

## **INFORMED CONSENT FOR GINGIVAL GRAFT SURGERY**

**Diagnosis:** After a careful oral examination, radiographic evaluation and study of my dental condition, my periodontist has advised me that I have an insufficient amount of attached gingiva (firm gum tissue) around my tooth/teeth. 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 a sufficient width of firm, attached gum tissue around the roots of the tooth/teeth to withstand the irritation they may cause. Gingiva improves the appearance and protects the roots of the tooth/teeth. It may also be placed to facilitate orthodontic tooth movement.

**Recommended Treatment:** My periodontist has recommended that gingival grafting 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. During the procedure, the following will be performed:

- A thin strip of gum from the roof of my mouth or from the adjacent teeth will be surgically transplanted.
- The existing gum tissue around the tooth/teeth to be grafted will be excised back so that the transplanted strip of gum can be sutured in place.
- The transplanted strip of gum will be placed at the base of the existing gum or placed so as to partially cover the tooth root surface exposed by recession.
- A periodontal dressing may be placed.

**Expected Benefits:** The purpose of gingival grafting is to create an adequate amount of attached gum tissue to reduce the likelihood of further gum recession, to enhance the appearance of the teeth and gumline, or to prevent/treat root sensitivity or root decay. The entire exposed tooth root caused by existing gum recession may not be totally re-covered.

**Principal Risks and Complications:** I understand that some patients do not respond successfully to gingival grafting. If a transplant is placed so as to partially cover the tooth root surface exposed by recession, the gum placed over the root may shrink back during healing. In such cases, the attempt to cover the exposed root surface may not be completely successful and the grafting may result in additional recession with increased spacing between the teeth. Complications may result from the gingival grafting, drugs, or anesthetics. These complications include, but are not limited, to the following: post-surgical infection; bleeding; swelling; pain; facial discoloration; tooth sensitivity to hot, cold, sweet or acidic foods; numbness of the jaw, lip, tongue, chin, or gum; cracking or bruising of the corners of the mouth; tooth looseness; restricted ability to open the mouth for several days or weeks; impact on speech; allergic reactions; and accidental swallowing of foreign matter. The exact duration of any complications cannot be determined, and they may be irreversible.

I understand that there is no method that will accurately predict or evaluate how my gum and bone will heal. There may be a need for a second procedure if the initial results are not satisfactory. In addition, the success of gingival grafting can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and medications that I may be taking. To my knowledge, I have reported to my periodontist any prior drug reactions, allergies, diseases, symptoms, habits or conditions that 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:** I understand that alternatives to gingival grafting include no treatment, continued monitoring and modification of brushing technique. All of these could lead to continued recession.

**Necessary Follow-Up and Self-Care:** I understand that I need to return for follow-up appointments for care and monitoring of the healing process. Smoking and alcohol intake may adversely affect healing and limit the successful outcome of my procedure. Smokers have more grafts fail than non-smokers. I understand that failure to follow such recommendations regarding my gingival graft(s) could lead to ill effects, which would become my sole responsibility.

In addition, existing dentistry can be an important factor in the success or failure of gingival augmentation. I recognize that natural teeth and appliances should be maintained daily in a clean, hygienic manner.

To my knowledge, I have told my periodontist about any pertinent medical conditions, allergies (especially to medications or sulfites) and medications I am taking, including over-the-counter medications such as aspirin.

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