LUNAR SMILE DENTISTRY

475 Wharncliffe Rd S, London, ON N6J 2N1
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lunarsmiledentistry.ca

PROCEDURE CONSENT

Consent for Gingival Grafting Surgery

Before you sign. Read this form carefully and ask us about anything that is unclear before you sign. Your dentist will go over it with you before treatment begins. To fill it in on a computer, open it in Adobe Acrobat Reader (free), then save it and email it to info@lunarsmiledentistry.ca, or print it and bring it to your appointment.

Patient

Patient full name

Date of birth (YYYY-MM-DD)

Phone

Teeth or area to be grafted

Why a gum graft is recommended

Healthy teeth are surrounded by two kinds of soft tissue. Gingiva is firm gum that is attached tightly to the tooth and bone. Mucosa is softer and movable, like the inside of your cheek. Where there is little or no firm gum, the gum line is more likely to pull back (recede), exposing the root and leading to loss of the bone that holds the tooth in place.

Your dentist has found that some of your teeth do not have enough firm gum around them. Firm gum also matters around fillings or crowns whose edges sit at or below the gum line, and it protects the roots and improves appearance.

The procedure

The area is frozen with local anaesthetic. A thin layer of tissue is taken from the roof of your mouth, or donor tissue (processed human tissue or collagen) is used instead. The gum at the treatment site is prepared, the graft is stitched in place, and your own gum may be stitched over it. Stitches that do not dissolve are removed after about 2 to 3 weeks. Dissolving stitches fall out on their own in about 3 to 4 weeks.

Expected benefits

The main goal is enough firm gum to reduce the chance of further recession. A graft can also cover some exposed root, improve the look of the gum line, and help prevent or reduce sensitivity and root decay. It may not cover all of the exposed root.

Possible risks

About 1 in 20 grafts does not take, usually because the graft shrinks too much, because of smoking, or because it is disturbed in the first week. The graft can then be redone once the area has healed, usually after about 3 months, and the second attempt usually succeeds. If a graft that did not take is redone within 6 months, there is no additional surgical fee.

Other possible complications include:

- infection, bleeding, swelling, pain or facial bruising;

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- jaw joint pain, muscle spasm, or limited opening for days or weeks;
- cracking or bruising at the corners of the mouth;
- temporary changes in speech;
- allergic reactions, or accidentally swallowing small materials;
- teeth that feel looser, or are more sensitive to hot, cold, sweet or acidic foods; and
- numbness of the jaw, lip, tongue, chin or gums, usually temporary but rarely permanent.

How long any complication lasts cannot be predicted, and some may not be reversible.

Other options

Alternatives include no treatment, monitoring the recession over time, and changing how you brush. Without a successful graft, the gum and the bone around the affected teeth are more likely to keep receding.

Your part in healing

Success depends partly on you: daily cleaning as instructed, taking prescribed medications, attending follow-up visits, and returning for regular professional maintenance. Smoking, heavy alcohol use and poor oral hygiene all slow gum healing and can limit the result.

Photos and records (optional)

Photos, x-rays and scans of your mouth are taken as part of your treatment record. With your permission, we may also use them, with nothing that identifies you, for teaching or professional publications. Saying no has no effect on your care.

May we use your de-identified records for teaching?

◯ Yes ◯ No

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Your consent

Please tick each statement to confirm it is true for you.

- ☐ I have read this form, or had it read to me, and I understand it.
- ☐ My dentist has explained the procedure, why it is recommended, the possible risks, and the other options available to me, including no treatment.
- ☐ I have had the chance to ask questions, and my questions have been answered to my satisfaction.
- ☐ I understand that dentistry is not an exact science and that no particular result has been promised or guaranteed to me.
- ☐ I have given an accurate and complete health history, including medications, allergies, past reactions, and pregnancy if applicable.
- ☐ I have told my dentist about all medications I take, prescription and non-prescription, and any medical conditions, habits or past reactions that could matter.

Consent. I consent to gingival (gum) graft surgery as described above. If something unexpected is found during treatment, I allow my dentist to do what is reasonably necessary in my best interest, and I understand this will be discussed with me whenever possible.

Signed by: ○ Patient ○ Parent ○ Legal guardian ○ Spouse / partner ○ Substitute decision-maker

Full name of person signing

Relationship (if not the patient)

Email

Signature

X _____

Date (YYYY-MM-DD)

Sign with the Fill & Sign tool in Adobe Acrobat Reader, or print this page and sign by hand.

For office use

Reviewed with patient by

Witness

Date