CONSENT TO SINUS AUGMENTATION SURGERY

I, _____ hereby authorize Dr. Robert Solomon to perform the surgical treatment of Maxillary Sinus Augmentation by bone grafting. To address the following condition being treated: lack of bone for implant placement, associated with the following area of the _____, with the use of local anesthesia and possibly with oral sedation.

I understand that I have (had) a form of bone loss in the upper jaw that would make the decision of implant placement likely to be less successful without the increase in bone support for the implant. I also understand that a variety of surgical procedures are used to treat bone loss and understand that sinus augmentation may be the best option based on restorative and/or surgical advice. While these surgical procedures are generally successful, I understand that no guarantee, warranty or assurance has been given to me that the proposed treatment will be curative and/or successful to complete satisfaction. A risk of failure, relapse, or worsening of my present condition may result despite the treatment. In these cases retreatment may be necessary.

Description of Surgery:

The gums are reflected in order to gain access to the maxillary sinus. A hole is reflected for access to the floor of your sinus and various materials may be placed in an attempt to create bone to support an implant. These materials do not guarantee the generation of bone support but have demonstrated to be effective. One of the most common tissues used today for augmentation techniques is freeze-dried bone or bovine bone. This material is taken under sterile conditions from human or cow donors with no known systemic disease, and blood tests are negative for any infections. The tissues are also tested (cultured) for bacterial contaminants, then decalcified and processed under strict laboratory conditions known to kill all bacteria and viruses, under experimental conditions. It is then cultured again for any contamination, and stored in a vacuum-sealed sterile container until it is ready to be opened during the surgical procedure. While transmission of infection by an implanted biological material can never be ruled out 100% of the time, the material is considered to be extremely safe due to the processing involved and from the fact that no case of disease transmission has ever been found with decalcified freeze-dried bone from a tissue bank. I also understand that this type of therapy can add to the cost of surgery. If the surgical procedure is successful, there is still an 8-12 month wait prior to implant placement (which alone adds at least 6 months) to allow maturity of the grafted bone. Thus, there may be a wait of 2 years for your final dental restorative result.

Major Risks of Planned Surgery: Although significant complications from sinus surgery are rare if instructions are followed, they can occur. The most common complications are as follows: tearing of the membrane which lines the sinus cavity, post surgical discomfort, bleeding, swelling, infection, and congestion. Other risks include damage to adjacent teeth or underlying adjacent structures such as nerves, soft tissue, and bone. For women: if antibiotics are prescribed, they may interfere with the efficiency of birth control pills and an alternative method of birth control should be utilized for the duration of the antibiotic usage and week thereafter.

Need for Follow-up Care: It has been explained to me that long term success of treatment requires my cooperation and performance of effective home care on a daily basis and periodic follow-up visits after the proposed surgical treatment is performed.

Probable Results if No Treatment: I further understand that if no treatment is rendered, my present condition will probably not allow the option of implant placement which may compromise optimum treatment results.

I certify that I have fully read and understand the above consent to the surgical treatment.

Signature of Patient/Parent/ Guardian:_____Date:_____

Signature of Witness:_____Date:_____ _

Signature of Surgeon:_____Date:_____ _