

Provider: Dr Ash

CONSENT FOR SINUS AUGMENTATION SURGERY

Patient's Name _____

Date _____

During your consultation we discussed your need for sinus augmentation, steps involved, its purpose, benefits, and the possible complications/risks as well as alternatives. We obtained your verbal consent to undergo this procedure. **Please initial each paragraph after reading it. If you have any questions, please ask your periodontist before initialing and signing on the last page.**

_____ **1. PURPOSE OF SINUS AUGMENTATION SURGERY:** I am aware that I do not have enough bone to anchor dental implants in the rear areas of my upper jaw where there are teeth missing. I have been informed that the purpose of this procedure is to stimulate the growth of bone in the lower portion of the sinus space above the rear portion of my upper jaw. It has been explained that the purpose of this is to provide adequate bone for the anchorage of dental implants, which in turn will provide a foundation for dental prosthetic tooth replacement of teeth missing in my upper jaw.

_____ **2. DESCRIPTION OF THE PROCEDURE:** There are two types of sinus augmentation procedures: Osteotome technique and lateral window technique. Your doctor will perform the more suitable technique specific to your individual need based on the doctor's professional judgment.

- **Osteotome Technique:** After anesthetics have numbed the area to be operated, the gum is reflected from the jaw surface so as to gain access to the jawbone. This method does not involve creating a bone window, but rather when sufficient bone is present on the sinus floor, special press-fit (non-screw type) instruments are pressed into the bone of the upper back jaw. Using implant instruments, the floor of the sinus is pushed upward to create an additional space under it for insertion of a bone graft and placement of an implant.

- **Lateral Window Technique:** After anesthetics have numbed the area to be operated, the gum is reflected from the jaw surface so as to gain access to the side of the jaw, which forms the sidewall of the sinus. Next, a hole in this sinus wall is formed, gaining access to the sinus. Next, the membrane lining the sinus is raised from the bone lining the base of the sinus. Next, a bone graft material is placed into the space between the bone and the elevated sinus membrane. Next, a prefabricated resorbable barrier is used to cover and protect the bone graft material. Finally, the gum is repositioned to cover the jaw including the hole into the sinus and is sutured back into place to close this wound.

_____ **3. ROOT-FORM DENTAL IMPLANT(S) PLACED SIMULTANEOUSLY WITH SINUS AUGMENTATION:** Dental implant(s) may or may not be placed at the same time of the sinus lift surgery. Whether implant(s) will be placed at the same time cannot be determined with certainty before the procedure, and I understand that implant(s) placement may have to be delayed for as long a time as my Doctor deems advisable. If implant(s) is/are placed, I understand the implant(s) may remain covered up to six months by gum tissue or longer, before it can be used. I understand that a second surgical procedure may be required to uncover the top of the implant(s).

_____ **4. DESCRIPTION OF THE GRAFT MATERIAL:** The bone graft usually consists of sterilized human bone obtained from a tissue bank (allograft). In some cases, a xenograft (cow bone) may be mixed with the graft for better outcomes. A barrier membrane (human skin or other tissue also obtained from a tissue bank) may be used with the graft material. The tissue bank materials will have been sterilized and treated for infectious diseases. Nevertheless, there is an extremely remote possibility that tests will not determine the presence of diseases in a particular donor tissue.

5. RISKS RELATED TO THE PROCEDURE: Risks related to sinus augmentation surgery with bone regeneration by the use of various bone grafts may include, but are not limited to the following:

- _____ **A.** Post-operative discomfort and swelling that may require several days of at-home recuperation.
- _____ **B.** Prolonged or heavy bleeding that may require additional treatment. Because the sinus is involved, some bleeding may be from the nose.
- _____ **C.** Injury or damage to adjacent teeth or roots of adjacent teeth, possibly requiring further root canal therapy, and occasionally the loss of an injured tooth.
- _____ **D.** Post-operative infection, including bone graft infection and sinus infection that may require additional treatment. In rare instances an opening may develop between the mouth and sinus, again requiring additional treatment.
- _____ **E.** Possible prolonged symptoms of sinusitis requiring certain medications and longer recovery time, resulting from intentional entry into the sinus.
- _____ **F.** Post-operative complications involving the nasal cavity, sense of smell, infraorbital regions, and altered sensations of the upper cheek and eyes.
- _____ **G.** Stretching of the corners of the mouth that may cause cracking and bruising.
- _____ **H.** Restricted mouth opening for several days; sometimes related to swelling and muscle soreness, and sometimes related to stress on the jaw joints (TMJ).

_____ I. Fracture of the jaw.

_____ J. Possible injury to nerve branches in the bone resulting in numbness, pain or tingling of the lips, cheek, gums or teeth. These symptoms may persist for several weeks, months or, in rare instances, may be permanent.

_____ K. Risks related to the anesthetics might include, but are not limited to, allergic reactions, accidental swallowing of foreign matter, facial swelling, bruising, pain, soreness or discoloration at the site of injection of the anesthetics

_____ 6. **ALTERNATIVES TO THE PROCEDURE:** These may include: (A) no treatment, with the expectation of: (1) no replacement of missing upper teeth; (2) a less than satisfactory outcome to any form of prosthetic replacement of missing upper teeth; (3) continued advancement of bone loss in the area of missing upper back teeth with possible future erosion into the sinus, i.e., the formation of a hole between the mouth and sinus which could lead to the development of chronic infection in the sinus.

_____ 7. **NO WARRANTY OR GUARANTEE:** I hereby acknowledge that no guarantee, warranty, or assurance has been given to me that the proposed surgery will provide enough bone for dental implant anchorage. It is anticipated that the surgery will provide benefit in producing some bone, but it cannot be reasonably predicted so as to guarantee the nature of the eventual prosthetic solution (i.e., fixed versus removable tooth replacement). Due to individual patient differences, one cannot predict the absolute certainty of success. Therefore, there exists the risk of failure, relapse, selective retreatment, or worsening of my present condition, despite the best of care.

_____ 8. **CONSENT TO UNFORSEEN CONDITIONS:** During surgery, unforeseen conditions could be discovered which would call for a modification or change from the anticipated surgical plan. These may include but are not limited to, extraction of hopeless teeth to enhance the outcome of this procedure or termination of the procedure prior to completion of the surgery originally scheduled. I therefore consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of the treating doctor.

_____ 9. **COMPLIANCE WITH SELF-CARE INSTRUCTIONS:** I understand that smoking is extremely detrimental to the success of sinus surgery. I agree to cease all use of tobacco for 2-3 weeks prior to and after surgery, and to make strong efforts to give up smoking entirely. I agree to follow instructions related to the daily care of my mouth, to the use of prescribed medications and to the limitations in use of current removable partial or full dentures. I agree to report for appointments as needed following my surgery so that healing may be monitored, and the doctor can evaluate and report on the success of the surgery.

_____ 10. **Use of Records for Reimbursement and Publication Purposes.** I authorize photos, video recordings, x-rays, slides, or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry, educational use in lectures or publications and reimbursement purposes. My identity will never be revealed to the general public.

_____ 11. **Females only.** Antibiotics may interfere with the effectiveness of oral contraceptives (birth control pills), which can result in pregnancy. Therefore, I understand that I will need to take extra precautions and use some additional form of birth control when taking antibiotics. Furthermore, I have informed my periodontist of my pregnancy and/or nursing status.

PATIENT CONSENT

I have been fully informed of the nature, risks and benefits of sinus augmentation surgery, the alternative treatments available, and the necessity for follow-up care 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 sinus augmentation surgery as presented to me during my consultation and as described in this document above. I also consent to additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist. I have given a complete and truthful medical history, including all medications, drug use, allergies, pregnancy and etc. I certify that I have read and fully understand this document.

Patient's Signature (or patient's guardian)

Date

Witness Signature

Date

Special Precautions Following Your Sinus Graft or Sinus Exposure Surgery

Maxillary sinuses are in a close relationship with the upper back teeth. Surgical procedures such as dental extractions or sinus bone grafting may result in communication between the sinus and the mouth. When this complication occurs, it often heals slowly and with difficulty. Special precautions given to you will assist in healing and we ask that you faithfully follow them.

Special Precautions:

- **Do not** under any circumstances blow your nose for at least 2 weeks, even though your sinus may feel "stuffy" or there may be some nasal drainage. You may wipe your nose gently with tissues.
- **Do not sneeze** while holding your nose closed for at least 2 weeks, it will cause undesired sinus pressure. **Sneeze with your mouth open** to relieve pressure.
- **Do not** perform the following activities for at least 2 weeks as it may cause undesired sinus pressure:
 - "Bearing down"—as when lifting heavy objects
 - Blowing up balloons
 - Playing musical instruments that require a blowing action (wind instruments)
 - Any other activity that can increase nasal, sinus or oral pressure
- **Avoid** air traveling or Scuba diving for at least 2 weeks as it may increase sinus pressure.
- **Do not** forcefully spit for two weeks. **Do not** use a straw for several days.
- **Do not** rinse vigorously for several days. Gentle warm salt-water swishes may be used.
- **Do not** smoke for two weeks.
- Eat only soft foods for several days, always trying to chew on the opposite side of your

mouth. Slight bleeding from the nose is not uncommon for several days after surgery.

Antibiotics, steroids and decongestants (i.e. Sudafed) may be prescribed or recommended to manage the sinus environment. Please take these as directed.

Please keep our office advised of any changes in your condition, especially if drainage or pain increases. It is important that you keep all future appointments until this complication has resolved.

CONTACT EMERGENCY MEDICAL SERVICES ("EMS") OR CALL "911" IF: -You have severe uncontrolled bleeding (and cannot reach your surgeon) -Patient loses or has lost consciousness

AFTER HOURS EMERGENCIES ONLY: Dr Ash (734)-262-5890