

INFORMED CONSENT FOR MAXILLARY SINUS ELEVATION SURGERY

I hereby authorize Dr. Kannan Komandur (herein called Doctor) to perform maxillary sinus elevation surgery on me.

Diagnosis: My Doctor has told me that I have an insufficient bone height in my upper jaw to place dental implants of adequate length.

Recommended Treatment: In order to be able to place implants of adequate length in my upper jaw, my Doctor has recommended that my treatment include maxillary sinus elevation surgery. A local anesthetic will be administered in addition to medications deemed appropriate by my Doctor. Oral antibiotics may be prescribed.

My gum tissue will be pulled back and an opening will be created in the gums under the area of my maxillary sinus. After access to the sinus is created, the lining of sinuses will be lifted. Underneath the lining, a bone graft will be placed. This graft may include my own bone, synthetic bone substitute, human bone obtained from tissue banks, or a combination of these. Prefabricated membranes may also be used, which, if non resorbable, require a small additional surgical procedure for membrane removal.

Dental implants may or may not be placed at the time of the sinus lift surgery. Whether implants will be placed at the same time cannot be determined with certainty before the procedure, and I understand that implant placement may have to be delayed for as long a time as my Doctor deems advisable.

I understand that unforeseen conditions may call for changes in the anticipated surgical plan. These may include, but are not limited to: (1) extraction of teeth, (2) the removal of parts of teeth, (3) inability to start or complete the sinus elevation procedure. I understand that I consent to any such changes as deemed indicated in the opinion of my Doctor. Any of these unforeseen changes may lead to a change in my dental treatment plan. This may include, but is not limited to: (1) the need for additional dental work, or (2) the modification of the planned dental work. Some complications could include the need for a referral to other dental or medical specialists.

Expected Benefits: The expected benefit is that sufficient bone will be available in my upper jaw to allow placement of root –shaped implants.

Principal Risks and Complications: I understand that complications may result from the surgery and/or any drugs used. These complications may include, but are not limited to infection, bleeding, swelling, pain, temporary discoloration of my face, increased tooth looseness, tooth sensitivity to hot, cold, sweet, or acidic foods, shrinkage of the gum upon healing resulting in elongation in some teeth and greater spaces between some teeth. Rarely, nerve damage can occur and infections can spread to other parts of the body. Nose bleeds can occur and local infection can spread to the bone (osteomyelitis) Failure of the bone graft can lead to failure of implants placed in the area, or inability to place the implants at a later date. Chronic or acute sinusitis may occur as a result of this procedure. Existing sinusitis may be aggravated or recur more frequently.

