Advanced Cosmetic & Implant Dentistry
Kevin M. Landers, D.D.S. FAACD

Gum Graft

Gum grafting carries certain risks, hazards, and unpleasant side effects. They include, but are not limited to the following:

Please Initial Each Paragraph After Reading:

___ **Risks for All Surgeries:**

1. Soreness, **Pain**, **swelling, infection and discoloration (bruising)**
2. Adjacent Teeth can become **hot & cold sensitive** and chewing sensitive.
3. **Bleeding**, usually controllable, but may be prolonged and require additional care.
4. **Drug reactions** or allergies, although rare, could include nausea, pain, swelling and bruising etc.
5. If **donor graft** is used, risk of hypersensitive, allergic or other immune response to Graft materials
6. If **donor graft** is used, although very rare there is a risk disease transmission or systemic infection.
7. **Infection**: possibly requiring additional care. If left untreated may spread and cause damage to other teeth, bone and may cause systemic infection (fever).
8. **Delayed healing** and potential need for additional appointments.
9. Stretching or cracking at the **corners of the mouth**.
10. I understand that holding my mouth open during treatment may temporally leave my **jaw feeling stiff** and sore and may make it difficult for me to open wide for several days.
11. Less frequently patients can experience **restricted mouth opening** during healing. This is sometimes related to swelling.
12. There is a risk of **gum and/or bone recession on the teeth adjacent to the surgical area.** When bone levels decrease, adjacent dental crown and/or porcelain Veneer margins can become more obvious.
13. I understand that **individual treatment times cannot always be accurately predicted**, i.e. that if my body heals at a slower rate, my treatment maybe delayed.

____ Sensation: There may be a **temporary loss of feeling or loss of taste in the gums around the graft or on the roof of your mouth** in the operated area. In limited situations, loss of taste and feeling may continue and the exact duration may not be determinable and in very rare cases may be irreversible.

______ **Rejection of the donor graft material.** I understand that there are no methods to predict accurately the gum and bone healing capabilities inherent to each patient following the placement of a gum graft. It has been explained to me lack of adequate gum growth into the graft replacement material could result in failure and in some instances the **failing graft must be removed**. Failure of a graft could create a defect requiring a need for additional or more extensive procedures. I understand if any additional procedures are necessary they will be my sole financial responsibility.

_______ If Donor Gum Graft Alloderm is used patients should be on an **antibiotic 48 hours before the graft procedure** and complete prescription as directed. Patients do not need to be on an antibiotic if they are grafting gums from the roof of their mouth.

_______ I understand that individual reactions to treatment cannot be predicted, and that if I experience any unanticipated reactions, during or following treatment, **I agree to report them to the doctor** or his designated agent as soon as possible.

_______ I understand that if **I experience any unanticipated complications or unintended results that I will need to follow recommended appointments in a timely fashion** in order to correct and/or stop any further potential damage caused by such complication. I further understand, that any untreated dental infection and/or dental treatment complication not managed in a timely fashion could result in breakdown to otherwise healthy teeth, gums, jaw joint, and bone. In rare cases untreated complications can result in tooth loss or affect ones general health. All of which may result in the need for additional appointments and expenses. I understand that Dr. Kevin Landers is not liable for further breakdown caused as a result of my disregard or failure to report any side effects, and/or keep recommended appointment intervals.

_______ I understand that **smoking, alcohol or drug consumption, or blood sugar levels may affect gum and bone healing** and may limit the success of the gum graft. I agree to follow my doctor's home care instructions. I agree to report to my doctor for regular examinations as instructed.

_______ I understand that grinding, daytime clinching and **parafunctional forces** (forces in addition to normal functional forces) will accelerate gum recession and bone loss with or with out gum surgery.

In addition to the above outline, the consequences of non-treatment have been explained to me. I have had an opportunity to ask questions and am fully satisfied with the answers I have received. I voluntarily agree to the Gum graft procedure.

______________________________________ ______________
Patient's (Or Legal Guardian's) Signature Date

© Advanced Cosmetic & Implant Dentistry