DR AFSHIN YOUSEFPOUR
Chirurgie Plastic du Visage
Chirurgie Maxillo-Faciale

INFORMED CONSENT

PRE-IMPLANT / RECONSTRUCTIVE BONE GRAFTING

Surgeon: Dr Afshin Yousefpour

Specialty: Oral and maxillofacial surgery

1. Patient details

- **Patient's surname and first name:** [Surname, first name]
- **Date of birth:** [DD/MM/YYYY]
- **Date of consultation:** [DD/MM/YYYY]

2. Nature and purpose of the procedure

Bone grafting aims to increase the volume of bone (in height and/or width) in the jaws so that dental implants can be placed later, or to restore the structure of the facial bones.

- **Operation site / location:** [Specify the area, e.g. right upper back jaw, sinus filling, etc.]
- **Type of biomaterial / graft planned:**

[ ] Autologous bone (taken from the patient: chin, ramus, etc.)

[ ] Allogenic bone (of certified human origin)

[ ] Xenogenic bone (of purified animal origin)

[ ] Synthetic bone substitute

[ ] Guided bone regeneration membrane (resorbable / non-resorbable / titanium-reinforced)

3. Normal and common course after surgery

In the days after surgery, it is normal and expected to have:

- Swelling of the cheek or lips, peaking between 48 and 72 hours.
- Bruising, sometimes extending down to the neck.
- Moderate pain, usually controlled by the prescribed painkillers.
- Slight bleeding or oozing at the operated sites.
- Temporarily limited mouth opening (trismus).

4. Risks, possible complications and uncertainties of treatment

Despite rigorous technique, strict sterility and the surgeon's qualifications, every surgical act carries uncertainties and a risk of complications:

Risk of failure and resorption

- **Partial or total resorption of the graft:** The body may not supply blood to or integrate the graft properly, leading to a loss of bone volume that is insufficient for implant placement.
- **Failure of integration / necrosis of the graft:** Functional rejection of the filling material, requiring it to be removed or completely curetted. Further surgery may be needed later, with no absolute guarantee of success.

Infection and healing

- **Infection of the grafted site:** May occur early or late, requiring prolonged antibiotic treatment, surgical drainage or removal of the graft.
- **Premature exposure of the membrane or graft:** Opening of the stitches exposes the material to saliva and bacteria, greatly increasing the risk of loss or failure of the graft.
- **Loss of bone granules:** Small particles of bone may spontaneously work their way out through the gum.

Site-specific complications

- **For maxillary sinus filling (sinus lift):** Risk of perforation of the sinus membrane (Schneiderian membrane), sinus infection (acute or chronic sinusitis), or displacement of graft material into the sinus cavity.
- **When the patient's own bone is harvested:** Pain, haematoma or delayed healing at the donor site (e.g. ramus, chin).

Nerve risks

- **Altered sensation (paraesthesia, hypoaesthesia, dysaesthesia):** Risk of injury to or stretching of nearby sensory nerves (in particular the inferior alveolar nerve, the mental nerve or the lingual nerve). This may cause numbness, tingling or loss of sensation of the lower lip, chin or tongue. These disturbances are usually reversible within a few weeks to months, but may exceptionally be permanent.

General risks and uncertainties

- A haematoma requiring surgical removal.
- Accidental injury to adjacent teeth or roots.
- Allergic reaction or intolerance to the anaesthetics or post-operative medication.

5. Major risk factors (role and responsibility of the patient)

The risk of graft failure is significantly increased by:

- **Smoking:** Nicotine and toxic substances reduce blood flow in the small vessels, multiplying the risk of infection, necrosis and graft loss by three to four. **Stopping smoking completely is essential.**
- **Poor oral hygiene.**
- **Failure to strictly follow the post-operative instructions** (blowing the nose forcefully after a sinus lift, chewing on the operated area, wearing an unsuitable removable denture too early).

- **Certain uncontrolled general conditions** (uncontrolled diabetes, severe osteoporosis treated with bisphosphonates, immune deficiency).

6. Alternative treatments

The alternatives have been discussed with Dr Afshin Yousefpour:

- Giving up implants and having a conventional prosthesis (fixed or removable).
- Placing short, narrow or angled implants that avoid bone grafting (if the remaining anatomy allows).
- No treatment.

7. Patient’s declaration

I, the undersigned, **[patient’s surname and first name]**, confirm that I have:

1. Been informed clearly and understandably by **Dr Afshin Yousefpour** of the nature, aims, expected course and all the risks and possibilities of failure of the bone grafting procedure.
2. Been able to ask all questions about my condition and received satisfactory answers.
3. Had enough time to think before making my decision.
4. Undertaken to follow carefully the medical prescriptions and post-operative recommendations, and to attend the planned follow-up consultations.

With full knowledge, I give my full and informed consent for this procedure to be carried out by Dr Afshin Yousefpour.

Signed at ....., on ..... in two original copies.

Patient’s signature