



Informed Consent & Information for Ridge Preservation Surgery

Patient Name _____ Date of Birth _____

Advanced periodontal disease, tooth fracture, or other types of abscesses may cause severe bone loss around a tooth, requiring extraction of the tooth. When the tooth is extracted, healing occurs by a combination of “shrinkage” of the remaining extraction socket bone and some bone growth from the base of the extraction site. The result is often loss of bone where the tooth used to be and depression in the remaining ridge of bone. **This problem can now be avoided.** At the time the tooth is extracted, the area is filled with one of a number of resorbable “materials”, and the area is covered with a membrane barrier. The barrier prevents the gum tissue from growing into the extraction area and protects the underlying calcium materials which are forming into bone. The graft materials encourage your own bone to grow into the area and these materials are totally resorbed and eliminated by the body. This treatment will often result in the complete regeneration of the lost bone in the area of the tooth extraction.

Regenerating damaged and lost bone at the time of extraction of the tooth provides the following advantages:

- The bone between the extracted tooth and the adjacent tooth is preserved or regenerated. The health of the adjacent tooth is thus improved.
- A ridge deformity does not develop, and the appearance of the ridge is more natural. The aesthetics of the area is preserved or improved.
- The regenerated bone allows placement of an implant to replace the missing tooth.

If a ridge deformity exists because this procedure was not performed at the time the tooth was extracted, a ridge augmentation procedure can be performed at a later date with beneficial results.

After careful oral examination and study of my dental condition, the Doctor has advised me that I might have deficient alveolar ridge for future implant or bridge placement. I understand that this deficient ridge will compromise implant/bridge placement and thus health and longevity of the restoration. I also understand that a deficient ridge can continue to shrink without treatment with implant replacement.

In order to treat this condition, the Doctor has recommended that my treatment include ridge preservation at the time of extraction.

I agree not to fly in an airplane, helicopter or do any skydiving where sinus pressure changes occur. This can compromise grafting and affect success rates and have a higher risk of infection. If this occurs, re-treatment or emergency treatment may need to be done at additional cost.

You have the right to be informed about your diagnosis and planned surgery so that you can decide whether to have a procedure or not after knowing the risks and benefits.

1. I have been informed of possible alternate methods of treatment (if any) including: _____

I understand that these other forms of treatment, or no treatment at all, are choices. The risks of those choices have been presented to me.

2. My Doctor has explained to me that there are certain risks and side effects associated with my proposed treatment and, in this specific instance, they include, but are not limited to:

A. Post-operative discomfort, bruising, and swelling.

B. Prolonged or heavy bleeding that may need treatment.

C. An infection that might affect the new bone graft and need treatment.

D. The graft might not join together with the natural bone. There could be other reasons that the bone graft might be lost.

E. To add to the bone graft, natural pieces of donor bone, or other kinds of synthetic bone are often packed around the bone graft. These pieces might also lose their vitality and be lost. Sometimes this happens over some period of time.

F. Biologic or synthetic membranes or mesh are often used to contain and protect the graft. Some may need a second procedure to remove them; or some may be unexpectedly lost. If so, graft may be adversely affected.

G. Allergic reactions (previously unknown) to any medicines or materials used in treatment.

3. I understand that I need to have the dental implant(s) put in when the graft is ready. If too much time passes, the bone graft may resorb (“melt away”) and there won’t be enough bone into which an implant can be placed.

I have had the opportunity to ask questions and receive answers to and responsive explanations for all questions about my medical condition, contemplated alternative treatment and procedures, and potential complications of the contemplated and alternative treatments and procedures, prior to signing this form.



**ALLIANCE FOR
DENTAL CARE**
ALL THE SERVICES ♡ ALL THE CARE

40 Winter Street, Suite 201, Rochester, NH 03867-3194 • www.alldentalcare.com • (603) 332-7300 • Fax (603) 332-7331

Patient/Guardian Signature _____ Date _____

Dentist Signature _____ Date _____

Witness Signature _____ Date _____