

CONSENT FOR PERIODONTAL THERAPY NON-SURGICAL & SURGICAL

I, _____ (name of patient) hereby authorize Dr. Pascuzzi /Dr. Sullivan to perform the following non-surgical and surgical treatment(s) as indicated below. A description of these procedures is on the reverse of this form:

1. Scaling and Root Planing
2. Occlusal Adjustment / Selective Grinding
3. Night Guard Fabrication
4. Extra-coral Splinting
5. Gingival flap surgery
6. Osseous surgery with apically repositioned flaps
7. Regenerative surgery - Guided Tissue Regeneration / Guided Bone Regeneration using animal (Cow or Pig) collagen membranes, Teflon membranes, bone grafts from tissue banks, cow bone grafts, and/or growth factors.
8. Crown Lengthening with apically repositioned flaps
9. Muco-gingival surgery - Free gingival grafts, Connective tissue grafts, Repositioned flaps
10. Root resection surgery
11. Frenectomy/Fiberotomy
12. Sinus Lift & Augmentation

I understand that I have a form of periodontal disease or a structural problem that has caused damage to the soft tissue and/or bone around my teeth and is endangering the health of my periodontal tissues. This disease or structural problem, if left untreated, is generally non-reversible and can be progressive, leading to further damage and possible loss of my teeth.

I also understand that a variety of non-surgical and surgical procedures are used to treat periodontal disease and structural problems. While these procedures are generally successful, I understand that no guarantee, warranty, or assurance has been given me concerning the proposed treatment.

It has been explained to me that long-term success of treatment requires my cooperation and performance of effective plaque control (home care), on a daily basis. Equally important, are periodic periodontal maintenance visits at a periodontal/dental office after the proposed periodontal treatment is completed. This is because most periodontal disease is inflammatory and chronic in nature, which requires continuing treatment to keep it under control. Periodontal disease is rarely totally curable, even with the most effective treatment, but can usually be controlled and monitored.

I further understand that the rate of the progression of the disease is variable and unpredictable, but if no treatment is rendered, my present periodontal condition will probably worsen in time, which may result in premature tooth loss.

I have been informed that other possible alternative methods of treatment include: no treatment, non-surgical treatment (root planning followed by periodic maintenance), other surgical treatment procedures, antibiotic/chemotherapy, laser therapy or extraction.

Although complications from non-surgical therapy and periodontal surgery are rare, they can occur. The potential complications are as follows: tooth sensitivity, gum recession (shrinkage) with tooth elongation, post-surgical discomfort, bleeding, swelling, infection, increased tooth looseness, food impaction between teeth after eating, unaesthetic exposure of crown margins, sensory nerve damage resulting in numbness or altered sensation, perforation of sinus membranes, and sinus infection.

I certify that I have fully read and understand the above consent to the proposed periodontal treatment. I have been given the opportunity to ask any questions or request a more detailed explanation, and to discuss with the doctor my complete past medical health history including any serious problems, illnesses, injuries or allergies.

Date: _____

Patient's Signature: _____

Date: _____

Doctor's Signature: _____

Joel N. Pascuzzi, DMD
Andrew J. Sullivan, DDS

1. **Scaling and Root Planing** – Under local anesthesia, the roots in each quadrant of the mouth are thoroughly cleaned and the inside tissues of the gum pockets are curetted. As a result, shrinkage of the gum tissue and pockets will occur.
2. **Occlusal Adjustment / Selective Grinding** -When teeth come together, a force is generated by the muscles of mastication. All the teeth must share this force equally and this force should be centered towards the long axis of the teeth. In this procedure, adjustments are made to achieve these goals.
3. **Night Guard Fabrication** -A clear processed acrylic appliance is fabricated for patients who are clench or grind their teeth from a para-functional habit. As a result, the appliance wears instead of the teeth, bone support, masticatory muscles and/or the joint becoming affected.
4. **Extra-coronal Splinting** – A procedure where loose teeth are joined to stronger teeth by bonding external to the teeth, with the aid of a stainless steel mesh.
5. **Gingival Flap Surgery** – Under local anesthesia, the gum tissue is surgically reflected and gently retracted to expose the roots. After thoroughly cleaning the root surfaces, the tissue is secured back in place with sutures. As a result, the tissue shrinks and the tooth/teeth may appear longer.
6. **Osseous Surgery with Apically Repositioned Flaps** – Same as Gingival Flap Surgery, but the flaps are reflected more and the bone is reshaped and then the flaps are repositioned at the new bone level. As a result, the teeth will be longer and possibly sensitive to thermal changes, which will eventually improve.
7. **Regenerative Surgery** – This is referred to as Guided Tissue Regeneration or Guided Bone Regeneration. The purpose of this surgery is to regenerate previously lost oral tissues such as bone, cementum and/or periodontal ligament. This is accomplished by using materials such as bone grafts and membranes. These materials do not guarantee complete regeneration of the lost support, but have been demonstrated to be more effective, than flap therapy, based upon the pattern of bone loss. The following materials are commonly employed:
 - a. Bone particles obtained from the re-contouring process, which is referenced above, are placed into the bony defect to stimulate growth.
 - b. Inert, man-made "bone crystals", composed of the same minerals as in natural bone, are sometimes used to fill the bony defects or at times, cow bone, which is structurally similar to human bone is used.
 - c. Membranes of Teflon or animal collagen (pig or cow) are placed between the gum tissue and the bone and secured in place with sutures. These aid the repair process by preventing the soft gum tissue from interfering with new bone formation during the early stages of the healing period. A second surgical phase may be required to remove a non-resorbable membrane, after a suitable healing period.
 - d. The most common tissues used today in regenerative techniques are mineralized and demineralized freeze-dried bone allografts. These materials are taken under sterile conditions from human donors with no known systemic disease, and negative blood tests for any infection. The tissue is also tested (cultured), sometimes decalcified, and processed under strict laboratory conditions known to kill all bacteria and viruses under experimental conditions. It is then cultured again for any contamination, and stored in a vacuum-sealed sterile container, until it is ready to be opened during the surgical procedure. This material resorbs away (disappears) in a short period of time and simply acts as a matrix for new bone formation.
 - e. At times, a Growth Factor is used to stimulate cells to form bone forming cells and other tissue forming cells in an attempt to regenerate lost attachment and bone. This Growth Factor, PDGF, is presently in the body and is released by platelet blood cells.
8. **Crown Lengthening** -The gingival margin (gum line) is altered to expose more of the tooth. This may be desirable to improve the esthetics of the area or to allow the restorative dentist to restore a badly broken down tooth or fractured
9. **Muco-gingival surgery** -Gum tissue (Free Gingival Graft) may be moved or transplanted from one area of the mouth to another in an attempt to reinforce the gum line, stop the recession, or cover an area of exposed root surface (Connective Tissue Graft). If the roof of the mouth is used as the donor site, a dressing is placed to protect the area, while it is healing.
10. **Root resection surgery** – In some cases, only one root of a multi-rooted tooth is affected. Rather than remove the entire tooth, the infected root can be removed using surgical procedures described above (Gingival Flap Surgery/Osseous) This procedure often requires removal of some of the bone around the necks of the root.
11. **Frenectomy /Fibrotomy** – A surgical procedure under local anesthesia, where a muscle attachment, which is too highly attached is removed and fibers around the teeth are cut in order to reattach.
12. **Sinus Lift & Augmentation** -The floor of the maxillary sinus is lifted by osteotome instruments or externally. Bone is placed in the created space to increase the height of the bony ridge to accommodate placement of implants.