INFORMATION & INFORMED CONSENT · SURGICAL DENTISTRY

CD-C23

Gum Graft

Please read this form carefully before your treatment. It explains what is involved, the benefits, the risks and your options. Ask your dentist about anything you do not understand. You do not have to sign until you are ready.

PATIENT DETAILS

PATIENT NAME

DATE OF BIRTH

TEETH / AREA

DONOR SITE (PALATE / DONOR MATERIAL)

TREATING DENTIST

CLINIC

01 About the treatment

A gum graft covers exposed tooth roots or thickens thin gum where recession has occurred. Tissue is usually taken from the roof of the mouth (palate), or a donor tissue substitute is used, and stitched over the recession site. Healing takes 2 to 4 weeks, with tissue maturing over several months.

EXPECTED BENEFITS

- Covers exposed roots and reduces sensitivity
- Protects against further recession
- Improves appearance of the gum line

ALTERNATIVES

- No treatment and monitoring
- Desensitising treatments
- Tooth-coloured fillings over exposed roots
- Orthodontic treatment if tooth position contributes

02 Risks and possible complications

All dental treatment carries some risk. Most complications are uncommon and manageable, but you should know about them before deciding. Risks specific to you, including those relating to your medical history, have been discussed with you.

- **Local anaesthetic.** Numbness usually wears off within 2 to 5 hours. Bruising or tenderness at the injection site, temporary jaw stiffness or a racing heartbeat can occur. Rarely, an injection touches a nerve and causes numbness or tingling that lasts weeks or longer, or an allergic reaction occurs.
- **Pain, swelling and bruising** are expected and usually peak 2 to 3 days after surgery, then settle over 7 to 10 days.
- **Bleeding.** Oozing for up to 24 hours is normal. Prolonged bleeding is uncommon and is more likely if you take blood thinners.
- **Infection** may require antibiotics, drainage or further treatment.
- **Limited mouth opening and jaw stiffness** for several days.
- **Damage to neighbouring teeth, fillings or crowns** during surgery.
- **Graft failure.** Some or all of the graft material may not integrate and may need to be removed or repeated.

- **Graft materials** may be synthetic, bovine (cow) or porcine (pig) derived, or human donor tissue. Tell us if you have cultural, religious or personal objections.
- **Incomplete root coverage.** The amount of recession covered varies and cannot be guaranteed.
- **Palate pain and bleeding** from the donor site, which can be more uncomfortable than the graft site.
- **Colour or texture mismatch** of the grafted gum.

03 Your acknowledgement

Tick each box to confirm you understand and agree.

- [ ] I have been told which graft materials may be used and their origin, and I have no objection, or I have told the dentist my preference.
- [ ] I have read this form, or it has been read to me, and I understand it.
- [ ] The dentist has explained the proposed treatment, why it is recommended, the expected benefits, the material risks and the reasonable alternatives, including no treatment.
- [ ] I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.
- [ ] I understand that dentistry is not an exact science and that no guarantee has been given about the outcome or how long treatment will last.
- [ ] I have given the dentist a complete and accurate medical history, including medicines, supplements, allergies and pregnancy (if applicable), and I will tell the clinic of any changes.
- [ ] I understand that unforeseen findings during treatment may require a change in plan, and that the dentist will discuss this with me where practical.
- [ ] I have received a written estimate of fees. I understand that fees may change if the treatment plan changes, and that health fund rebates are my responsibility to confirm.
- [ ] I consent to clinical photographs, X-rays and scans being taken and kept in my record. These will not be used for any other purpose without my separate written consent.
- [ ] I understand that I may withdraw my consent at any time before or during treatment.

04 Financial consent

ESTIMATED FEE ($) _____ ITEM NUMBERS / QUOTE REFERENCE _____

05 Consent

I, the undersigned, consent to **Gum Graft** as described above, and to the administration of any local anaesthetic or other medicines needed for this treatment.

Patient (or parent / guardian / substitute decision-maker)

FULL NAME _____ SIGNATURE _____ DATE _____

Dentist

I have explained the treatment, risks, benefits and alternatives, and answered the patient's questions.

NAME _____ SIGNATURE _____ DATE _____

Interpreter (if used)

NAME / LANGUAGE _____ SIGNATURE _____ DATE _____