient ridge; surgically place implants to support my present appliance; or: _____

RISKS AND COMPLICATIONS include, but are not limited to:

- _____ 1. Numbness, pain or tingling of the chin, lips, tongue (including possible loss of taste sensation), cheek or gum tissue. These symptoms may persist for weeks, months, or, in rare instances, may be permanent.
- _____ 2. Swelling and discomfort and some difficulty chewing and swallowing for a time.
- _____ 3. Bleeding, bruising and possible formation of a hematoma (clot) in the tissues of the floor of the mouth that may remain for several days and require additional care.
- _____ 4. Artificial grafting material may settle somewhat with use and some of the newly-gained ridge form may be lost. Grafted bone may also gradually decrease in height and form over time.
- _____ 5. Occasionally, grafted material will migrate into surrounding tissues and require further treatment. Although uncommon, graft material may press against nerve structures, causing enough discomfort that some or all the graft may require removal.
- _____ 6. Allergic reactions to drugs or medicine used during treatment.
- _____ 7. Damage to adjacent teeth or tooth roots.
- _____ 8. Fracture of the jaw or thin portions of the jaw.
- _____ 9. Infection that may require additional treatment.
- _____ 10. I understand that certain anesthetic risks, which could involve serious bodily injury, are inherent in any procedure that requires a general or intravenous anesthetic. I consent to the administration of **local / nitrous oxide / IV anesthesia**.

- _____ 11. I am aware that local anesthesia has potential risks and complications; swelling, bleeding, bruising and possible nerve injury, usually temporary causing prolonged numbness and discomfort in the injected areas.
- _____ 12. No guaranteed or warranted results have been offered or promised. I realize my doctor may discover conditions that may require different surgery from that which was planned and I give my permission for those other procedures that are advisable in the exercise of professional judgment to complete my surgery.

CONSENT

I have had an opportunity to have all my questions answered by my doctor and I certify that I speak, read, and write English. No guarantees of either a cosmetic or functional nature have been made to me regarding the outcome of my surgery. My signature below signifies that I understand the surgery and anesthetic that is proposed for me, together with the known risks and complications associated. I hereby give my consent for such surgery and the anesthesia I have chosen.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date