**Barry A. Kaplan, DMD**

**301 Belleville Avenue**

**Bloomfield, NJ 07003**

**(973)743-3825**

**Consent for Bone Grafting**

**Recommended Treatment:** Dr. Kaplan has recommended that my treatment include a tooth or several teeth be extracted (pulled). Local anesthetic (commonly called Lidocaine) will be administered as part of doing the extraction. I have been advised that I may lose significant amounts of jaw bone after my dental extraction in the area where my tooth will be/was removed. The potential loss of jaw bone may not allow the placing of dental implants and/or leaves an unaesthetic/poor functioning area for dental crown (crown(s)/bridgework. Bone grafting will be done to preserve the bone contour.

**Bone Graft Materials:** The sources of bone graft materials are from my own bone, synthetic bone substitutes, human donors and/or from bovine (cow) or porcine (pig) processed in accordance with FDA regulations thru FDA approved commercial bone banks/processors. Sometimes sterile, medical grade calcium sulfate (plaster) is mixed up with bone. Plaster is inserted and resorbs completely in eight weeks; this is a good source of extra calcium content for obtaining a successful bone graft.

A covering may be placed over the bone, either a non resorbable (needs to be removed) man-made thin Teflon water wafer (commonly called a Teflon barrier), synthetic membranes made of PTFE (a derivative of what Gore-Tex is made from) or a medical grade, resorbable sterile collagen (commonly called collagen barrier) in a wafer form derived from either bovine (cow) or porcine (pig). Achilles tendon may be used, depending on the type of bone defect present. The purpose of the barrier is to keep the bone graft material in place. Membranes tend to hold the bone graft material in place while it heals. Your gum will be sutured (stitched) back into position over the above mentioned materials.

**Expected Benefits for Tooth Socket Bone Grafting:** The purpose of tooth socket bone grafting is to assist with the growth of bone where the tooth root used to be and to help prevent bone loss during the healing period as well as to allow dental implant placement either at the same time as the surgery or four and a half to six months later. Another purpose of this surgery may be to help build a resorbed ridge for better esthetics and function where a fake tooth will go as part of doing a dental bridge.

**Principal Risks and Complications:**

* Complications that may result from surgery could involve the surgery procedure, bone

regenerative materials, drugs, or anesthetics.

* During and following treatment you may experience pain or discomfort, bleeding,

swelling, facial bruising (black and blue) in and around the surgical area, jaw joint pain or muscle spasm, cracking or bruising of the corners of the mouth, impact on speech, accidental swallowing of foreign matter, transient or permanent increased tooth looseness and tooth sensitivity to hot, cold, sweet or acidic foods.

* Extraction surgery may leave your jaw feeling stiff and sore and may make it difficult for you to open wide for several days or weeks.
* It is possible for an infection to occur and an antibiotic and/or other procedures may be needed to treat the infection.
* Local anesthetic and/or medications will be administered which carry risks, side effects, and drug interactions.
* During surgery it may be impossible to avoid touching, moving, stretching, or injuring the nerves in the jaw that control sensations and function in the lips, tongue, chin, teeth and mouth. This may result in nerve disturbances such as temporary or permanent numbness, itching, burning, or tingling of the lip, tongue, chin, teeth and/or mouth tissues.
* The instruments used in extracting a tooth may unavoidably cause loss or injury to adjacent teeth or dental restorations and soft tissue.
* Other complications include jaw fracture and swallowing or aspiration of teeth and restorations.
* Extracted teeth that are not replaced may lead to the other teeth moving or drifting, creating spaces between the remaining teeth and making it difficult to impossible to replace them or straighten them later.
* Occasionally, the necessary blood clot that forms in the socket may disintegrate or dislodge. This painful condition, called dry socket, lasts a week or more and is treated by placing a medicated dressing in the tooth socket to aid in healing.
* Small root fragments and/or bone fragments called “spicules” may break off from the tooth being extracted. Depending on their size and position, they may either be left to remain in the tooth socket, or they may become infected and require additional surgery for removal.
* Extraction may cause a fracture in the surrounding bone, or occasionally, the tooth to be

extracted may be fused to the surrounding bone, causing the surgical procedure to

become more complex and more costly.

* Accidental swallowing of foreign matter.
* Extracting the tooth may not relieve my symptoms and complications beyond what has been listed can occur that are unforeseen, complex and serious. These situations may require referral to other health professionals and may require hospitalization. Other treatment or procedures maybe necessary. The exact duration of any complication cannot be determined and they may be irreversible.
* Some patients do not respond successfully to tooth socket bone grafting procedures. The procedure may not be successful in preserving function or allowing a dental implant to be placed. Because each patient’s condition is unique, long term success may not occur.

**Alternatives to Suggested treatment:** I understand that alternatives to tooth socket bone grafting are as follows:

1. No bone grafting
2. Dental bridgework without bone grafting
3. Removable partial dentures without bone grafting
4. Dental implant placement without advanced bone regenerative treatment
5. Dental implant placement with advanced bone regenerative treatment.

**Acknowledgment:** I acknowledge that it is important to:

1. Tell Dr. Kaplan about any pertinent medical condition(s) I have, known allergies

(especially to medications or sulfites) any medications I am taking including over the counter medications such as aspirin, nutritional supplements and/or herbs.

1. Tell Dr. Kaplan about any present or prior head and/or neck radiation therapy I have undergone.
2. Tell Dr. Kaplan about any present or prior use of Bisphosphonate medications. Some common brand names include Zometa®, Aredia®, Boniva® Fosamax® and Actonel®.

4. Abide by the specific prescriptions and instructions given.

5. Come back for post-operative visits so my healing may be monitored and so that Dr.

Kaplan can evaluate and report on the outcome of surgery to any other doctors involved

with my care.

6. Remove both nonresorbable membranes and non-resorbable

sutures used in the bone regeneration surgery.

7. See Dr. Kaplan for routine dental care.

8. No smoking, especially during the first month since smoking and smokeless tobacco may

adversely affect healing and may cause pain and/or poor results.

9. Avoid a water-pik for at least three months

10. Let the tooth socket bone graft remain stable as it heals to the existing jaw bone and that

chewing and pressure forces on the bone graft must be prevented during the first 3-4 weeks

to allow for initial healing.

11. Have any non-dissolvable sutures and/or membranes removed.

12. Get the tooth/teeth replaced as recommended. The patient is responsible for the additional fees related to the restorations.

**No Warranty or Guarantee:** I acknowledge no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. In most cases bone regenerative surgery heals quickly and without incident. Due to individual patient differences, however, there can never be a certainty of success. There is a risk of failure, and complications such as those listed above, despite the best of care. I understand that I will be responsible fees relating to any and all complications that may develop.

There is no method that will accurately predict or evaluate how each patient’s gum and bone will heal. **There may be a need for a more extensive bone regenerative surgery if the initial tooth socket graft results are not satisfactory.** In addition, the success of oral surgery and dental implant procedures can be affected by medical conditions, dietary and nutritional problems, smoking, excessive alcohol consumption, snuff and chewing tobacco, clenching and grinding of teeth, inadequate oral hygiene, and medications that you may be taking. To my knowledge, I have reported to Dr. Barry Kaplan any prior drug reaction, allergies, diseases, symptoms, habits or conditions that might in any way relate to this surgical procedure. I fully understand that my diligence in providing the personal daily care recommended by Dr. Kaplan and taking all medications prescribed are important to the success of the procedure.

**Females Only:** Antibiotics may interfere with the effectiveness of oral contraceptives.(birth control pills). Therefore, I understand that I will need to use some additional form of birth control.

Procedure(s) to be performed:

**Informed consent to have tooth extraction(s)/socket preservation bone grafting:**

I have been informed of the nature of my dental problem, the procedure to be utilized, the risks and benefits of having this oral surgery, the alternative treatments available, the necessity for follow-up and self-care, and the necessity of telling Dr. Kaplan of any pertinent medical conditions and prescription and non-prescription medications. I have had an opportunity to ask questions and have received answers to my satisfaction. I also understand that any questions that I might have during treatment will be answered when I ask them. I voluntarily assume any and all possible risk of substantial harm, if any, which may or may not be achieved. No guarantees or promises have been made to me concerning the results. The fee(s) for this service has been explained to me and is satisfactory. By signing this form, I am freely giving my consent to the performance of the oral surgery as presented to me during my consultation and as described in this document above. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of Dr. Kaplan and understand that I will be responsible fees relating to them.

I have read and understood this document before I signed it.

\_\_\_\_I give my consent for the proposed procedures as described above.

\_\_\_\_I refuse to give my consent for the proposed procedures as described above. I have been informed of the potential consequences of my decision to refuse this treatment.

Patient Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Signature Date

.