

CONSENT TO DENTAL IMPLANT SURGERY

I hereby request and authorize Dr. _____ and such assistants as they may designate, to perform a dental implant or dental implants for me, and to do any other procedure that, in their judgement, may be necessary during the operation.

The effect and nature of the implantation to be performed, the risks involved, as well as possible alternative methods of treatment have been fully explained to me. No warranty has been made by anyone as to the results which may be obtained.

I consent to the administration of local anesthetics or oral sedative drugs to be applied by or under the direction of Dr. _____ and assistants and to use of such local anesthetics and oral sedative as they may deem advisable in my case.

I also understand that smoking tobacco or drinking alcoholic beverages may add to tissue breakdown.

If implants have been placed in the lower jaw, I understand that I may experience some tingling or numbness on the skin or the lip or chin after surgery. This can occur from pressure or compression on a nerve tract which is deep in the mandible. This tingling or numbness is usually always temporary, but it may remain for week or months. If the implant is placed in the lower back jawbone, it is possible that this tingling or numb feeling could be permanent.

I understand that I may raise any questions or potential problems which have not been addressed here to the attention of Dr. _____ before signing this form.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE.

Patient's Signature:

Date-

Witness's Signature:

Date:

IMPLANT COMMENTS

PURPOSE ----- 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.

NATURAL TEETH ----- Your own natural teeth present in your mouth in a healthy, well-maintained condition are the best natural implants which you can possibly have. There is nothing else that compares with them. It, therefore, is in the best interest of your good 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, frequent dental treatment, you will be able to accomplish this goal.

SUPPLEMENTING NATURAL TEETH -----When a tooth is lost, it is best to replace the tooth with a fixed bridge as promptly as possible. With the replacement of a single tooth, a fixed bridge is very satisfactory. However, a fixed bridge does not increase the root support for the teeth it replaces, even though it does replace the missing teeth. The artificial tooth of the bridge does not have a root. In reality, this is no great concern when dealing with a single tooth replacement. But let us expand on this idea and assume that we have lost two or three teeth in a row or have lost several teeth spread intermittently throughout the entire arch. It quickly becomes obvious that a considerable amount of root support has been lost. Now, it does make a difference. 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 post in a long fence. The fence is not any shorter, but there are fewer posts supporting the fence. The fence is not as strong now 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 to be aided by replacing the missing root structure by means of an implant. Another problem with a fixed bridge is that it requires the preparation of the teeth on either side of the missing tooth which will hold the bridge. To do this, all of the enamel must be removed from these teeth.

PARTIAL DENTURES -----Does a partial denture replace the missing teeth equally as well? Partial dentures are either tooth or tissue supported. If it is entirely tooth supported, the space has been filled in, but the supporting teeth are no more structurally sound than they were before. In other words, the load has been INCREASED in the remaining teeth. In the case of a partial denture, which is both tooth and tissue supported, the number of teeth has not been increased (there is still no more root support than there was before). The areas where teeth are missing has been filled in with tissue-supported denture teeth. This means that the gum tissue and bone under these denture areas will shrink gradually and will have to be relined periodically. If these areas are not relined so that they can contribute to the overall support of the partial denture, then a space develops under the denture. It is not bearing its fair share of the chewing load and 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 fixed in the mouth as a fixed bridge would be.

TOOTH SUPPORTING BONE ----- Nature has provided bone to support the teeth 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. **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 "shrink" and dentures get loose. Notice in the mouth of the person who has lost about half of his teeth that the bone is present around the teeth which remain. Where the teeth have been lost, many times it looks like the back of a "swaybacked" horse. Where implants have been placed and properly maintained, the tendency is to preserve this bone because the bone is being used somewhat in the sense that it was when the natural teeth were present.

CHEWING EFFICIENCY ----- For purposes of comparison, let us assume that the patient, with all of his own natural teeth in a health, well-maintained, functionally accurate condition, can operate when chewing at a 100 % efficiency. This efficiency will decrease with every tooth lost. How much decrease there will be will depend on whether or not the teeth are replaced and in what manner. Ultimately, if he reaches the point where he has no teeth at all, he may have a chewing efficiency of perhaps 15-18 % with good- fitting dentures on adequate bone ridge. If the ridges are not adequate, the percentage decreases. With implants, fixed bridgework, or well-supported tooth replacement methods, he may get back 85 % or more of the chewing efficiency he had with his full set of natural teeth.

GENERAL HEALTH ----- We want to make sure that you will heal normally from the implant procedure. We would not want to do an implant procedure on an uncontrolled diabetic. If you have not had a complete physical examination by your physician in some time, we would recommend you do so.

HOME CARE ----- Your home care must be excellent and you must keep your teeth and the implants clean so that the harmful bacteria are under control. You must be able to get in with toothbrushes and floss to keep plaque off both your teeth and the implants. If this is not done, there is a good possibility that the implants will not succeed and will have to be removed.

X-RAYS ----- You must have a very complete examination with x-rays which include the Panorex (the x-rays which circles around your head and presents a continuous picture of your mouth, teeth, skull, etc.).

LOSS OF NERVE SENSATION ----- There are cases reported in the dental literature in which there is temporary loss of nerve sensation following certain surgical procedures in the back area of the lower jaw. There have also been instances reported 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 if it does occur, but it could remain permanently.

ARE ALL IMPLANTS SUCCESSFUL? ----- No. There are many implants which have been in the mouth for as long as twenty-five years. This is as long as the studies have been carried on for these types of implants. However, there is no increased implant loss over the length of the studies, so there is no reason to expect the successful implants to be lost.

IS AGE A DETERRENT? ----- No. Bad health is a deterrent. Many people seventy and eighty years of age are a better surgical risk than someone years younger who has everything wrong with him. Older people are more likely to need implants because they have lost more teeth and have lost more ridge. It is like saying that older people are more likely to wear hearing aids. Younger people do wear them but not nearly as often. Age is not just an accumulation of birthdays but it is also an attitude. Good judgement indicates that we should plan to live for just as long as we are able. Also, allowing ourselves to deteriorate knowingly makes about as much good sense as an airline allowing its planes to get into dangerous condition without bothering to repair them. As long as you live and breathe and are important to someone, you owe it to yourself and your family and friends to take the best care of your self that you possibly can.

REJECTION BY THE BODY----- Implants are made of biologically compatible materials which have undergone extensive testing over a period of several years in research laboratories using monkeys, dogs, etc. These materials are titanium and a calcium compound which is chemically the same as that found in living bone. There is no antigen-antibody response which could cause rejection.

CAN IMPLANTS CAUSE CANCER? ----- There is no instance which has been reported in the medical literature in which dental implants have ever been reported as being the cause of cancer.

HOW IS AN IMPLANT INSERTED? ----- The implants are inserted into the bone in a site gently prepared. for this purpose. The implants are then covered up with gum tissue.

DECISIONS ----- 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 people in this country and throughout the world who have had hip transplants, pins placed in the hips, kidney and heart transplants and corneal transplants and have found their lives bettered by this. While placement of dental implants is not as involved as these procedures, proper use of dental implants will increase comfort, function and the quality of life.

GUARANTEE ----- There is no way that anyone can guarantee anything which goes into the mouth and which is under the control of the patient or any other type of medical procedure. We can only tell you that we will endeavor to place the implant properly and assist you in any way that we can. We will do everything that we can to make the implant succeed but you will have to make the same commitment. If you do not hold up your end of the bargain, the implant will most likely fail. Also, you should return to the office of your general dentist at regular intervals for examination. If you do not do this, you could get into difficulty without knowing it.

FURTHER QUESTIONS ----- If you have any questions which have not been answered by this monograph, feel free to ask them. We will do our best to inform you.

TREATMENT SEQUENCE FOR OSSEOINTEGRATED IMPLANTS

1. The implant procedures take two surgical appointments. The first appointment is when the implants are gently placed into the bone. The gum will heal in one or two weeks from this procedure, but bone heals much more slowly. We want the implants to be firmly attached in the bone before we use them to support biting pressures, so we allow them to heal for three months in the lower jaw and six months in the upper jaw before exposing the implants.

2. A minimum of two appointments will be necessary after the initial surgery. The first appointment will be one week after the surgery for the suture removal and is quick and simple. The second postoperative appointment will be to check the progress of the healing. Additional check-up appointments may be necessary depending upon your individual situation.
3. We do most of the implant surgeries in our office using local anesthesia ("novocaine").
4. The local anesthesia we use seem to be quite adequate for most patients. However, if you want to receive a stronger type of anesthesia, we will schedule the procedure at the hospital as a day-surgery. This is very seldom necessary.
5. If you have a denture to replace the missing teeth, you will not be able to wear it for the first week or two after the surgery so as not to put pressure on the healing implants. You can wear the denture after that.
6. After the initial healing phase, we will schedule the second surgery. This is much simpler and quicker than the first surgery. Very often, no sutures are required at all.
7. After your new teeth are placed by your dentist, we will want to have you back once or twice during the first few weeks to check the bite and your ability to clean around the teeth.
8. We will show you how to clean the implants. If you do not clean them properly, the implants will almost certainly fail. Oral hygiene is important for implants as well as for natural teeth.
9. Your overall health can affect the implants. If you drink excessively, this can be very detrimental to dental implants. Smoking is not an absolute reason that the implants cannot be done but the implants will do better if you do not smoke, especially during initial healing.
10. It is very important that you understand the procedure we have proposed for you as well as alternatives. We recommend that you read all the literature and information which we have provided prior to having the dental implant procedure done. If you have any questions, do not hesitate to ask us.