

CONSENT FOR SUBPERIOSTEAL IMPLANT

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Patient's Name

Date

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

You have the right to be informed about your condition and the recommended treatment plan so that you may make an informed decision whether to undergo the procedure after you know the risks and complications involved. This disclosure is not meant to alarm you; but is rather an effort to properly inform you so that you may give or withhold your consent.

- _____ 1. I hereby authorize Dr. _____ and staff to treat my condition described as: _____

- _____ 2. The procedure necessary to treat the condition has been explained to me and I understand the nature of the procedure to be: _____

- _____ 3. No guarantee has been given that the implant will last for a specific time period. It has also been explained to me that, **once the implant is inserted, the entire treatment plan must be followed and completed on schedule.** If this schedule is not carried out, the implant may fail.
- _____ 4. I have been informed of possible alternative methods of treatment (if any), including:

- _____ 5. I understand that the bone loss in my jaw is so severe that other types of implants are not ideal and that the subperiosteal implant is being recommended to reconstruct my upper and/or lower jaw in an effort to provide greater stability of dentures and possibly improve chewing efficiency.
- _____ 6. It has been explained to me that there is more than one acceptable method of placing a subperiosteal implant. The first involves a surgical incision in my gums to expose as much of the jawbone as possible, after which an accurate impression of my jaw will be taken, from which a model will be made. A metal framework (subperiosteal implant) is constructed on that model, then it will be inserted by re-opening the first gum incision at a later date. A second method involves a special x-ray study of the jaw that will allow the making of a three-dimensional model of my jaw, upon which the implant framework is then made. Then a surgical incision will be made in my gums through which the implant will be inserted. This latter method requires one less surgical procedure, but there is a possibility that the framework will not fit as well. A synthetic graft material may be used to try to correct any discrepancies.

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- ____ 7. I have been told that I may not be able to wear my old dentures for some time after surgery and that, even when that is permissible, the fit may not be ideal. I am also aware that as soon as adequate healing has taken place, new dentures must be made to match the implant.
- ____ 8. My doctor has explained to me that there are certain inherent risks and side effects in any surgical procedure and in this specific case may include (but are not limited to):
- ____ A. Post-operative discomfort, swelling, bleeding, bruising and a fairly long recovery period. Chewing and diet restrictions are also likely during recovery.
 - ____ B. Post-operative bleeding may lead to a hematoma (blood clot) in the tissues of the floor of the mouth which remain for several days and may require additional care.
 - ____ C. Post-operative infection which may require additional treatment. If the infection cannot be controlled by usual antibiotic therapy, the implant may be lost.
 - ____ D. Injury to the nerves near the surgical sites which may result in numbness, pain or tingling of the chin, face, lips, gums, cheeks or tongue. These symptoms are usually temporary but may take several weeks or months to disappear. In rare cases it may be permanent.
 - ____ E. Stress fracture of the metal framework is a rare possibility requiring total or partial removal of the implant.
 - ____ F. Allergic reactions to any of the medications used in the procedure.
- ____ 9. I have been told that this treatment may not be successful and that certain unforeseen developments may arise during surgery that would prevent completion of the implant procedure. I am aware that if the implant fails and is removed, it may be possible to insert another subperiosteal implant following a suitable healing period.
- ____ 10. It has been explained to me that during the course of the procedure unforeseen conditions may be revealed which may necessitate extension of the original procedure or different procedures from those set forth in paragraph 2 above. I authorize my doctor and staff to perform such other procedure(s) as are necessary and desirable in the exercise of professional judgment.
- ____ 11. **ANESTHESIA**
The anesthetic I have chosen for my surgery is:
- Local Anesthesia
 - Local Anesthesia with Nitrous Oxide/Oxygen Analgesia
 - Local Anesthesia with Oral Premedication
 - Local Anesthesia with Intravenous Sedation
 - General Anesthesia

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- _____ 12. **ANESTHETIC RISKS** include: discomfort, swelling, bruising, infection, prolonged numbness and allergic reactions. There may be inflammation at the site of an intravenous injection (phlebitis) which may cause prolonged discomfort and/or disability and may require special care. Nausea and vomiting, although rare, may be unfortunate side effects of IV anesthesia. Intravenous anesthesia is a serious medical procedure and, although considered safe, carries with it the risk of heart irregularities, heart attack, stroke, brain damage or death.
- _____ 13. **YOUR OBLIGATIONS IF IV ANESTHESIA IS USED**
- A. Because anesthetic medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you home and stay with you until you are sufficiently recovered to care for yourself. This may be up to 24 hours.
 - B. During recovery time (24 hours) you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.
 - C. You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR EIGHT (8) HOURS PRIOR TO YOUR ANESTHETIC. TO DO OTHERWISE MAY BE LIFE-THREATENING!**
 - D. **However**, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any medications provided by this office, **using only a small sip of water.**
- _____ 14. It has been explained to me, and I understand that a perfect result is not, and cannot, be guaranteed or warranted.
- _____ 15. It has been explained to me that poor oral hygiene may result in implant loss, and that use of tobacco in any form dramatically decreases implant success.
- _____ 16. I understand that my doctor is not a seller of the implant device itself and makes no warranty or guarantee regarding success or failure of the implant or its attachments used in the procedure.

CONSENT

I certify that I speak, read and write English; I fully understand this consent form for surgery; and that all blanks were filled in prior to my initialing and signing this form.

Patient's (or Legal Guardian's) Signature Date

Doctor's Signature Date

Witness' Signature Date