

CONSENT FOR MAXILLARY SINUS REPAIR SURGERY

I, _____, hereby authorize Dr. Francesco Aguiar/Marcoschian to perform maxillary sinus repair surgery on my self.

Diagnosis: My doctor has told me that I have a sinus communication between my sinus cavity and the external oral environment.

Recommended Treatment: In order to close the communication in Dr. Francesco Aguiar/Marcoschian has recommended that my treatment include maxillary sinus access with possible sinus grafting surgery. A local antibiotic will be administered in addition to medications deemed appropriate by Dr. Francesco Aguiar/Marcoschian. Oral antibiotic may be prescribed.

My sinus tissue will be pulled back and an access to the opening of the maxillary sinus will be created. A bone access to the sinus cavity lining of the sinus will be created by harvesting a bone from the nasal aspect of my palate in the roof of my mouth and on occasion, a bone graft will be placed as determined by the doctor at the time of the surgery. This graft may include my own bone, synthetic bone substitutes, human bone obtained from human donors, or a combination of these. Pre-fabricated membranes may also be used.

Facial asymmetry as well as bone options for use in the future could will be determined at a later time after initial healing has been completed.

I understand that unforeseen conditions may call for changes to 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 Dr. Francesco Aguiar/Marcoschian.

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) modification of the planned dental work. Some complications could include the need to refer to other dental or medical specialists.

Expected Results: The expected result is that the existing perforation is repaired to be closed but not guaranteed and it may require an additional surgical procedure.

Principal Risks and Complications: I understand that complications may result from the surgery and/or my drug use. These complications may include, but are not limited to infection, bleeding, swelling, pain, temporary discomfort of any kind, increased tooth loosening, tooth sensitivity to hot, cold, sweet, or acidic foods, shrinkage of the gum upon healing resulting in disruption of some teeth and greater spaces between some teeth. Finally, some changes can occur and infections can spread to other parts of the body. Some risks include sinus and local infection that spread to the brain (meningitis). Failure of the bone graft can lead to failure of the implant placed in the area, or inability to place the implant into a viable site. Chronic or acute sinusitis may occur as a result of the procedure. Existing sinusitis may be aggravated or occur 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.