

PERIODONTAL & IMPLANT SURGEONS OF GREENVILLE
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CONSENT FOR GINGIVAL AUGMENTATION SURGERY

Recommended Treatment: In order to treat my condition, my periodontist has recommended that gingival augmentation (gum grafting) procedures be performed in areas of my mouth with significant gum recession. This surgical procedure involves the transplanting of a thin strip of gum from elsewhere in my mouth. The transplanted strip of gum can be placed at the base of the remaining gum, or it can be placed so as to partially cover the tooth root surface exposed by the recession. A periodontal bandage or dressing may be placed.

Expected Benefits: The purpose of gingival augmentation is to create an amount of attached gum tissue adequate to reduce the likelihood of further gum recession. Another purpose for this procedure may be to cover exposed root surfaces, to enhance the appearance of the teeth and gum line, or to prevent or treat root sensitivity or root decay.

Principal Risks & Complications: If a transplant is placed so as to partially cover the tooth root surface exposed by the recession, the gum placed over the root may shrink back during healing. In such a case, the attempt to cover the exposed root surface may not be completely successful. Indeed, in some cases, it may result in more recession or with increased spacing between the teeth. I understand the complications may result from gingival augmentation or from anesthetics. These complications include, but are not limited to (1) post-surgical infection, (2) bleeding, swelling, and pain (3) facial discoloration, (4) transient or on occasion permanent tooth sensitivity to hot, cold, sweet, or acidic foods, (5) allergic reactions, and (6) accidental swallowing of foreign matter. 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. I understand that there may be a need for a second procedure if the initial surgery is not satisfactory. In addition, the success of gingival augmentation can be affected by (1) medical conditions, (2) dietary and nutritional problems, (3) smoking, (4) alcohol consumption, (5) allergic reactions, and (6) inadequate oral hygiene, and (7) medications that I may be taking. To my knowledge I have reported to the periodontist any prior drug reactions, allergies, diseases, symptoms, habits, or conditions which might in any way relate to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by my periodontist and taking all medications as prescribed is important to the ultimate success of the procedure.

Alternatives to Suggested Treatment: My periodontist 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 have been fully informed of the nature of gingival augmentation surgery, the procedure to be utilized, the risks and benefits of such surgery, the alternative treatments available, 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 periodontist.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

Printed Name of Patient or Parent/Guardian

Signature of Patient or Parent/Guardian

Date

Printed Name of Witness

Signature of Witness

Date