Maxillary Sinusotomy and Foreign Body Removal Informed Consent Form

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 the Maxillary Sinusotomy and Foreign Body Removal surgery.

Introduction:
A maxillary sinusotomy is a surgical procedure that provides access to the maxillary sinus to remove foreign bodies, such as dental fillings, teeth, root tips, implants or other materials that may have become lodged there. It may be necessary due to sinusitis, mucositis, or chronic irritation of the skin of the cheek. This consent form outlines the details of the procedure, including the plan, alternatives, risks, and questions related to the maxillary sinusotomy and foreign body removal.

Procedure Explanation:
Maxillary sinusotomy involves making an incision in the gum tissue at the back of the upper jaw. Following the incision, the gums are lifted to then expose bone, through which a window is created to access the maxillary sinus. Through this opening, the membrane that lines the maxillary sinus will either be manipulated or cut to access and remove the foreign body or inflamed tissue. The opening is often covered with bone or collagen membranes and grafted with Platelet-Rich Fibrin (PRF), which is made from the patient's own blood. Sutures are used to secure the grafting material during healing.

Plan:
1. Preoperative Preparation: Discuss with your doctor your preferences regarding grafting material.
2. Surgery: Removal of the foreign body from the Left maxillary sinus, along with any inflamed tissue.
3. Postoperative Care: Follow-up appointments, adherence to post-operative instructions, including avoiding certain activities.

Alternatives:
1. Conservative management with medications.
2. Different surgical approaches or techniques.
3. Different anesthesia options, such as Nitrous Oxide, Oral Conscious Sedation, or deep sedation with an anesthesiologist.

Risks:
1. Infection or rejection of the grafted bone or collagen.
2. Temporary or rare permanent symptoms of sinusitis.
3. Graft migration, necessitating graft removal.
4. Excessive bleeding.

5. Post-operative pain or sinus pressure.
6. Nerve damage leading to numbness or tingling.
7. Failure of the procedure to resolve the underlying issue.
8. Risks associated with anesthesia, if used.

Questions:

- You are encouraged to ask any questions you may have regarding the procedure, its alternatives, or risks.

Acknowledgment and Consent:

I understand that there may be post-operative discomfort, swelling, and the possibility of bloody discharge. I agree to avoid specific activities, such as blowing my nose or drinking from a straw, for a specified period following surgery.

I understand there is no warranty, guarantee, or assurance that the proposed treatment will be successful, and I agree to contact the Dental Team promptly if complications occur.

I have read this consent form fully, and all questions have been answered to my satisfaction by the Dental Team. I understand the proposed treatment and consent to Maxillary sinusotomy and removal of a foreign body.

Patient Name (Print): _____

Patient Signature: _____

Date: _____