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Consent for soft tissue graft (gum graft) surgery

Diagnosis:

In health, two types of tissue surround teeth: gingiva and mucosa. Gingiva is the more fibrous tissue that adheres to the roots of teeth. Mucosa is like cheek tissue, and does not adhere to the roots of teeth as well. If mucosa is the only gum tissue adhering to the roots of the teeth, it is much more likely to recede, causing more root to show.

After an examination, my doctor has advised me that I have an insufficient amount of attached gingiva (firm gum tissue) around some teeth. It is important to have sufficient width of firm, adhered gingiva to the roots of the teeth to withstand the irritation and resist recession. Gingiva (firm gum tissue) also improves the appearance and protects the roots of the teeth.

Recommended Treatment:

My doctor has recommended that gingival grafting (gum grafting) be performed in some areas of my mouth. Local anesthetic will be administered as part of doing the gum graft surgery. Gum grafting involves the transplanting of a thin strip of gingiva from either the palate (roof of the mouth) or human allograft donor tissue. The existing gum tissue around the teeth to be grafted will be reflected back, and the transplanted graft tissue will be sutured in place and the existing gum sutured over the graft tissue. Any sutures (stitches) will need to be removed 2-3 weeks after surgery.

Expected Benefits:

The purpose of gingival grafting is to create an amount of attached gum tissue adequate to reduce the likelihood of future gum recession. It is also hoped to cover back up some of the exposed root(s) of the tooth/teeth. ** Do not expect all exposed root(s) to be completely recovered with this gum graft surgery. That may not happen.

Principal Risks and Complications:

I have told my doctor about any pertinent medical conditions I have, allergies or medications I am taking, including over-the-counter medications such as Aspirin.

Complications that may result from include, but are not limited to:

- 1. **Bruising** Minor bruising after surgery is a normal response and is no cause for alarm. It will improve in 7-14 days.
- 2. **Swelling** Swelling is a normal occurrence after surgery. To minimize swelling, apply an ice pack (bag of crushed ice, bag of peas/corn, towel filled with ice) to the cheek in the area of surgery. Ice is most effective if applied for 10 minutes and then removed for 10 minutes in succession throughout the first day. You should rest or sleep with your head slightly elevated. If possible, try also to sleep on the side opposite the surgery.
- 3. **Stiffness** Some jaw muscle stiffness is common, especially after longer procedures. This is normal and will improve in 7-14 days. After the first day, moist heat application with a warm washcloth and Advil (Ibuprofen) will help relieve some of these symptoms.
- 4. **Muscles** Holding your mouth open during treatment may leave you feeling stiff or sore and your lips

red or cracked, causing difficulty for you opening your mouth wide for several days.

- 5. **Pain** You should begin taking pain medication before you feel the local anesthetic wearing off. Medication will be prescribed to you and should be taken exactly as directed. If you run out of medication, please contact our office. Do not suffer needlessly in pain. *** If you are experiencing an adverse reaction to any of the medications, such as nausea, vomiting, a rash or severe stomach irritation, discontinue the medication and contact our office***
- **6. Bleeding -** Some minor bleeding or redness in the saliva is normal for 24 hours.
- **7. Infection** Because treatment involves contact with bacteria and infected tissue in your mouth, you may also experience an infection, which would be treated with antibiotics.

Alternatives to suggested Treatment:

No treatment. The likelihood of future gum recession and possible loss of affected teeth is higher with no gum graft than with a successful gum graft. There are studies that show the incidence of tooth loss is 6 times greater in individuals with untreated gum problems as compared to early treatment of gum problems.

Necessary Follow-up Care and Self-Care:

I need to come back in for several post-operative check-ups so that healing may be monitored. In a small number of patients (<5%) the graft does not "take". The usual causes are patient's lack of compliance with post-surgical care instructions such as poor oral hygiene, smoking or knocking the graft loose. Other causes for graft failure are infection or excessive swelling. Graft failure may cause additional recession and sensitivity. My doctor will re-evaluate the surgical site in 4 months to assess the final result. In the meantime it is important for me to continue seeing my regular dentist for routine dental care.

Consent

I have been informed of the nature of my dental problem, the procedure to be utilized, the risks and benefits of having this gum graft surgery, the alternative treatments available, the necessity for follow-up and self-care, and the necessity of telling my doctor of any pertinent medical conditions and prescription and non-prescription medications I am taking. I have had an opportunity to ask questions.

I consent to the performance of the gum graft surgery. I have read and understood this document before I signed it.

Date	
[Signature of patient, parent or guardian]	[Printed name of patient, parent or guardian]
[Signature of witness]	[Printed name of witness]