

Mark Sebastian, DMD

Practice limited to periodontics and dental implants
33516 Ninth Ave. South, #2
Federal Way, WA 98003
(253) 941-6242 --or-- (253) 952-2005
MarkSebastianDMD@aol.com

Consent for Connective Tissue Graft (gum graft) Surgery

Diagnosis: In health teeth are surrounded by two types of tissue: gingiva and mucosa. Mucosa is like cheek tissue, and does not adhere to the roots of the teeth or underlying jawbone very well, as compared to gingiva, which is a more fibrous tissue. Mucosa at the gum line of teeth or as the only gum tissue that is adhering to the roots of the teeth is much more likely to recede, causing more root of the tooth to show and causing a loss of the underlying jawbone around the tooth. Having a good amount of jawbone around the teeth is essential, as it is the jawbone that holds the teeth in. The gum just covers it over.

After an examination and study of my dental condition, Dr. Sebastian has advised me that I have an insufficient amount of attached gingiva (firm gum tissue) around some teeth. With this condition, recession of the gum may occur. In addition, for fillings or crowns with edges under the gumline, it is important to have sufficient width of firm, adhered gingiva to the roots of the teeth to withstand the irritation they may cause. Gingiva (firm gum tissue) also improves the appearance and protects the roots of the teeth.

Recommended Treatment: Dr. Sebastian has recommended that gingival grafting (gum grafting) be performed in some areas of my mouth. Local anesthetic (commonly called novocaine) 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 and sutures will be placed on the palate) or human allograft donor tissue processed from a US accredited tissue bank. The existing gum tissue around the teeth to be grafted will be excised back, and the transplanted graft tissue will be sutured in place and the existing gum sutured over the graft tissue. Any sutures (stitches) on the palate are non-dissolvable and will need removed in about 1 week. Any dissolvable sutures around the grafted tooth will fall off in about 3 to 4 weeks. In most cases, about 3 to 4 months after the graft is done, it is necessary to “refine” the grafted area like a scar revision, usually using a dermatology-type carbon dioxide laser. There is no extra fee for this.

Expected Benefits: The purpose of gingival grafting is to create an amount of attached gum tissue adequate to reduce the likelihood of gum recession. It is also hoped to cover back up some of the exposed root(s) of the tooth/teeth.

*** Do not expect all of the exposed tooth root caused by existing gum recession to be totally recovered with this gum graft surgery. That may not happen.*

Initials _____

Principal Risks and Complications: A small number of patients (usually around 5% or so) do not have the graft “take”. The usual causes are excessive shrinking of the graft tissue while healing the first couple of weeks, smoking, or the patient knocking the graft loose during the first week. So it might be necessary to do the graft over again after about 3 months to allow the surgical sites to heal up first. Usually, but not always, the 2nd graft will “take”. There is no extra surgical fee charged for this if the graft did not take and is redone within 6 months.

Complications that may result from surgery could involve the surgery procedure, gum or bone regenerative materials, drugs, or anesthetics. These complications include, but are not limited to post-surgical infection, bleeding, swelling, pain, facial bruising, jaw joint pain or muscle spasm, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reactions, accidental swallowing of foreign matter, and transient or permanent increase in tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, and transient (on rare occasions permanent) numbness of the jaw, lip, tongue, chin or gums. The exact duration of any complication cannot be determined, and they may be irreversible.

Alternatives to suggested Treatment: No treatment. The likelihood of gum recession and subsequent jawbone loss around the effected 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: It is important for me to continue to see my regular dentist for routine dental care.

Smoking may adversely affect gum healing and may limit the successful outcome of my surgery. Studies show smokers have more grafts that fail to “take” than non-smokers.

I have told Dr. Sebastian about any pertinent medical conditions I have, allergies (especially to medications or sulfites (many local anesthetics have sulfite preservatives)) or medications I am taking, including over the counter medications such as aspirin.

I need to come back in for several post-operative check-ups so that healing may be monitored and so Dr. Sebastian can evaluate and report on the outcome of surgery to my dentist.

Smoking, excessive alcohol intake or inadequate oral hygiene may adversely affect gum healing and may limit the successful outcome of my surgery. I know that it is important to:

1. Abide by the specific prescriptions and instructions given.
2. See Dr Sebastian for post-operative check-ups as needed.
3. Quit smoking.
4. Perform excellent oral hygiene once instructed to, usually starting 2 weeks after the surgery is done.
5. Have the graft area reshaped if it is needed several months later, usually with a carbon dioxide laser like dermatologists use. There is no extra charge for this.

Initials _____

I know I should only use soft bristle toothbrushes or soft electric toothbrushes (such as a Sonicare) forever. Good oral hygiene forever is essential to good dental health.

No Warranty or Guarantee: While in most cases gum grafting is successful both in “taking” and preventing further gum recession from occurring, no guarantee, warranty or assurance has been given to me that the proposed gum graft will be successful. Due to individual patient differences no one can predict certainty of success. There is a remote possibility of a worsening of my present condition, including the possible loss of certain teeth, despite the best of care.

Publication of Records: I authorize photos, slides, x-rays or any other viewing of my care and treatment during or after its completion to be used for either the advancement of dentistry or in promotional materials. My identity will not be revealed to the general public.

Communication with my insurance company, my dentist or other dental/medical providers: I authorize sending correspondence, reports, chart notes, photos, x-rays and other information pertaining to my treatment before, during or after its completion with my insurance carriers, my dentist, and any other health care provider I may have who may have a need to know about my dental treatment.

Females Only: Antibiotics may interfere with the effectiveness of oral contraceptives (birth control pills). Therefore, I understand that I will need to use some additional form of birth control for one complete cycle besides just birth control pills after a course of antibiotics is completed.

Procedure(s) to be performed:

Initials _____

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 Dr. Sebastian 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 as presented to me during my consultation and as described in this document above. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of Dr. Sebastian. I have read and understand this document before I signed it.

Date

[Printed name of patient, parent or guardian]

[Signature of patient, parent or guardian]

Date

[Printed name of witness]

[Signature of witness]