LUNAR SMILE
DENTISTRY

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

PROCEDURE CONSENT

Consent for Maxillary Sinus Elevation 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

Area (upper left / upper right)

Treating dentist

Diagnosis and recommended treatment

There is not enough bone height in your upper back jaw, below the sinus, to hold dental implants of a suitable length. Your dentist has recommended a sinus elevation (sinus lift) to add bone in this area. Local anaesthetic will be used, with any other medication your dentist considers appropriate, and antibiotics may be prescribed.

The procedure

The gum is gently moved aside and a small opening is made in the bony wall of the sinus. The thin lining of the sinus is lifted, and graft material is placed underneath. The graft may be your own bone, a synthetic substitute, processed human or animal bone from a tissue bank, or a mix. A membrane may also be used. Some membranes need a small second procedure to remove them.

Implants may be placed at the same visit or after the graft has healed, which can take several months. This often cannot be decided until surgery. Unexpected findings can mean the procedure cannot be started or finished as planned, which may change your treatment plan or lead to a referral to a specialist. You consent to reasonable changes your dentist considers necessary.

Benefits and risks

The expected benefit is enough bone in the upper jaw to support implants.

Possible complications include:

- infection, bleeding, swelling, pain and temporary bruising of the face;
- nosebleeds;
- sinus infection (sinusitis), or a flare-up of existing sinus problems;
- looseness or sensitivity of nearby teeth to hot, cold, sweet or acidic foods;
- gum shrinkage that makes some teeth look longer or leaves larger gaps between them;
- rarely, nerve injury, or infection spreading to other areas, including the bone; and
- failure of the graft, which can lead to implant failure or make implants impossible later.

These complications are possible but not likely, and careful planning prevents most of them. Some may not be

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reversible, and a second procedure may be needed if the first result is not enough. Medical conditions, diet, smoking, alcohol, clenching or grinding, oral hygiene and some medications can all affect the result.

Other options

- No treatment, meaning implants of adequate length cannot be placed in this area.
- Shorter implants, which may be lost sooner.
- Grafting on top of the ridge instead, which may only gain limited bone.
- Implants anchored in bone behind the sinus, which carry their own risks, including bleeding and nerve injury.
- Removable partial or complete dentures, which may become less comfortable as bone loss continues.

Aftercare

Follow all instructions and prescriptions, and see your dentist and regular dentist for checkups. Contact us promptly about nosebleeds, pain, unusual sinus pressure, fever, swelling, pus or reactions to medication. We will tell you when your next visit is due, but booking it is your responsibility.

Sinus elevation is a well-established procedure. As with any surgery, though, no guarantee of success can be given.

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 reported any past drug reactions, allergies, illnesses, symptoms and habits to my dentist.

Consent. I consent to maxillary sinus elevation surgery by my dentist and the assistants they choose. 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