



Leaflet about Bone Augmentation at time of Tooth Extraction

Diagnosis:

After a careful examination and study of my dental condition, I have been advised that I have bone loss. This lack of bone means the placing of dental implants will be problematic.

Recommended Treatment:

In order to treat this condition, it has been recommended that my treatment include bone regenerative (bone augmentation) surgery at the same time as my tooth extraction.

Local anaesthetic will be administered to me as part of the treatment. Antibiotics and other medications may be given.

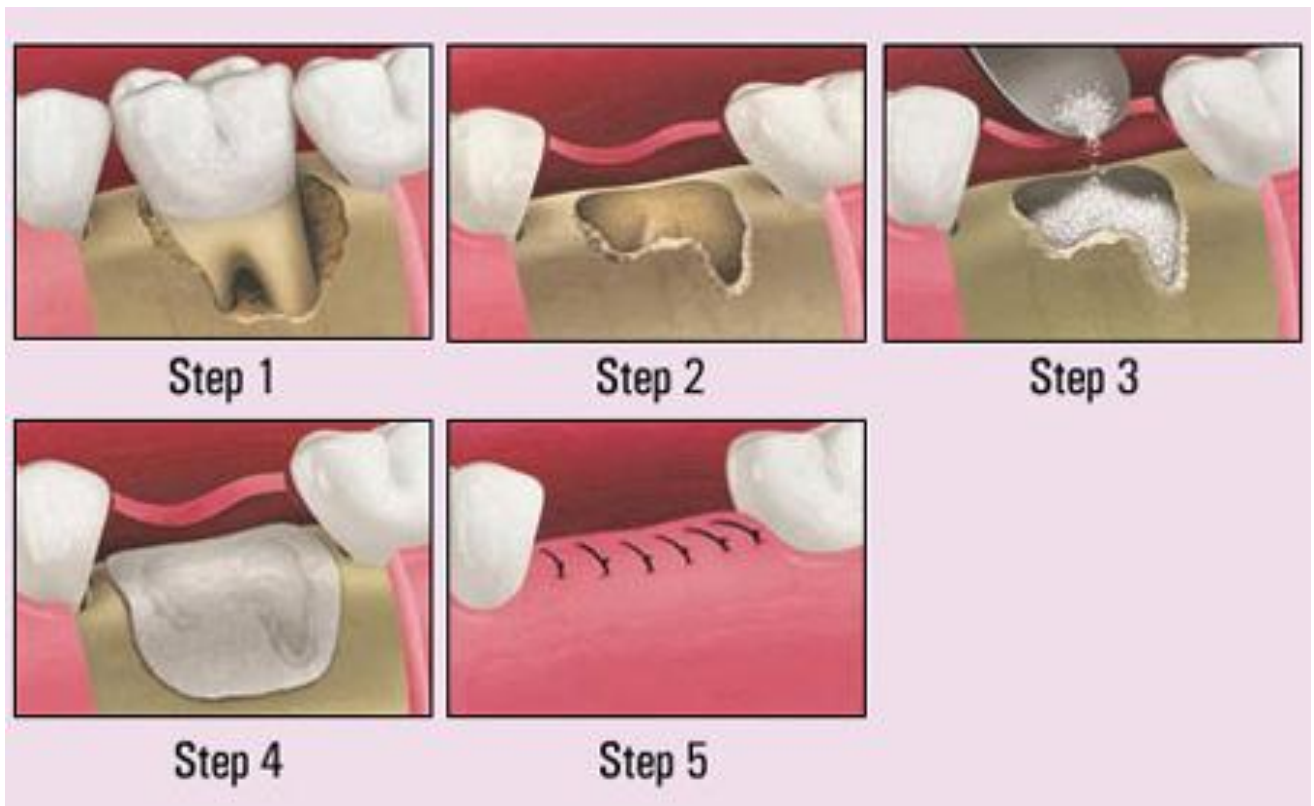
During this procedure, the tooth will be extracted and the gums will be opened to permit better access to the eroded bone.

Bone irregularities may be reshaped with a dental drill. Bone graft material will be placed in the areas of bone loss. Various types of graft materials may be used.

My gum will be sutured back into position over the above materials.

I understand that unforeseen conditions may call for a modification or change from the anticipated surgical plan.

These may include, but are not limited to: termination of the procedure prior to completion of all of the surgery originally outlined.



Expected Benefits:

The purpose of Bone augmentation bone regeneration surgery is to "grow" bone back to hopefully allow dental implant placement 3 to 9 months later.



The Hub Dental Practice



Consent Form for Bone Augmentation at time of Tooth Extraction

Principal Risks and Complications:

This CF should be read in conjunction with the leaflet on Bone Augmentation and also the consent forms for extraction and Local Anaesthetic

Complications that may result from surgery could involve the surgery procedure, bone materials, drugs, or anaesthetics.

Complications include, but are not limited to post-surgical infection, bleeding, swelling, pain, facial bruising, jaw joint pain or muscle spasm, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reactions, accidental swallowing of foreign matter, and transient (on rarest of occasions permanent) increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, and transient (on rare occasions permanent) numbness of the jaw, lip, tongue, chin or gums.

The exact duration of any complication cannot be determined, and they may be irreversible. There is no method that will accurately predict or evaluate how my gum and bone will heal. There may be a need for a 2nd procedure if the initial results are not satisfactory. In this case additional charges will apply.

In addition, the success of oral surgery and any subsequent 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 I may be taking.

Patients must report to the dentist any prior drug reaction, allergies, diseases, symptoms, habits or conditions that might in any way relate to this surgical procedure. Patients must be diligent in providing the personal daily care recommended by the Dentist and taking all medications prescribed because they are important to the success of the procedure.

Necessary Follow-up Care and Self-Care:

It is important for me to continue routine dental care and to get the missing tooth/teeth replaced as recommended.

I understand smoking tobacco and weed etc may adversely affect healing and may cause pain and/or a poor result or a complete failure of the treatment.

I have told the dentist about any pertinent medical conditions I have, known allergies (especially to medications or sulfites (many local anesthetics have sulfite preservatives)), and medications I am taking, including over the counter medications such as aspirin, nutritional supplements and herbs.

I have told the dentist that I am not having nor ever had any head and neck radiation therapy.

I need to come back in for several post-operative check-ups so that healing may be monitored and so the dentist can evaluate and report on the outcome of surgery to my dentist.

I know that it is important to:

- | | |
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| 1. Abide by the specific prescriptions and instructions given. | 2. Get the tooth/teeth replaced as recommended |
| 3. See the dentist for post-operative check-ups as needed. | 4. Avoid water-piks for at least 3 months. |
| 5. Have any non-dissolvable sutures (stitches) and membranes removed. | 6. Not smoke tobacco, weed etc. |

No Warranty or Guarantee:

While in most cases bone regenerative surgery heals quickly and without any problems, complications such as those listed previously, can happen despite the best of care. In the event of failure of the treatment no refund will be given.

I understand that some patients do not respond successfully to bone regenerative 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.

Patient Consent

I have been informed of the nature of the bone augmentation oral surgery, the procedure to be utilized, the risks and benefits of this surgery, the alternative treatments available, the option not to have the bone augmentation and the necessity for follow-up 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 the dentist and his staff members.

After thorough deliberation, I hereby consent to the performance of the oral surgery as presented to me during consultation as described above.

I also acknowledge that if I decide not to have the Bone Augmentation then subsequent implant treatment will be more likely to fail and this may mean that the implant treatment may fail completely. In this case, when the implant treatments fail and the treatment needs to be redone then extra charges will apply.

Bone augmentation including membrane is usually £450.00

I agree to have the bone augmentation (Initial) _____ I decline to have the bone augmentation (Initial) _____

I realise that signing this does not oblige me to have all or any part of the treatment proposed, but is simply an acknowledgement of the fact that I am giving my informed consent if I decide to go ahead.

(CF Bone Augmentation at time of Tooth Extraction)

Name of Patient : _____

Date of Birth:- _____

Signature : _____

Date : _____