

Smoking Informed Consent Form

Patient's Name: _____ **Date:** _____

Introduction

This consent form is designed to ensure that you fully understand the specific risks, benefits, and potential complications associated with dental implant or bone graft surgery, particularly as they relate to your smoking (vaping, waterpipe, cannabis) habit. It is important that you read this form carefully, ask any questions you may have, and acknowledge your full understanding and acceptance of these risks.

1. Risks Specific to Smokers

As a smoker, you are at a higher risk of experiencing complications during and after dental implant surgery. These risks include, but are not limited to:

- **Delayed Healing:** Smoking reduces blood flow to the surgical site, leading to slower healing times.
- **Increased Risk of Infection:** The reduced oxygen supply to tissues can impair your immune response, increasing the likelihood of infection.
- **Higher Implant Failure Rate:** Smokers have a significantly higher risk of implant failure due to poor bone growth and osseointegration.
- **Bone Loss:** Smoking can contribute to bone loss around the implant, which may lead to implant instability or failure.
- **Peri-Implantitis:** This is an inflammatory condition affecting the tissues around the implant, more common in smokers, which can result in implant loss.
- **Aesthetic Complications:** Smoking can lead to gum recession and bone loss, which may negatively affect the appearance of your implants.

2. Alternatives to Dental Implants

Given the increased risks associated with smoking, alternative treatment options have been discussed with you, including:

- No Treatment (not recommended)
- Removable (partial) dentures
- Fixed bridges
- Delaying the implant procedure until after smoking cessation

3. Importance of Smoking Cessation

Smoking cessation (quitting) smoking before and after your implant surgery significantly improves your chances of a successful outcome. Even one (1) cigarette may lead to complications with the implant process. We strongly recommend that you stop smoking forever, as this will allow you the most predictable healing following the implant procedures. At a minimum, you must cease smoking **2 weeks** before surgery and remain smoke-free for at least **8 weeks** afterward.

Smoking Informed Consent Form (cont.)

4. Acknowledgment of Understanding

By signing this form, you acknowledge that:

- I have been informed of the specific risks that smoking poses to the success of dental implant surgery.
- I understand that any smoking may lead to implant or bone graft failure, additional surgical intervention, and increased costs.
- I have had the opportunity to ask questions about the procedure, the risks, benefits, and alternative treatments, and all your questions have been answered to your satisfaction.
- I understand that despite the best efforts of the dental team, complications related to smoking may still occur, and there is no guarantee of a successful outcome.

5. Patient Responsibilities

- **Preoperative:** You agree to follow preoperative instructions, including smoking cessation, taking prescribed medications, and attending all scheduled appointments.
- **Postoperative:** You commit to adhering to all postoperative care instructions, including refraining from smoking, maintaining oral hygiene, and attending follow-up visits.
- **Disclosure:** You must inform the dentist/oral surgeon of any changes in your health, medication use, or smoking habits.

6. Financial Considerations

- **Costs of Additional Treatments:** If complications arise due to continued smoking, additional treatments or surgeries may be necessary. These treatments may incur additional costs, which will be your responsibility.

7. Consent to Proceed: I acknowledge that I understand the risks, benefits, and alternatives, and I accept the potential outcomes associated with my smoking habit.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Clinician Signature: _____ Date: _____

