

## Sinus Lift Consent Form for future implant placement:

**Diagnosis:** My Doctor has told me that I have an insufficient bone height in my upper jaw to place dental implants of adequate length.

**Recommended Treatment:** In order to be able to place implants of adequate length in my upper jaw, my Doctor has recommended that my treatment include maxillary sinus lift surgery. A local anesthetic will be administered in addition to medications deemed appropriate by my Doctor. Oral antibiotics may be prescribed. My gum tissue will be pulled back and an opening will be created in the wall on the side of my maxillary sinus. After access to the sinus is created, the lining of sinuses will be lifted. Underneath the lining, a bone graft will be placed. This graft may include my own bone, synthetic bone substitute, human bone obtained from tissue banks, or a combination of these. Prefabricated membranes may also be used, which, if non-resorbable, require a small additional surgical procedure for membrane removal. Dental implants may or may not be placed at the time of the sinus lift surgery. Whether implants will be placed at the same time cannot be determined with certainty before the procedure, and I understand that implant placement may have to be delayed for as long a time as my Doctor deems advisable.

I understand that unforeseen conditions may call for changes in the anticipated surgical plan. These may include, but are not limited to: (1) extraction of teeth, (2) the removal of parts of teeth, (3) inability to start or complete the sinus elevation procedure. I understand that I consent to any such changes as deemed indicated in the opinion of my Doctor. Any of these unforeseen changes may lead to a change in my dental treatment plan. This may include, but is not limited to: (1) the need for additional dental work, or (2) the modification of the planned dental work. Some complications could include the need for a referral to other dental or medical specialists.

**Expected Benefits:** The expected benefit is that sufficient bone will be available in my upper jaw to allow placement of root -shaped implants.

**Principal Risks and Complications:** I understand that complications may result from the surgery and/or any drugs used. These complications may include, but are not limited to infection, bleeding, swelling, pain, temporary discoloration of my face, increased tooth looseness, tooth sensitivity, shrinkage of the gum upon healing resulting in elongation in some teeth and greater spaces between some teeth. Rarely, nerve damage can occur and infections can spread to other parts of the body. Nose bleeds can occur and local infection can spread to the bone (osteomyelitis).

Failure of the bone graft can lead to failure of implants placed in the area, or inability to place the implants at a later date. Chronic or acute sinusitis may occur as a result of this procedure. Existing sinusitis may be aggravated or recur more frequently. Complications may be irreversible.

There may be a need for a second procedure if the initial results are not satisfactory. The success of sinus elevation procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and medications that I may be taking.

**Alternatives to Suggested Treatment:** Alternatives to the sinus elevation procedure include: (1) no treatment, resulting in an inability to place implants of sufficient length in the area, (2) grafting on top of the bony ridge in the area and (3) false teeth unrelated to implants, such as removable partial and complete dentures.

**Necessary Follow-Up and Self-Care:** It is important for me to: (1) abide by the specific prescriptions and instructions given by my Doctor, and (2) see my Doctor and my regular dentist for periodic examinations and preventative treatment. Failure to follow such recommendations could lead to ill effects and treatment failure. I also need to inform my Doctor as soon as possible of any complications or symptoms that may relate to the sinus elevation procedure or placement of the graft/implants.

**Vertigo Risk:** Sinus lift procedures sometimes involve tapping with an osteotome and this can cause calcium crystals in your ear to break loose resulting in months or even years of vertigo for the patient. This can result in years of severe dizziness and vertigo for the patient following osteotome sinus lift procedures that we utilize.

**Financial Consent Portion:**

This is just an estimate not a guarantee of payment by your insurance company. All payments are due at the time of service. In the event that your insurance pays less than the estimated portion the patient is responsible for the balance.

**Legal Fees:**

The dental company is entitled to claim legal fees and lost wages incurred for any situation where legal action against the dental company is initiated and ultimately unsuccessful.

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