

Explanation of Sinus Lift Surgery & Consent for Treatment



THIS INFORMATION IS PROVIDED SO THAT YOU MAY BETTER UNDERSTAND THE TREATMENT RECOMMENDED FOR YOU. WE WANT YOU TO FEEL CONFIDENT AND WELL-INFORMED ABOUT THE DECISIONS YOU MAKE FOR YOUR TREATMENT.

What is a Sinus Lift? And what are my options?

A sinus lift is necessary when there is insufficient bone in the upper jaw to support a dental implant because of the extent of your sinus (an air space behind your cheekbone). We do a specific type of sinus lift called a “tent”, that is done in conjunction with implant placement. Approaching the area from inside your mouth, we raise the lining of your sinus floor (like erecting a tent) and pack bone graft material underneath.

The bone graft material is real human bone that comes to us as a dry, coarse, sterilized powder. We combine that with fibrin proteins taken from your blood and pack it into the “tent”, and then seal the area from the mouth side with the dental implant. Within a few months your body will turn that irregular collection of bone into an organized matrix of healthy new bone that will support the implant for the rest of your life. Alternative options may include partial dentures, fixed prosthetics (e.g. “bridge”), and postponing treatment.

What are the possible complications/risks?

Most dental surgeries are simple outpatient procedures, and the utmost care and caution is taken to minimize the risk of any significant complication. But as with any medical procedure, complications can and do occur, from mild to severe. Below are some, but not all, of the possible complications and risks associated with sinus tent surgery:

Common Reactions:

- Pain/soreness (sometimes with swelling). It may only last a day, but sometimes for up to a week or more.
- Bleeding. A certain amount of bleeding is expected and normal anytime a surgery is performed. That bleeding may come from inside your mouth or even from your nose via the sinus. Bleeding may cause bruising of your cheek/eye area.
- Sinusitis (inflammation of the sinus). Can cause sinus headache and congestion.
- Sinus Exposure. Caused when the surgery results in a tear of the sinus membrane. Because we are purposely manipulating this membrane during the surgery, it can tear, leading to a loss of containment of the bone graft material within your sinus. If this occurs, it may have to be corrected by an oral surgeon in a separate procedure.

Other Less Common, But Possible Complications:

- Post-operative infection. Infection can slow healing, and cause pain and swelling. Antibiotics may be prescribed.
 - Failure of the implant or bone graft to integrate, leading to additional surgeries and/or bone loss in the affected area.
 - Injury to nerve fibers. May cause prolonged or permanent numbness, itching, or burning of the area.
 - Other rare, but serious complications can occur. Certain medications or conditions can increase the risk of serious complications.
- Before treatment begins, please inform your doctor of all medical conditions you have and any medications/supplements you take, even if you think it is unrelated (write them here):**

Note: If complications arise that require additional procedures, any associated expense may be your responsibility.

Additional Information to Consider.

- Dental surgery is not an exact science and no guarantees have been made concerning the success of this surgery or the post-surgical dental procedures.
- Smoking, alcohol, or excessive sugar consumption may affect tissue healing and may limit the success of the implant.
- If an unforeseen condition arises during treatment which calls for additional or different procedures from those planned, you authorize the dentist to do whatever he/she deems reasonably necessary and advisable under the circumstances.

Authorization for treatment and acknowledgment of options

I acknowledge that I have reviewed and understand the information above, am aware of my treatment needs, options, and risks. I know that complications can occur, and that I am encouraged to discuss any concerns with my doctor at any time.

I _____, authorize Inman Park Dentistry to proceed with the recommended surgery described above.
(print name)

Patient Signature: _____ Date: _____

Doctor Signature: _____ Date: _____