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### **Consent for Bone Grafting and Membrane Placement for Socket Preservation and Sinus Lift Surgery**

After a tooth is extracted a hole in the jaw remains. If left to heal on its own the socket will regenerate bone and the gum tissue will rejoin to become whole. However, considerable bone resorption takes place. Resorption is a loss in the original volume of bone where the tooth used to be and can lead to a narrower or shallower jaw bone. If a replacement is planned (i.e. bridge or implant), the clinician needs to maximize the bone volume in the area being restored for a more desirable outcome. If there is not a desirable amount of bone volume, the ridge will not be wide enough to provide an adequate foundation to place a dental implant or the artificial tooth will not set upon the gums as well leading to food getting trapped around or under it. A bone replacement graft inserted into the socket will provide a scaffolding upon which new bone can grow, preventing the collapse of the socket. This will lead to a wider and thicker jaw ridge and therefore a better, more predictable result when placing an artificial tooth.

The graft material is freeze-dried bone obtained from a tissue/organ bank in the United States. The bone is from cadavers and meets all FDA regulations. It is a granular substance that once loaded in the socket is covered with a membrane and stitched closed. The membrane is resorbable and does not need to be taken out, but is necessary to keep gum tissue from growing into the bone graft material during the healing period. We use two different types of membranes at our office, one made from collagen that we buy, and another made from Platelet Rich Fibrin (PRF) through a process using a patient's own blood. Depending on the procedure, Dr. Green may use a collage membrane, a PRF membrane, or both for your procedure.

As with any surgical procedure, though minimal, there are a few risks involved. These risks include, but are not limited to:

1. A small chance of an allergic reactions, getting hives, or a rash.
2. The sutures becoming loose, The graft material is held in place with sutures, and there is a chance the graft could become dislodged.
3. Additional bone augmentation. Although the graft is meant to maintain ridge and bone volume, the site may still need additional augmentation for a final prosthetic tooth.

By signing below, I acknowledge that the above has been explained to my satisfaction, my questions have been answered, and I understand the risks of bone grafting. I am fully aware that a perfect result cannot be guaranteed or warranted. I also understand I must follow all pre-operative and post-operative instructions in order to help achieve optimal results and aid healing. My signature indicates my understanding of my proposed treatment and I hereby give my willing consent to the surgery.

**Patient's Name:** \_\_\_\_\_

**Signature of patient (or legal guardian):** \_\_\_\_\_

**Date:** \_\_\_\_\_