

GINGIVAL GRAFT INFORMED CONSENT

Tooth recession can be caused by several factors.

The main causes are mechanical (e.g., vigorous brushing), inflammatory (e.g., periodontal disease), and/or resistance-related (e.g., occlusion, personal predisposition). This results in the loss of gum and bone as well as exposure of the tooth roots, a phenomenon commonly known as gingival recession.

A gingival graft may be indicated to stop the recession process and/or to thicken the existing gum to prevent further loss of gum and bone.

Dr. _____ and his team have informed me of the need to undergo periodontal surgery in areas predisposed to or already affected by gum recession.

☐ For alloderm graft cases: The tissue used to cover the areas of recession will be an acellular matrix from a tissue bank.

☐ For autogenous graft cases: The tissue used to cover the areas of recession or lack of attached gum will be harvested from the palate.

Possible complications include:

Risks and Potential Complications	Difficulties Related to This Case
<ul style="list-style-type: none"> • Pain • Bruising (hematoma) • Swelling (edema) • Infection • Postoperative bleeding • Temporary loss of sensation in the operated area • Root sensitivity • Coverage of exposed root • Recurrence of recession • Graft necrosis 	<ul style="list-style-type: none"> • Patient's medical condition • Difficult access • Reduced vestibular height • Muscle strength • Severity of recession • Inflammation of tissues around the recession • Severity of root concavity • Presence of a root filling <p><u>Prognosis</u> Tooth # : _____</p> <ul style="list-style-type: none"> • Good • Fair • Reserved or unfavorable

By signing this, I acknowledge the following:

- I understand that once the surgery is complete, there may be a period of discomfort.
- I am aware that the healing of the graft can be affected by my medical condition, diet, and the consumption of alcohol/smoking.
- I have been warned that the success of the treatment depends on my cooperation in following the instructions and maintaining good hygiene.
- I commit to attending the scheduled follow-up appointments and following the recommendations.
- I understand that any unusual reaction to the treatment cannot be predicted and that one of the complications mentioned may occur, in which case I will notify you as soon as possible.
- I have also had the opportunity and taken the time to ask all my questions to the dentist.

Patient's Signature: _____

Date: _____