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INFORMATION & CONSENT FOR GINGIVAL AUGMENTATION SURGERY

DIAGNOSIS – After a careful oral examination and study of my dental condition, Dr. Desai has advised me that I have significant gum recession. I understand that with this condition further recession of the gum may occur. In addition, for fillings at the gumline or crowns with edges under the gumline, it is important to have sufficient width of attached gum to withstand the irritation caused by the fillings or edges. Gum tissue may also be placed to improve appearance and to protect roots of the teeth.

RECOMMENDED TREATMENT - In order to treat this condition, Dr. Desai has recommended that gingival grafting procedures may be performed in areas of my mouth with significant gum recession. I understand that a local anesthetic will be administered to me as part of the treatment. This surgical procedure involves the transplanting of a thin strip of gum from the roof of my mouth, adjacent teeth or synthetic material. 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 and may have to be replaced after one week.

EXPECTED BENEFITS – The purpose of gingival augmentation is to create an adequate amount of attached gum tissue to reduce the likelihood of further gum recession. Another purpose of this procedure may be to cover exposed root surfaces, to enhance the appearance of the teeth and gumline, or to prevent or treat root sensitivity or root decay. Root coverage surgery will only be done if this has been discussed with Dr. Desai.

PRINCIPAL RISKS AND COMPLICATIONS – Postoperative complications are rare. Should side effects occur, I may experience minor discomfort, swelling and bleeding. This discomfort can be easily controlled with the prescription that Dr. Desai will prescribe on the day of surgery. Swelling around the surgical site can occur anywhere from 2-5 days after surgery and is normal. Bleeding can occur and mix with saliva to appear more voluminous within the first 2 days. Bleeding is controlled with pressure moistened gauze or a tea bag. I might also experience cracking at the corner of the mouth, occasional jaw discomfort from prolonged jaw opening. Other potential risks include postoperative infection, (requiring medication or further treatment) or transient numbness in an area for a variable length of time. I understand that the goal of surgery is to protect the tooth/teeth from future recession and potential loss of tooth/teeth. If root coverage is discussed, then the amount of coverage cannot be predicted as everyone's healing capacity is different.

NECESSARY FOLLOW-UP CARE AND SELF CARE – The success of periodontal procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene and prescription and non prescription/homeopathic or naturopathic drugs that I may be taking. To my knowledge, I have reported to Dr. Desai 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 Dr. Desai and taking all prescribed medications are important to the ultimate success of the procedure.

The probable benefits and risks of this procedure have been explained to me by Dr. Desai. I understand that all dental and surgical procedures have remote risks that cannot be anticipated and I accept this fact. Dr. Desai has explained to me the sequence and duration of the therapy and the possible alternative methods of treatment. The possibility of not undergoing treatment has also been discussed with me. If during the course of treatment, procedures different to those originally planned become necessary, they will be discussed with me in addition to the additional cost which may be necessary.

Dr. Desai has explained alternative treatments for my gum recession. These include: no treatment with furthering recession, continued monitoring for progressive recession and modification of technique for brushing my teeth and monitoring the continued recession.

I have been fully informed of the nature of this periodontal surgery, the procedure to be utilized, the risks and benefits of the 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 Dr. Desai.

DATE

PRINTED NAME

SIGNATURE

WITNESS