



# The Hub Dental Practice

## Consent Form for Peri-Implantitis



**This consent form should be ready in conjunction with the Oral Surgery and Local Anaesthetic Consent forms.**

### **Peri-Implantitis Surgery Information**

Periodontal surgery may be seen as secondary line of treatment of those pockets persisting after initial treatment. These are often the areas most severely affected by periodontal disease. Surgery has the advantage of allowing direct access, inspection and cleaning of affected root surfaces. Many long term studies have demonstrated the benefit and success of periodontal surgery.

### **Benefits of Peri-Implantitis Surgery**

- More predictable results in reducing pocketing and inflammation
- Reduce the possibility of future bone support loss, and therefore tooth loss
- Can help to allow for easier cleaning
- Able to investigate the areas with inflammation and pocketing and remove diseased tissue.

### **Aims of Peri-Implantitis Surgery**

Periodontal surgery is primarily carried out to eliminate/ reduce pockets and create healthy root surfaces. The plaque growing on the root surfaces is the causative factor for periodontal disease, and associated bone support loss. Clean root surfaces leads to healthy gum tissue.

It is also carried out to provide a more favourable long term outcome.

### **Peri-Implantitis Surgery**

After the area is completely numbed an incision is made to allow the gum tissue to be lifted away from the teeth. The inflamed areas of the inflamed gum are removed and the root surface is thoroughly cleaned. The bone may need to be resented.

The gum tissue may need to be re-contoured to better adapt to the neck of the tooth. The gum is then replaced, usually involving stitches and a dressing.

### **Alternative to Suggested Treatment**

I understand that alternatives to periodontal surgery include; no treatment with the expectation of possible advancement of my condition, which may result in permanent loss of teeth. Extraction of teeth involved with periodontal disease and Non-surgical scraping of tooth roots and lining of the gum (scaling and root planning) with or without medication, in an attempt to further reduce bacteria and tartar under the gum-line with the expectation that this may not fully eliminate deep bacteria and tartar and may not reduce gum pockets which may not reduce gum pockets and will require more frequent professional care and time commitment and may result in worsening the of my condition and the premature loss of teeth.

In some cases medications and/ or other materials and/ or tissue grafts may be used during the procedure. In this case a separate consent form will be used.

### **Side Effects**

Following on from Periodontal Surgery there can be swelling, bruising and discomfort around the treated area. This usually settles within 3-5 days.

There can be more dental hypersensitivity (this means that you can have pronounced sensation to hot and cold). This sensitivity is usually short term and can be relieved by desensitizing tooth pastes.

The teeth being operated on can appear longer. This can be aesthetically significant if surgery is being performed on teeth at the front of the mouth.

Occasionally the teeth may become more mobile and suffer of aesthetic exposure of margins.

Infections and necrosis of the tissues may occur, in this situation the use of antibiotics is required to reduce the load of bacteria. Nevertheless a necrotic site requires several months to be healed.

Profuse bleeding is not so common and is normally treated with haemostatic agents in the dental environment.

**I have read this consent form in full and understand what it says. I was able to ask questions and raise concerns with the dentist about my condition, the procedure and its risks, and my treatment options, as well as the options to delay and/or decline treatment. My questions and concerns have been discussed and answered to my complete satisfaction.**

I realize that signing does not mean that I am under an obligation to have any treatment and that I may decide not to proceed with all or any part of the treatment. Similarly signing this means that I pay for the treatment that I actually have done. I hereby consent to the proposed dental treatment and acknowledge that it is being provided as a private patient.

**(CF Peri-Implantitis Surgery)**

Name of Patient : \_\_\_\_\_

Date of Birth:- \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_