



## **Bone Grafting**

The bone grafting procedure involves opening the gums in the area to expose the existing bone. This is then followed by placing bone material in such a manner so as to augment the existing bone both horizontally and vertically. A protective barrier or membrane is then placed over the graft for protection. The gums are then closed over and sutured (stitched) in place to completely cover the bone grafted area. A healing time of 4-6 months is then typically allowed for the bone graft to "take", mature, and integrate with the surrounding native bone. The materials we will be using for your bone graft is derived either from a donor source, or synthetic. At the beginning of your appointment we will draw your blood and use the specimen taken to make your membrane from your own cells. If a sample is not able to be obtained, we will place a synthetic membrane instead. These materials and procedures have been documented to be safe and reliable.

## **Expected Benefits**

The purpose of bone grafting in your case would be to increase the width of existing bone to allow for proper implant placement. It also helps harmonize the esthetics of the region.

## **Principal Risks and Complications**

Although bone grafting of localized areas to increase the width of existing bone has shown in clinical studies to be a predictable procedure, a very small number of patients do not respond successfully to the procedure and may require revision procedures to attain the desired result. The procedure may not be successful in preserving function or appearance. Because each patient's condition is unique, long term success may not occur.

Complications may result from grafting surgery, drugs, or local anesthetics. The exact duration of any complications cannot be determined and may be irreversible. These complications include but are not limited to: Pain, swelling, bruising, infection, bleeding, injury to neighboring or adjacent teeth; adverse drug reactions and discomfort. There is no method that will accurately predict or evaluate how your gums and bone will heal. There may be a need for a second procedure if the results are not satisfactory. In addition, the success of surgical grafting procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and certain medications. Accurate reporting of any prior drug reactions, allergies, diseases, symptoms, habits, or conditions that you may have should be reported prior to beginning this process. In addition, being diligent about maintaining oral care after the procedure and taking all prescribed medications is imperative to the ultimate success of the procedure.

## **Necessary Follow-up Care and Self-care**

Natural teeth should be maintained daily in a clean and hygienic manner. You will need to come for appointments following the surgery so that healing may be monitored and so the Doctor can evaluate and report on the outcome of the surgery as the healing process progresses.

## **Cost**

Your financial responsibility for this procedure has already been discussed and accepted by you before treatment begins.

## **Patient consent**

I have been fully informed of the surgery to be performed. I am satisfied with information provided to me and I understand the risks and benefits of the procedure as well as any alternative treatments and the necessity for follow up and self care. I also understand the potential outcome of no treatment in the area- i.e. continued bone loss and possible compromise of adjacent teeth. I realize that during the course of the surgery, the treatment may need to be modified due to existing conditions that are only evident when surgical site has been exposed. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my Doctor.

By signing below, I hereby consent to the bone graft and other corresponding/ alternative procedures that may be deemed necessary by my Doctor. I agree to be ultimately responsible for payment of the treatment as discussed and documented prior to procedure. I agree and will be financially responsible for any additional cost incurred by unexpected treatment needed during the procedure.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

