MOUNTAIN TOP
periodontics & implants

8000 E. Prentice Ave. Unit D7
Greenwood Village, CO 80111
(303) 740-0080

CHAO PINHOLE SURGICAL TECHNIQUE INFORMED CONSENT

After a careful oral examination and study of my dental condition, my periodontist has advised me that I have significant gum recession. I understand that with this condition, further recession of the gum may occur which could lead to premature tooth loss.

In order to treat this condition, my periodontist has recommended that the PST procedure be performed in the areas of my mouth with significant recession. Local anesthetic will be administered as part of the treatment. The PST procedure will involve a small pinhole or several pinholes placed under the lip in the vestibule depending on the number of teeth treated. Specially designed instruments will be used to gently loosen and drape the gum tissues over the exposed recessed areas on the teeth. Resorbable collagen will them be placed in the pinholes to increase the width of the gum and secure the tissues in place.

Unforeseen circumstances may call for change from the anticipated surgical plan. These may include, but are not limited to: inclusion of additional teeth not originally planned, termination of the procedure prior to completion of all the surgery originally planned and placement of sutures if indicated. These treatment changes could result in additional billable fees being charged.

The amount of root coverage will depend on many factors including but not limited to: the severity of recession, blood supply to the tissues, amount of tissue and bone loss interproximally (in between the teeth), overall systemic and oral health of the patient and compliance with the post-operative instructions. There may a need for a second procedure if the initial surgery is not satisfactory. Complications from PST may include but are not limited to: bleeding, bruising and swelling, pain, infection, transient or even permanent tooth sensitivity, temporary or even permanent numbness of the lips, chin and gums, allergic reactions and accidental swallowing of foreign matter.

The specialist has explained alternative treatments for my gum recession. These include no treatment, continued monitoring for progressive recession, and modification of technique for brushing my teeth.

I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful.

I have been fully informed of the nature of PST, the procedure to be utilized, the risks and benefits or PST, the alternative treatments available, and the necessity of follow-up and self-care. I have had an opportunity to ask any questions I may have in connection

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with the treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the performance of PST as presented to me during consultation and in the treatment plan presentation. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist.

I have read and fully understand the above information and give my consent to perform this procedure.

Patient Name: _____

Patient Signature or Legal Guardian: _____

Witness Signature: _____

Date : _____