DR AFSHIN YOUSEFPOUR
Chirurgie Plastic du Visage
Chirurgie Maxillo-Faciale

Information and informed consent form

Procedure: maxillary sinus floor elevation (sinus lift / sinus graft)

Treating surgeon: Dr Afshin Yousefpour, Maxillofacial Surgeon

Patient:

Surname: _____ **First name:** _____

Date of birth: __ / _ / _____

1. Nature and purpose of the procedure

Sinus floor elevation (*sinus lift*) is a pre-implant surgical procedure. It aims to increase the height and volume of bone at the back of the upper jaw (maxilla) when the bone loss that follows tooth loss and the expansion of the sinus do not allow stable dental implants to be placed.

The procedure consists of reaching the sinus cavity (through a lateral or crestal approach), carefully lifting the thin membrane lining the sinus (Schneiderian membrane) and filling the space created with a bone substitute material (the patient's own bone, or synthetic, allogenic or xenogenic bone), often combined with a resorbable collagen membrane.

2. Usual course after surgery

After the procedure, the following are common, temporary and expected:

- Swelling of the cheek and lower eyelid, peaking at 48–72 hours.
- Haematoma or bruising of the skin of the face and neck and of the lining of the mouth.
- Moderate pain, usually controlled by the prescribed painkillers.
- Slight bleeding from the mouth or nose (nosebleed) for 24 to 48 hours.
- Temporarily limited mouth opening (trismus).

3. Possible complications during and after surgery

Although carried out according to best practice and the most rigorous surgical protocols, this surgery carries uncertainties and a risk of complications:

Complications during surgery

- **Tear or perforation of the sinus membrane:** The most frequent complication during surgery. A small tear can be repaired with a resorbable collagen membrane or stitches. If the perforation is too large, filling may prove impossible and the surgeon will have to stop the procedure and postpone the graft for several months.
- **Bleeding during surgery:** Due to cutting or injury of a blood vessel (in particular the alveolar antral artery). It is usually controlled locally but may prolong the procedure.
- **Unexpected anatomical difficulty:** Presence of septa (Underwood's septa) or cysts/mucoceles requiring the technique to be adapted.

Complications after surgery

- **Infection of the graft and acute or chronic maxillary sinusitis:** Infection of the graft is a treatment emergency. It shows as pain, persistent swelling, purulent or foul-smelling nasal discharge and fever. It requires prolonged antibiotics and, if these fail, surgical drainage or complete curettage of the graft material.
- **Oro-antral communication:** A fistula connecting the mouth to the maxillary sinus, which may let liquids or air pass between the mouth and the nose. Further surgery is needed to close it in a watertight way.
- **Leakage or migration of the filling material:** Fine particles of biomaterial may escape into the sinus cavity or be expelled through the nose, sometimes causing a local inflammatory reaction or blockage of the sinus opening.
- **Altered sensation (nerve):** Injury to or stretching of the infraorbital nerve or a dental nerve, which may cause reduced sensation (hypoaesthesia), numbness or abnormal sensations (paraesthesia) of the upper lip, the side of the nose or neighbouring teeth. These disturbances are usually reversible but may exceptionally persist.
- **Injury to the roots of neighbouring teeth:** A minimal risk when opening the bone, which may require root canal treatment.

4. Risk of treatment failure

The patient is expressly informed that the result of a bone graft cannot carry an absolute guarantee of success:

- **Partial or total resorption of the graft:** Insufficient integration, inadequate blood supply or excessive loss of volume may make the final bone volume insufficient for the implants originally planned.
- **Total loss of the graft:** In the event of an infection that does not respond to treatment, surgical removal of all the biomaterial is essential, and the procedure ends in failure.
- **Failure of implant osseointegration:** Whether the implants are placed at the same time or later, the new bone may not provide sufficient biological stability, requiring removal of the implant.
- **Need for further surgery:** In the event of failure, a second graft attempt or an alternative treatment (short implants, conventional prosthesis, etc.) may be discussed after complete healing.

5. Instructions and risk factors for the patient

Strictly following the post-operative instructions directly determines the outcome:

- **Do not blow your nose forcefully** for 3 to 4 weeks (sneeze with your mouth open, do not use a straw, avoid diving and air travel during the first weeks).
- **Smoking:** Smoking seriously impairs blood flow in the small vessels and significantly increases the risk of infection, necrosis and complete failure of the graft. Stopping completely is essential.
- **Medical compliance:** Take the prescribed antibiotics, painkillers and mouthwashes carefully, and attend the follow-up appointments.

6. Patient declaration and consent

I, the undersigned, Mr/Ms _____, confirm that:

1. **Dr Afshin Yousefpour** has explained to me clearly and in detail the nature, aims, alternative treatments and possible risks and complications of maxillary sinus floor elevation.
2. I clearly understand that the graft may fail partially or totally, and the constraints related to recovery and my lifestyle (in particular stopping smoking).
3. I have had the opportunity to ask all my questions and have received complete and satisfactory answers.
4. I have had enough time to think before making an informed decision.

I accept and authorise **Dr Afshin Yousefpour** to perform the maxillary sinus floor elevation, as well as any additional or unforeseen steps that become strictly necessary during the operation.

Signed at: **_____, on: _ / / *20*___**

(Mandatory handwritten words: “Read, understood and approved”)

Signature of the patient (or legal representative):

(preceded by the handwritten words)