



**MOUNTAIN TOP**  
periodontics & implants

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## **OSSEOUS SURGERY INFORMED CONSENT**

I understand that periodontal disease weakens the support of my teeth by separating the gum from the teeth and destroying the bone that supports the teeth. The deep pockets allow for accumulation of bacteria under the gums and can result in further deterioration of the gum and bone. If untreated, periodontal disease can cause loss of teeth and have other adverse consequences to my health.

In order to treat this condition, the doctor has recommended that my treatment include periodontal surgery. During this procedure, the root surfaces will be thoroughly cleaned and the bone will be smoothed and debrided of bacteria. Bone regenerative materials are sometimes placed around the teeth. These materials may include my own bone, synthetic bone, bone obtained from tissue banks or bovine bone. A collagen membrane may be placed over the grafts, depending on the type of bone damage present. Sutures will be placed to hold the gums in position.

The purpose of the periodontal surgery is to reduce the pocketing, infection and inflammation and to restore my gums to the best possible state of health. It should also allow the hygienist to better clean my teeth during my regular cleanings.

Because each patient's condition is unique, long-term success may not occur. I understand that complications may result from the periodontal surgery, drugs, or anesthetics. These complications include, but are not limited to; infection, bleeding, swelling and pain, facial discoloration, numbness of the jaw, lip, tongue, teeth, chin, or gum. Jaw joint pain, muscle spasm, tooth sensitivity to hot, cold, sweets, shrinkage of the gum resulting in elongation of the teeth and greater spaces between the teeth could occur. Cracking of the corners of the mouth, impact on speech, and allergic reactions are rare, but have been known to happen. The exact duration of any complications 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. In addition, the success of periodontal procedures can be affected by medical, nutritional problems, smoking, and alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and certain medications.

I have been fully informed and understand the nature of periodontal surgery, the procedure to be performed, the risks and benefits and the alternative treatments available. I have had the opportunity to ask any questions I may have in connection with the treatment. I also consent to the performance of any additional or alternative procedures as may be deemed necessary in the best judgment of the doctor during the course of surgery and agree to the related costs. I am in agreement to sign this consent.

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

Patient Signature (or Legal Representative): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_