

Informed Consent for Cavitation/Treatment of Osteomyelitis or NICO

Surgical Site(s): _____

I, _____, hereby authorize Dr. Travis G. Hunt DDS and his staff (hereinafter collectively referred to as "the Dental Team") to proceed with Cavitation/Treatment of Osteomyelitis or NICO.

Introduction and Explanation of Procedure: Osteomyelitis is an inflammation of the jaw bone often stemming from infection or necrotic bone tissue due to abscess, extraction residue, or other dental issues. NICO (Neuroglia-Inducing Cavitational Necrosis) manifests as facial pain, headaches, or phantom toothaches linked to necrotic bone tissue. The cavitation treatment consists of surgical cleansing, removal of necrotic bone, and remaining tooth root tips, followed by disinfection and healing enhancement techniques.

Plan:

1. Assessment and Diagnosis: Determine the presence of necrotic bone or root tips.
2. Surgical Cleansing: Open the affected site, remove diseased bone or root tips.
3. Disinfection with Ozone Water: Cleanse the area to eliminate pathogenic bacteria.
4. Placement of PRF (Platelet-Rich Fibrin): Aid in bone and soft tissue healing.
5. Bone Grafting (if needed): Utilized to increase bone density for future implants.

Alternatives:

1. No Treatment: Continuation of current symptoms, potential worsening.
2. Conservative Management: Non-surgical options that may provide temporary relief.

Risks:

1. Infection: Despite cleansing, there is an infection risk.
2. Pain, Discomfort, and Bleeding: Usual surgical risks that can be managed.
3. Nerve Damage: Possibility of temporary or permanent nerve injuries.
4. Failure of Bone Graft or PRF: Requiring further treatments.
5. Allergic Reactions or Sensitivities: Introduction of foreign materials or debris into the sinus cavity can cause or exacerbate allergic reactions or sensitivities.
6. Altered Sensation: Temporary or permanent changes in sensation in the sinus region may occur.
7. Other Risks: Risks specific to the individual's health must be discussed with the medical team.
8. Sinus Exposure and Damage: During the surgical process of cavitation removal in the upper jaw, especially near the sinus cavities, there may be a risk of exposing or damaging the sinus membrane. This is a delicate and complex area, and the proximity of the surgical site to the sinus cavities can lead to the following potential **complications**:
 - **Sinus Membrane Perforation:** Accidental cutting or tearing of the sinus membrane may occur. This might require additional surgical repair, either immediately or at a later date.

- Sinus Infection (Sinusitis): Exposure of the sinus cavity may lead to infection, which can cause symptoms such as nasal congestion, discharge, and facial pain or pressure. Treatment may include antibiotics or further surgical intervention.
- Chronic Sinus Issues: Damage to the sinus membrane might lead to persistent or recurring sinus problems, which may require long-term medical management.
- Impact on Future Treatments: Damage to the sinus cavity might complicate future dental treatments, such as dental implants in the upper jaw.
- Oral-Antral Communication (OAC): This condition is a connection between the mouth and the sinus cavity that doesn't close naturally. It may require additional surgical treatment.

It is imperative that the surgical team is aware of the patient's full medical history, including any sinus-related issues, to minimize these risks. The patient should discuss any concerns with the Doctor and ensure that all questions regarding this risk are satisfactorily answered before proceeding with the procedure.

Questions: All questions about the procedure, recovery, risks, and outcomes should be directed to the Doctor.

Consent: I request Dr. Travis G. Hunt DDS to surgically debride, clean, and disinfect any areas of potentially diseased bone around previous extraction sites. I understand that no guarantee has been made that this treatment will improve my health or general well-being. I acknowledge that this procedure is performed to attempt to remove diseased tissue to improve local healing and vascularity.

I confirm that the risks, alternatives, and procedure have been explained to me, and all my questions have been answered to my satisfaction. I voluntarily agree to proceed with the treatment and assume any and all risks and/or consequences associated with this procedure.

Patient Name (Print): _____

Patient Signature: _____

Date: _____

Witness Name (Print): _____

Witness Signature: _____

Date: _____

Dentist Name (Print): Travis G. Hunt DDS, MaCSD, FICOI, FCII

Dentist Signature: _____

Date: _____