INFORMATION & INFORMED CONSENT · SURGICAL DENTISTRY

CD-C25

Socket Preservation

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

TOOTH / SITE

GRAFT MATERIAL

TREATING DENTIST

CLINIC

01 About the treatment

Socket preservation is a bone graft placed into the socket immediately after a tooth is removed. It reduces the shrinkage of bone and gum that naturally follows extraction, so the site is better suited for a future implant or bridge. The socket is filled with graft material, covered with a membrane or collagen plug, and stitched.

EXPECTED BENEFITS

- Maintains bone volume and gum contour
- Improves the chance of placing an implant without further grafting

ALTERNATIVES

- Extraction without grafting
- Immediate implant placement where suitable
- Bridge or denture

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.
- **Nerve injury (lower jaw).** Nerves supplying the lower lip, chin, tongue and teeth lie close to the lower back teeth. Bruising or injury can cause numbness, tingling or altered taste. This is usually temporary but in rare cases is permanent.

- **Sinus involvement (upper jaw).** Upper back teeth lie close to the maxillary sinus. An opening between the mouth and sinus can occur, which may need further treatment to close. Sinus infection or congestion can also occur.
- **Dry socket** and the usual extraction risks.
- **Graft failure.** Some or all of the graft material may not integrate and may need to be removed or repeated.
- **Graft particles** may work out through the gum in the first weeks. A few gritty granules are normal.
- **Exposure of membrane** through the gum, which may need management or removal.
- **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.
- **Some bone loss** still occurs; further grafting may be needed before an implant.

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 **Socket Preservation** 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 _____