



FAIRFAX PERIODONTAL GROUP
— PERIODONTICS AND DENTAL IMPLANTS —

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DIPLOMATES AMERICAN BOARD OF PERIODONTOLOGY

Osseous Surgery Consent Form

Patient Name: _____

Date: _____

Osseous surgery, sometimes referred to as pocket reduction surgery or gingivectomy, refers to a number of different surgeries aimed at gaining access to the tooth roots to remove tartar and disease-causing bacteria.

GOALS OF OSSEOUS SURGERY

Osseous surgery is used to reshape deformities and remove pockets in the alveolar bone surrounding the teeth. It is a common necessity in effective treatment of more advanced periodontal diseases. The ultimate goal of osseous surgery is to reduce or eliminate the periodontal pockets that cause periodontal disease. Despite the word “surgery” the procedure is reported to feel more like a thorough cleaning. The specific goals of surgery include:

Reducing Bacterial Spread:

Bacteria from the mouth can spread throughout the body and cause other life-threatening conditions such as heart disease and respiratory disease. Removing deep tartar and thereby bacteria can help reduce the risk of bacteria spreading.

Preventing Bone Loss:

The immune system's inflammatory response prompted by periodontal bacteria can lead to bone loss in the jaw region, and cause teeth to fall out. Osseous surgery seeks to stop periodontal disease before it progresses to this level.

Enhancing the Smile:

Mouths plagued with periodontal disease are often unsightly. Brown gums, rotting teeth, and ridge indentations can leave a person feeling depressed and too self-conscious to smile. Fortunately, osseous surgery can help reduce bacteria and disease and thereby restore your mouth to its former radiance, while restoring confidence at the same time.

Facilitating Home Care:

As the gum pocket deepens, it can become nearly impossible to brush and floss adequately. Osseous surgery reduces pocket size, making it easier to brush and floss, and thereby prevent further periodontal disease.

WHAT DOES THE PROCEDURE ENTAIL?

A local anesthetic will be used to numb the area prior to surgery. First, Dr. Choudhary/Dr. Howanitz will cut around each tooth of the affected area to release the gum tissue from the bone. This allows access to the bone and roots of the teeth. After the roots have been thoroughly cleaned through scaling, a drill and hand tools will be used to reshape the bone around the teeth. Bone is removed in some areas to restore the normal rise and fall of the bone, but at a lower level. Bone grafting may also be necessary to fill in large defects. Next, the gums will be placed back over the remaining bone and suture them in place. The site will also be covered with a bandage (periodontal pack) or dressing.

Informed Consent: As a patient, I have been given the opportunity to ask any questions regarding the nature and purpose of surgical treatment and have received answers to my satisfaction. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize *Dr. Khalid Choudhary & Dr. Joan Howanitz* to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and/or medications.: I understand that no guarantee as to results (functional, aesthetic, or

otherwise) can be or has been promised. I give my free and voluntary consent for treatment. My signature below signifies that all questions have been answered to my satisfaction regarding this consent and I fully understand the risks involved in the proposed surgery and anesthesia. I certify that I speak, read and write English.

PLEASE ASK THE DOCTOR OR ANY OF THE STAFF IF YOU HAVE ANY QUESTIONS REGARDING THIS CONSENT.

Patient (Or Legal Guardian) Signature: _____ Date: _____

Dentist Signature: _____ Date: _____

Witness Signature: _____ Date: _____