NORTHEAST
Dental Group

Northeast Dental Group

'A Dental Destination Location'

7770 Frontage Rd #7341
Cicero, NY 13039

CONSENT FOR CLOSURE OF SINUS OPENING

Patient's Name Date

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

You have the right to be informed about your diagnosis and planned surgery so that you can decide whether to have a procedure or not after knowing the risks and benefits.

My diagnosis is: _____
My Planned Treatment is:_____
Alternative treatment: methods include: _____

1. My condition involves an abnormal hole between the sinus (a hollow place above the roots of upper back teeth) and the mouth. To fix this, sometimes a patient is given medications and is told to not eat or drink certain things to see if it fixes itself. I may have already done this. If the condition isn't fixed by these things, the next step is to try to close the opening surgically. The surgery is complicated. All surgeries have risks. They include the following and others:

___A. Post-operative pain and swelling. I may need several days of at-home recovery.
___B. Bleeding that is heavy or lasts a long time. I may need more treatment. Since the sinus connects to the nose, bleeding may come from the nose.
___C. Injury or damage to tooth roots that are close to the sinus, or even loss of certain teeth. I may later need root canal treatment.
___D. Mobility (loosening) of certain teeth close to the surgery site.
___E. Post-operative infection. This may make healing more difficult and the repair may not work. I might need more treatment.
___F. I may get a sinus infection. The sinus can easily be infected, and in many people, it is difficult to cure. If I get an infection, I might need medications (antibiotics or others) to treat it. I might also need another procedure like drainage of the sinus.
___G. There might be scarring where the mouth had been cut for the procedure. In rare cases this may be visible on the skin.
___H. Numbness, tingling, pain, or changed feelings in the teeth, gums, lip, or cheek. Usually the numbness goes away, but in some cases, it may be permanent.
___I. Unusual or bad responses to drugs and medicines used in the procedure.

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CONSENT FOR CLOSURE OF SINUS OPENING Cont…

___J. Things such as wires, screws, membranes, etc. may be used in this surgery. Sometimes they stay in forever – sometimes you may need to take them out in a separate surgery later.

___K. Closure of sinus openings are quite difficult and you must often make several attempts to fix them. In some cases more advanced sinus procedures must be tried before the hole stays closed. There may be more than one closure attempt in my case.

___L. Other procedures may be done at the same time. This may include placing a drainage hole into the nose, packing gauze in the nose that will need to be removed in several days, as well as other sinus or nasal procedures.

___M. Smoking makes it much more difficult to heal. I should stop using tobacco in any form for two weeks before and after this procedure.

___N. If I wear a prosthesis (denture) it may be necessary to modify the prosthesis. The prosthesis will eventually need a permanent change/repair.

___2. I understand it may take several tries to close this sinus opening.

___3. I understand I will be given instructions to follow after the procedure and it is very important to follow them. This includes using medications such as nasal decongestants, antibiotics and others; sneezing with my mouth open, not blowing my nose forcefully.

CONSENT

I understand that my doctor can't promise that everything will be perfect. I understand that the treatment listed above and other forms of treatment or no treatment at all are choices I have. I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

_____

Patient's or Legal Guardian's Signature Date

_____

Doctor's Signature Date

_____

Witness' Signature Date