

Vertical Sinus Lift with Dental Implant Placement Informed Consent

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 vertical sinus lift with implant placement surgery.

This informed consent document is designed to provide you, the patient, with comprehensive understanding about the Vertical Sinus Lift and Implant Placement procedure you will undergo. Your signature at the end of this document indicates your understanding and voluntary acceptance of the proposed treatment.

THE PLAN (Procedure): The Vertical Sinus Lift procedure is performed to increase the bone volume in the upper jaw, enabling a secure placement for a dental implant. This can often be accomplished in a single surgery. The procedure involves creating incisions in the gum tissue to expose the underlying bone, followed by an osteotomy, where a hole is drilled to prepare for the implant. An osteotome, often utilized with a surgical mallet, is then used to lift the bony floor of the maxillary sinus. This delicate process allows access to the sinus membrane, which is carefully lifted. Bone graft material is subsequently placed through the osteotomy site to augment the existing bone. Once the graft has successfully elevated the sinus floor and created sufficient bone height and density, a dental implant is placed into the newly formed bone structure, completing the procedure.

Bone Grafting, Tissue Grafting, and Platelet Rich Fibrin (PRF), Use:

In this procedure, materials like bone grafting, Platelet Rich Fibrin (PRF), may be necessary before implant placement if the jawbone lacks adequate thickness. These factors will be evaluated and discussed during your consultation.

- **Allograft Bone Graft:** There might be situations where a bone graft is required. An allograft bone graft involves the use of human donor bone, which is treated to ensure safety and compatibility, to augment the area around the implant. This procedure is performed to replace bone lost to peri-implantitis and to provide robust support for the implant. Since the graft is derived from a human source, it carries a low risk of rejection or infection and integrates well with your own body tissues. Donor bone used for grafting is processed in strict compliance with regulations set by the Food and Drug Administration (FDA) and the American Association of Tissue Banks (AATB). Synthetic grafting materials, including a blend of tricalcium phosphate and hydroxyapatite, are also used. However, synthetic bone integration is generally slower and less efficient compared to donor bone, potentially resulting in delayed bone healing.
- **Platelet Rich Fibrin (PRF):** PRF is a product derived from your own blood platelets and growth factors. This is obtained by processing a blood sample in a centrifuge. The PRF is then applied to the surgical area to promote faster healing and recovery. The growth

factors present in PRF stimulate tissue regeneration, and the fibrin forms a scaffold for the growth of new bone and soft tissue.

ALTERNATIVES: Alternatives to the sinus lift procedure with dental implant placement include, but are not limited to:

1. Traditional dentures: removable prosthetics replacing missing teeth.
2. Dental bridge: uses adjacent teeth as supports for a prosthetic tooth, replacing the missing one.
3. Do nothing: choosing to leave the area with missing teeth as it is.
4. Please discuss these alternatives with your dental provider to understand their benefits and potential complications.

RISKS: While most patients do not experience these complications, you should understand the risks before making your decision:

1. Sinus membrane perforation: While the surgeon will make every effort to keep the sinus membrane intact, there is a possibility of it tearing or getting punctured during the procedure.
2. Infection and/or rejection of grafted bone: This could result in inadequate bone volume for dental implant placement.
3. Sinusitis: Temporary or, in rare cases, permanent symptoms of sinusitis.
4. Graft migration: The graft could move from its original placement, which may necessitate graft removal.
5. Excessive bleeding: Although it's typically controlled, you may experience more bleeding than expected.
6. Post-operative pain: Discomfort should be expected after surgery, which can vary from patient to patient.
7. Paresthesia: Temporary or permanent numbness in the upper jaw or teeth.
8. Failure of dental implant: This can be due to poor osseointegration, infection, or overloading.

POSTOPERATIVE CONSIDERATIONS: After the procedure, you must strictly adhere to the postoperative instructions for successful healing. This includes:

1. Refraining from tobacco use, as it can hinder healing and increase the risk of infection.
2. Avoiding nose blowing and straw use for 10 days post-procedure to minimize disturbance to the surgical area.
3. Sneezing with an open mouth to decrease pressure on the surgical area.
4. Taking all prescribed medications as directed to manage pain and prevent infection.
5. Following the specific liquid diet restrictions and oral hygiene instructions provided by the Dental team.
6. The above-listed considerations are factors that may contribute to immediate failure of the surgery if not properly addressed and is not a comprehensive list.

A detailed set of post-operative instructions will be provided to you prior to your appointment. It is absolutely crucial that you follow these instructions meticulously to ensure

the success of your treatment. Failure to adhere to these guidelines can lead to serious complications, including infection, excessive pain and swelling, failure of the graft or implant, and in extremely rare cases, death. Your cooperation in following these instructions is vital for optimal healing and the overall success of the procedure. The above listed considerations are simply factors that will result in immediate failure of the surgery.

QUESTIONS: It is your right and responsibility to understand this treatment before deciding to proceed. Please ask any questions you may have about the procedure, alternatives, risks, and postoperative considerations.

CONSENT: By signing this form, I acknowledge that I have read and understood the information provided. I have been given ample opportunity to ask questions and all my questions have been answered to my satisfaction. I understand the risks and benefits of the procedure and I give my consent to proceed with the vertical sinus lift and dental implant placement.

Patient Name (Print): _____

Patient Signature: _____

Date: _____