

## **Dental Implant Consent and Information**

The purpose of writing this patient information monograph is to give you as much information as we can and to present it as conveniently as possible. In order that we can 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 to indicate that you have read, understand, and have no further questions concerning this content.

An implant is a man-made replacement for the natural tooth root which allows a person to return to non-removable teeth or 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 extend 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 your 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 traditional "bridgework", which uses natural teeth as supports 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 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 root structure with implants).

Does a 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 teeth are missing have been filled in with gum-supported denture teeth. This means that the gum tissue and bone structure beneath these dentures will shrink gradually, and the partial denture will have to be replaced or relined periodically. If these areas are not relined, then space develops under the denture. It is not bearing its fair share of the chewing load, and the remaining natural teeth are carrying all the chewing load. Also, this partial denture is removable. It is not permanently fastened in the mouth as a nonremovable bridge would be.

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Patient Signature and Date

Nature has provided teeth 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 his or her teeth, the bone is present around the teeth that 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 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 of their own natural teeth in a healthy, well-maintained, functionally accurate condition can chew at 100 percent efficiency. However, with every tooth lost efficiency decreases. How much decrease there will be is dependent upon whether 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, chewing efficiency or perhaps 15 to 18 percent may be achieved. If the ridges are not adequate, the percentage 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 an important part of treatment. If you have uncontrolled medical conditions, they often affect the healing of the implants and 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 implants cleaner than you have ever done previously in your life. You must be able to use a toothbrush, dental floss, or other device 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 proper diagnosis during treatment and for follow-up after treatment is complete.

The teeth or dentures 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, such as full contact sports.

There are cases reported in dental literature in which there is temporary loss of nerve sensation following certain surgical procedures. This does happen sometimes, but it 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 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 a drooping or sagging of the face.

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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 an adequate healing probability in the patient. For example, if the patient is an uncontrolled diabetic, inconsistent healing could complicate the procedure. If such a condition develops at a later date after the implant(s) has been done, this too may complicate the future of the implant(s). Second, a proper diagnosis must be made, and the proper implant placement and procedure must be selected for the individual patient. Third, the implant(s) must be treated properly by the patient and the dentist. If either person is neglectful, there could be complications. Fourth, if the patient is a heavy smoker or an excessive alcoholic beverage consumer, the success of the implant(s) will be affected.

Very few things do last a lifetime. There are some implants which have been in the mouth for as long as thirty years. This is not the average. The average expectancy is less than and varies based upon numerous variables, such as patient health and proper maintenance. In the final analysis, whether they last a lifetime depends on how long you live and what age you are when the implant(s) are placed. Every natural tooth in the mouth of every living person will have one of two possible fates: it will either last until we die, or it will be removed at some point. The same thing applies to implants.

Is age a deterrent? No. Health is the determining factor. Many people seventy and eighty years of age are a better surgical risk than someone years younger who has physical complications. Older individuals are more likely to need implants because they have lost more teeth and have lost more supporting ridges. As long as you live and breathe and are important to someone, including yourself, you owe it to them to take the best care of yourself that you possibly can. Incidentally, what is a good age for a hip replacement, implant, or a coronary bypass? If you needed either operation to stay alive or improve your quality of life, would you refuse because of age?

Implants are made of biologically compatible materials which have undergone extensive testing over a period of several years. Since these materials are largely metals, such as titanium, and surgical vitallium alloy, and have never been living tissue, there is no likelihood of causing an antigen-antibody response which could cause rejection similar to that which sometimes occurs with heart and kidney transplants. On occasion, bone processed from cadavers is used for bone augmentation or regeneration. These products have been used for more than 30 years in medicine, without incidence of disease transmission. However, on rare occasions it may be rejected and fail to work. There is no instance reported in the dental or medical literature of dental implants being the cause of cancer.

Are dental implants inserted for cosmetic reasons? Not usually. The primary objective of dental implants is to give additional support to the replacement teeth. Cosmetic enhancement is possible with the replacement teeth; however, your expectations should be fully discussed prior to treatment.

There is no way that we can guarantee anything which goes into the mouth, and which is under the control of the individual patient. Physicians do not tell you that the transplanted heart, kidney, or coronary bypass will keep you alive for any specific period of time. We can only tell you that we will strive to place the implant(s) properly and provide you with the information you need to help care for your continued dental health. We will do everything we can to make the implant(s) succeed, but you will have to make the same commitment. If you do not keep your end of the bargain, the implant(s) will likely fail. Also, you must return to our office at regular intervals for examinations and service according to our recommendations. If you do not do this, difficulties may arise, resulting in the loss of the implant(s). Under such circumstances, the fault would be yours. Due to the complex nature of oral implantology, it is important that all postoperative examinations and/or treatments be handled by our office. Referrals will be made only to those doctors with experience and training in implant dentistry.

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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 that 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 during the actual surgery. Postoperative pain will be similar to that of having teeth removed. Patients will be provided with medication to alleviate this pain and discomfort.

How much time does it take? It depends on your condition and needs, and the extent of the work involved. Individual operations may take from one 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 decided that you want to be considered as an implant candidate, then you can be encouraged from the fact that there are many others in this country and throughout the world who have had dental implants, cornea, kidney, and heart transplants, and pin implants in the hip, with excellent results.

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

# Notes and Questions

Has your dentist answered, to your satisfaction, all questions that you required?

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