

Etienne P. Lacrampe, DMD
Diplomate of the American Board of Periodontology
Practice Limited to Periodontics and Dental Implants

I _____ (name of patient) hereby authorize Dr. Lacrampe to perform the following surgical treatment(s) as indicated below.

**Connective Tissue/Free Gingival Grafting
Using Allograft Tissue**

Diagnosis: Healthy teeth are surrounded by two types of tissue: gingiva and mucosa. Mucosa is like cheek tissue, and does not adhere to the roots of the teeth or underlying jawbone very well, as compared to gingiva, which is a more fibrous tissue. Mucosa at the gum line of teeth or as the only gum tissue that is adhering to the roots of the teeth is much more likely to recede, causing more root of the tooth to show and causing a loss of the underlying jawbone around the tooth. Having a good amount of jawbone around the teeth is essential, as it is the jawbone that holds the teeth in. The gum just covers it over.

After an examination and study of my dental condition, Dr. Lacrampe has advised me that I have an insufficient amount of attached gingiva (firm gum tissue) around one or more teeth. With this condition, recession of the gum may occur. In addition, for fillings or crowns with edges under the gumline, it is important to have sufficient width of firm, adhered gingiva to the roots of the teeth to withstand the irritation they may cause. Gingiva (firm gum tissue) also improves the appearance and protects the roots of the teeth.

Recommended Treatment: Dr. Lacrampe has recommended that gingival grafting (gum grafting) be performed in some areas of my mouth. Local anesthetic will be administered as part of doing the gum graft surgery. He will use an allograft, which is a dermal tissue obtained from a tissue bank. This allograft is donated tissue from an organ donor that carries some minimal risk of disease transmission. There has never been a documented case of disease transmission from donor to recipient in over twenty years of use.

Expected Benefits: The purpose of gingival grafting is to create an amount of attached gum tissue adequate to reduce the likelihood of gum recession. It is also hoped to cover back up some of the exposed root(s) of the tooth/teeth.

*** Do not expect the entire exposed tooth root caused by existing gum recession to be totally recovered with this gum graft surgery. That may not occur.*

Principal Risks and Complications: In a small number of patients (usually around 5% or so) the graft does not "take". The usual causes are excessive shrinking of the graft tissue while healing the first couple of weeks, smoking, or the patient knocking the graft loose during the first week. So it might be necessary to do the graft over again after about 3 months to allow the surgical sites to heal first. Usually, but not always, the 2nd graft will "take".

Sometimes complications may result from the gingival graft surgery or from anesthetics/drugs. These complications include, but are not limited to post-surgical infection, bleeding, swelling, pain, facial bruising, transient (on rarest of occasions permanent) numbness of the jaw, lip, tongue, chin or gum, jaw joint pain or muscle spasm, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reactions, accidental swallowing of foreign matter, and transient (on rarest of occasions permanent) tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods. The exact duration of any complication cannot be determined, and they may be irreversible

Alternatives to Suggested Treatment: No treatment. The likelihood of gum recession and subsequent jawbone loss around the effected teeth is higher with no gum graft than with a successful gum graft. There are studies that show the incidence of tooth loss is 6 times greater in individuals with untreated gum problems as compared to early treatment of gum problems.

Necessary Follow-up Care and Self-Care: It is important for me to continue to see my regular dentist for routine dental care.

Smoking may adversely affect gum healing and may limit the successful outcome of my surgery. Studies show smokers have more grafts that fail than non-smokers.

I know I should only use soft bristle toothbrushes or soft electric toothbrushes forever. Good oral hygiene forever is essential to good dental health.

I have told Dr. Lacrampe about any pertinent medical conditions I have, known allergies (especially to medications or sulfites, and medications I am taking, including over the counter medications such as aspirin, nutritional supplements and herbs.

I have told Dr. Lacrampe about any present or prior head and neck radiation therapy.

I have told Dr. Lacrampe about any present or prior use of bisphosphonate medications. Some common brand names are Zometa®, Aredia®, Boniva®, Fosamax®, and Actonel®.

I need to come back in for several post-operative check-ups so that healing may be monitored and so Dr. Lacrampe can evaluate and report on the outcome of surgery to my dentist. *Smoking, excessive alcohol intake or inadequate oral hygiene may adversely affect gum healing and may limit the successful outcome of my surgery.*

No Warranty or Guarantee: While in most cases gum grafting is successful both in “taking” and preventing further gum recession from occurring, no guarantee, warranty or assurance has been given to me that the proposed gum graft will be successful. Due to individual patient differences no one can predict certainty of success. There is a remote possibility of a worsening of my present condition, including the possible loss of certain teeth, despite the best of care.

Consent

I have been informed of the nature of my dental problem, the procedure to be performed, the risks and benefits of having this gum graft surgery, the alternative treatments available, the necessity for follow-up and self-care, and the necessity of telling Dr. Lacrampe of any pertinent medical conditions and prescription and non-prescription medications I am taking. I have had an opportunity to ask questions. I consent to the performance of the gum graft surgery as presented to me during my consultation and as described in this document above. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of Dr. Lacrampe. I have read and understand this document before I signed it.

Date: _____ Patient’s Signature: _____

Date: _____ Dr. Lacrampe’s Signature: _____