

Consent and Information of Implants

Comments Concerning Implants

The purpose of writing this patient information monograph is to give as much information as we can and to present it as conveniently as possible. In order that we determine areas in which we have not presented adequate information, we ask that you write any questions you might have in the left margin of each page. However, if you do not have any questions about anything on this page, please sign the bottom of the page to indicate that you have read, understand, and have no questions concerning its contents.

An implant is a man-made replacement for the natural tooth root which allows a person to return to non-removable teeth or a more secure dental restoration. It is not a transplant which would be taken from another individual. There are several types of dental implants of which the doctor will select the most suited for your needs and general dental condition.

Although there are many types of implants, the types can be divided into two basic groups:

1. Those that are inserted INTO the bone
2. Those that are placed OVER the bone

In both instances, the implants are placed UNDER the tissue and extended into the mouth.

Your own natural teeth in a healthy, well maintained condition are the best natural implant(s) which you can possibly have. There is nothing else which compares with them. It is, therefore, in the best interest of your health and well-being to do anything you can to keep you teeth in the best condition for the longest possible period of time. With good care on your part, and with good frequent dental checkups, you will be able to accomplish this goal.

When a tooth is lost, it is best to replace the tooth with a non-removable replacement as promptly as possible. You are probably familiar with the traditional bridgework, which uses natural teeth as support for bridges that span the space where teeth have been lost. Realize that these bridges have not increased the support which was present when the natural tooth was there in the mouth. The artificial tooth of the bridge does not have a root. As teeth are lost, the amount of available root support in the mouth decreases. In effect, we have increased the load on each remaining tooth because there are fewer of them. This can be compared with losing a fence posts in a long fence. The fence is not any shorter, but there are fewer posts supporting the fence. The fence is no longer as strong as it was earlier. In the case of the fence, it is obvious that fence posts need to be added so that the amount of support will be increased, and similarly these areas in the mouth need more support (which can be provided by replacing the missing tooth structure with implants).

Does removable partial denture replace the missing teeth equally as well? Partial dentures are either tooth supported or tooth and gum supported. An entirely tooth supported partial denture will fill the space, but the supporting teeth are no stronger than they were before. In other words, the stress has been increased on the remaining teeth. With many partial dentures which are both tooth and gum supported, the number of teeth has not increased, and once again, there is the

same lack of root support as there was before. The areas where the teeth are missing have been filled in the gum-supported denture teeth. This means that the gum tissue and bone structure beneath these dentures will shrink gradually, the partial denture will have to be replaced or relined periodically. If these areas are not relined, then a space develops under the denture. It is not bearing its fair share of the chewing load, and the remaining natural teeth are carrying all of the chewing load. The teeth are overloaded. Under these conditions, the remaining teeth will undergo accelerated bone loss. Also, this partial denture is removable. It is not permanently fastened in the mouth as a non-removable bridge would be.

If there are no questions, please place a check mark here.

Nature has provided tooth supporting bone during the years when there are teeth present in the mouth. When the teeth are lost, the tooth-supporting bone is also lost. Nature takes away from you what you do not use! For example, the person who is confined to bed for a long period of time loses his muscle tone. The muscles get soft and literally wither away. In the mouth, the bone under the gums shrinks, and dentures get loose. Notice in the mouth of a person who has lost half of his or her teeth, the bone is present around the teeth which remain. Where the teeth have been lost, many times there is excessive bone and gum shrinkage. Where implants have been placed and properly maintained, the tendency is to preserve this bone because the bone is being used somewhat in the same way it was when the natural teeth were present.

For purposes of comparison, let us assume that the patient with all their own natural teeth in a healthy, well-maintained, functionally accurate condition can chew at a 100 percent efficiency. However, with every tooth lost efficiency decreases. How much decrease there will be is dependent upon whether or not the teeth are replaced and in what manner. Ultimately, if a person reaches the point where they have no teeth, and are using properly fitted dentures on an adequate bony ridge, a chewing efficiency of perhaps 15 to 18 percent may be achieved. If the ridges are not adequate, the percent decreases. With implants and non removable bridgework, or well supported tooth replacement methods, a person may get back to as high as 85 percent compared with what they had with their natural teeth, depending on the number of natural teeth present and their condition.

This is important part of treatment. If you have uncontrolled medical diseases, they often affect the healing of implants and also relate to how long they will last. Please make sure to inform us of any diseases, medications and allergies.

The dental care you provide yourself at home must be first-rate. You must keep your teeth and implants cleaner than you have ever done previously in your life. You must be able to use a toothbrush, dental floss, or other devices we recommend to keep plaque off both your natural teeth and the implants. If this is not done, there is a very good possibility that the implants will not succeed, and will have to be removed. Furthermore, smoking and/or excessive alcohol consumption are a deterrent to excellent dental health.

You will have a complete examination with x-rays which may include a panoramic x-ray or CT-scans of your entire mouth. X-rays are necessary for the proper diagnosis during treatment and for follow-up after treatment is complete.

The teeth or denture which are opposite to the implanted area are a very important consideration in the success of the implant(s). There must not be any grinding of the teeth at night (bruxism) against the implant(s). Care must be taken not

to overload the implant(s) by chewing on hard objects such as ice, which could damage even your natural teeth. The patient should not engage in anything which may cause damage to the implant(s) or the underlying bone.

There are cases reported in the dental literature in which there is temporary loss of nerve sensation following certain surgical procedures. This does happen sometimes, but is usually temporary. Motor nerves are never affected. Unfortunately, there have been instances where complete nerve sensation has not returned even after many years. There have been such occurrences following the removal of deeply impacted wisdom teeth. It is possible that such a thing could happen with the placement of implants in the bone. It is usually temporary, and is a loss of nerve sensation only, not causing drooping or sagging of the face.

Are all implants successful? No. There are many variables to be considered in placing the implant(s). First the patient must be healthy. There must be adequate healing powers present in the patient.

Implant procedures, which vary in complexity and extent depending on the patient's dental condition and requirements, can involve significant investment. A survey of 350 consecutive patients after completion of their implant treatment revealed that not only was it worth the investment, but they would happily do it again.

Some dental procedures, implant surgeries, and portions of implant surgeries are covered by dental and medical insurance policies. Our office personnel will assist you in obtaining these benefits.

Just as with any surgery, there can be some pain (discomfort). However, anesthetics and sedation virtually eliminate pain (discomfort) during the actual surgery. Postoperative pain (discomfort) will be similar to that of having teeth removed. Patients will be provided with medication to alleviate pain (discomfort).

It depends on your condition and needs, and the extent of the work involved. Individual operations may take from one half-hour to several hours. There may be as few as one operation, or a series of operations and follow-up visits, which would be scheduled over a period of months to insure proper healing.

Generally, we recommend the day of surgery, plus the following day or two off for recovery. You can expect to have some swelling, pain (discomfort), possibly some bruising. The time taken off from work is really an individual decision.

If you have any questions which have not been fully answered by this monograph, please feel free to ask them prior to beginning treatment. We will do our best to fully inform you.

Has your dentist answered, to your satisfaction, any and all questions that you require?