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CONSENT FOR INTRAORAL BONE GRAFTING

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Patient's Name

Date

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

You have the right to be informed about your diagnosis and planned surgery so that you can decide whether to have a procedure or not after knowing the risks and benefits.

_____ 1. My condition has been explained to me as:

_____ 2. The procedure necessary to treat the condition has been explained to me as **BONE GRAFTING**. This involves taking a segment or segments of bone from

_____ and transferring
it to _____ where there
isn't enough bone support (usually for placing dental implants).

_____ 3. I have been informed of possible alternate methods of treatment (if any) including: _____

I understand that these other forms of treatment, or no treatment at all are choices. The risks of those choices have been presented to me.

_____ 4. My doctor has explained to me that there are certain risks and side effects associated with my proposed treatment and, in this specific instance, they include, but are not limited to:

_____ A. Post-operative discomfort, bruising and swelling needing several days of at-home recovery.

_____ B. Prolonged or heavy bleeding that may need more treatment.

_____ C. Injury or damage to the blood supply of teeth near the place where the graft came from or was put that might need root canal treatment of the injured tooth. You might even lose the tooth.

_____ D. An infection that might badly affect the new bone graft and need more treatment.

_____ E. Scarring where the cuts were made inside the mouth. The scarring might also be seen on the skin over the area where the cuts were made.

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- _____F. A bone infection (Osteomyelitis) may begin. This can last a long time and may need long-term antibiotic therapy and/or more surgical treatment.
- _____G. Unexpected exposure of the screws, wires or mesh used to fix the bone graft requiring their loss or premature removal, and possible loss of the bone graft.
- _____H. The jaw may break and need more surgical treatment for repair.
- _____I. Injury to nerves that control the sensitivity in your face. This might result in numbness, tingling, pain, or other sensory disturbances in the chin, lip, cheek, face, teeth, gums or tongue. This can last for several weeks or months, or may be permanent.
- _____J. The graft might not join together with the natural bone. There could be other reasons that the bone graft might be lost.
- _____K. To add to the bone graft, natural pieces of donor bone, or other kinds of synthetic bone are often packed around the bone graft. These pieces might also lose their vitality and be lost. Sometimes this happens over some period of time.
- _____L. Biologic or synthetic membranes or mesh are often used to contain and protect the graft. Some may need a second procedure to remove them; or some may be unexpectedly lost. If so, graft may be adversely affected.
- _____M. This bone grafting procedure may involve more than one (1) stage. Including: procedures to take and place the first graft; additional bone grafting procedures to add needed bone to the recipient site; procedures to remove various devices to attach the graft (screws, wires, mesh, membranes); and procedures for soft tissue augmentation. If planned, dental implants may be placed during an additional stage, or weeks or months of further healing may be needed before the bone graft is strong enough to place implants.
- _____N. Allergic reactions (previously unknown) to any medicines or materials used in treatment.
- _____5. I understand that I need to have the dental implant(s) put in when the graft is ready. If too much time passes, the bone graft may resorb ("melt away") and there won't be enough bone into which an implant can be placed.
- _____6. If my doctor finds a different condition than expected and feels that a different surgery or more surgery needs to be done, I agree to have it done.

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- _____ 7. The anesthetic I have chosen for my surgery is:
- Local Anesthesia
 - Nitrous Oxide/Oxygen Analgesia with Local Anesthesia
 - Oral Premedication with Local Anesthesia
 - Intravenous Sedation with Local Anesthesia
 - General Anesthesia with Local Anesthesia

_____ 8. **ANESTHETIC RISKS** include: pain, swelling, bruising, infection of the vein area where the anesthesia or sedation was given, numbness that lasts a long time and allergic reactions. You might have nausea and vomiting from the IV Sedation or General Anesthesia, but this doesn't happen often. IV Sedation and General Anesthesia are serious medical procedures. They are safe, but the rare risks of heart irregularities, heart attack, stroke, brain damage or death are present.

- _____ 9. **YOUR OBLIGATIONS FOR IV SEDATION OR GENERAL ANESTHESIA IS:**
- A. Because anesthetic medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you home and stay with you until you are sufficiently recovered to care for yourself. This may be up to 24 hours.
 - B. During recovery time you should not drive, operate complicated machinery or devices, or make important decisions.
 - C. You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR SIX (6) HOURS PRIOR TO YOUR ANESTHETIC. TO DO OTHERWISE MAY BE LIFE-THREATENING!**
 - D. **However**, it is important to take any regular medications (high blood pressure, antibiotics, etc.) or any medications directed by us, **with only a small sip of water.**

CONSENT

I understand that my doctor can't promise that everything will be perfect. I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Signature Date

Doctor's Signature Date

Witness' Signature Date