



Centre dentaire de La Rive

Informed Consent for Sinus Lift Procedure in Dentistry

A sinus lift is a surgical procedure designed to increase bone volume in the posterior upper jaw (maxilla). It is often necessary to place a dental implant when the available bone is insufficient.

Description of the Procedure

- An incision is made in the gum to access the bony wall of the maxillary sinus.
- A small opening is created in the bone to carefully lift the sinus membrane.
- A bone graft material (natural, synthetic, or autologous) is placed in the space created.
- The area is closed with sutures, and a healing period of several months is required before the potential placement of the implant.

Expected Benefits

- Creation of favorable conditions for dental implant placement.
- Functional and aesthetic improvement.

Possible Risks and Complications

Like any surgical procedure, a sinus lift involves risks, including:

- **Pain** or temporary discomfort after the procedure.
- **Swelling** and **bruising** at the surgical site.
- **Infection**, which may require medication or additional intervention.
- **Perforation or tearing of the sinus membrane**, which may need immediate or delayed repair.
- **Rejection of the graft material.**
- **Prolonged bleeding.**
- **Sinusitis** or other sinus-related complications.
- Failure of the bone graft, potentially making implant placement impossible.

Possible Alternatives

- Choosing not to proceed with dental implant placement.
- Considering other treatment options, such as removable or fixed dental prostheses.

Practitioner's Commitment

The practitioner commits to:

- Performing the procedure with the utmost care following professional standards.
- Informing the patient of any unforeseen events during or after the procedure.
- Providing appropriate post-operative care.

Patient's Acknowledgment

By signing this document:

- I acknowledge that I have been informed about the objectives, nature, expected benefits, risks, and alternatives related to the sinus lift procedure.
- I have had the opportunity to ask all my questions and received clear and satisfactory answers.
- I agree to follow the post-operative recommendations, including taking prescribed medications and attending follow-up visits.

Practitioner's Signature: _____ **Date:** _____

Patient's Signature: _____ **Date:** _____