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Consent for Maxillary Sinus Elevation Surgery and Sinus Bump Surgery

After a tooth is extracted in the upper jaw, 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. In the upper jaw bone, this often leads to the bone being very thin near the sinus and this insufficient bone height will not allow dental implants of proper length to be placed. If a replacement is planned, the clinician needs to maximize the bone volume in the area being restored for a more desirable outcome. The ultimate goal of a maxillary sinus elevation or sinus bump surgery is to obtain sufficient bone in the upper jaw to allow the placement and stability of root-shaped implants of proper length.

The maxillary sinus will be accessed underneath the gum tissue through a small opening in the upper jaw bone. After the sinus is accessed, the lining of the sinuses will be lifted and a bone graft will be placed. This bone graft may include my own bone, synthetic bone substitute, human bone obtained from tissue banks, or a combination of these.

The graft material is freeze-dried bone obtained from a tissue/organ bank in the United States. The bone is from a cadavers and meets all FDA regulations. It is a granular substance that once loaded in the sinus 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 sinus and 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, the doctor may use a collage membrane, a PRF membrane, or both for your procedure.

As with any surgical procedure, there are risks and complications that may result from the surgery. These complications may include, but are not limited to:

1. Infection, bleeding, swelling, pain, temporary discoloration of the face, and nose bleeds
2. Increased tooth looseness, tooth sensitivity to hot, cold, sweet, or acidic foods.
3. Shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth.
4. Rarely, nerve damage can occur to adjacent teeth

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 sinus elevation surgery. 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: _____