

## CONSENT FOR GINGIVAL GRAFT SURGERY

My periodontist has advised me that I have significant gum recession. I understand that with this condition, further recession of the gumline may occur. Gum tissue may also be placed to improve appearance and to protect the roots of the teeth.

My periodontist has recommended that a gingival graft procedure be performed in areas of my mouth with significant gum recession. This surgical procedure involves the transplanting of a thin strip of gum tissue from another area of my mouth or from the adjacent teeth. The transplanted strip of gum tissue can be placed at the base of the remaining gum, or it can be placed so it will partially cover the tooth root exposed by the recession.

The purpose of the gingival graft is to create an amount of attached gum tissue adequate to reduce the likelihood of further recession. Another purpose for this procedure may be to cover exposed root surfaces, to enhance the appearance of the teeth and gumline or to prevent or treat root sensitivity or root decay.

I understand that a small number of patients do not respond successfully to gingival grafts. If a graft is placed to partially cover the tooth root surface exposed by the recession, the gum tissue placed over the root may shrink back during healing. In such a case, the attempt to cover the exposed root surface may not be completely successful.

I understand that complications, although rare, may result from gingival grafting or from the anesthetics. These complications include but are not limited to 1. infection 2. bleeding, swelling and pain 3. facial discoloration 4. sensitivity to hot, cold, sweet or acidic foods 5. allergic reactions. The exact duration of complications cannot be determined.

There is no method that will accurately predict how gum tissue will heal. In addition the success of a gingival graft can be affected by 1. medical conditions 2. nutritional problems 3. smoking 4. alcohol consumption 5. clenching and grinding of teeth 6. poor oral hygiene 7.

prescription medications. To my knowledge I have reported to the periodontist any prior drug reactions, allergies, symptoms, habits or conditions which might in any way relate to this surgical procedure. I understand that my diligence in providing the personal daily care recommended by my periodontist and in taking all prescribed medications are important factors for the ultimate success of the procedure. My periodontist has explained alternative treatments for my gum recession. These are either no treatment and/or continued monitoring for progressive recession.

I hearby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed surgery will be successful. In most cases the treatment would provide benefit in reducing the cause of my condition and will produce healing which will help me keep my teeth. Due to individual patient differences, however, a periodontist cannot predict certainty of success.

I authorize photographs, x-rays or other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry.

I have been fully informed of the nature of gingival graft surgery, the procedure to be utilized, the risk and benefits of such surgery, the alternative treatments available and the necessity of follow up and self care. I have had the opportunity to ask any questions that I have in connection with the treatment and to discuss my concerns with the periodontist. After thorough deliberation, I hearby consent to the performance of gingival graft surgery as prescribed to me during consultation and in the treatment plan presentation as described in this document.

I certify that I have read and fully understand this document.

Date	Name of Patient
Date	Name of Parent or Guardian
 Date	Name of Witness