

## **Dental Implant Surgery**

**1. What is informed consent?** It is very important for you to understand your condition and the necessary procedures that you will undergo in treatment. We want you to be aware of all the advantages and disadvantages of each procedure as well as alternatives. **This document does not obligate you to any treatment.** We hope it will answer your questions or generate new ones which we will discuss with you.

**2. Why do I need implants and alternate treatments?** Dental implants offer the patient an opportunity to enjoy restorations with maximum comfort and appearance. There is tremendous benefit to replace missing teeth with a permanent non-removable replacement. People that wear dentures can have much more stable. Implants also can restore missing teeth without having to crown adjacent teeth. Alternatives to implants may include fixed bridges or removable dentures.

**3. Will the surgery hurt?** There is discomfort with all surgical procedures. You will be given local anesthetics (e.g. Novocaine). You can expect to be comfortable during the procedure. Reactions to these anesthetics are rare, but please let us know if you have ever had a reaction.

Prescriptions for oral medications will be given for discomfort following the procedure. Most patients are comfortable with mild pain medications. A few patients will have moderate to severe discomfort that requires stronger medication.

Antibiotics are sometimes prescribed. If you are a female on oral contraceptives, they may be less effective at preventing pregnancy. You should consider additional protection at this time.

Patients who smoke or have a habit of grinding or clenching their teeth tend to have greater discomfort.

**4. Are there risks?** Implant surgery is extremely safe and complications are very rare. However, with all surgery there are possible problems that include:

- The implant will not integrate.
- The implant can't be done.
- Bleeding that on rare occasion may be difficult to control.
- Infection that may require further treatment.
- Nerve damage can occur during the procedure, resulting in partial or permanent numbness.

Sometimes an implant can't be placed. This is usually related to the bone, sinus, nerve, adjacent teeth or other anatomical concern. The doctor will discuss options that are available. Sometimes a bone graft will be needed to "buildup" the bone and allow future implant placement. There may be a healing period of up to 9 months.

A very rare but a concern with implant therapy is potential damage to the mandibular nerve which is located inside the lower jaw. This nerve provides sensation to the lower lip region. X-rays and other diagnostic tests allow us to estimate the location of this nerve but the exact location is not always possible. Damage can occur if the implant is positioned too close to the nerve.

On the upper jaw the sinus can be a concern. If inadequate bone exists between the ridge and the sinus, a graft may be required. This can be done in conjunction with implant placement or as a separate procedure depending on the position of the sinus and the available bone present.

**5. What will the first week be like?** During the first 24 hours after surgery, you should take it easy and apply ice inside your mouth and cold compresses to the outside of your face according to the directions we will give you. Keeping the surgical area cold the first day will help keep down swelling, pain and bleeding. Slight bleeding is common after surgery and you will be given instructions on how to manage it.

Don't be afraid to take the recommended medications. If you take them exactly as prescribed, your post operative complications and discomfort will be minimal. Always call the doctors if you develop a rash or reaction to any medications. Never take over-the-counter pain medications with your prescriptions unless you check with the doctors.

Slight swelling and bruising are common. The medications should keep you comfortable, but if you are not, please be sure to contact the doctors. Most patient can return to their normal functions the day following the surgery, but a small percentage of patients may take a few days to feel able to return to regular activities.

**6. Healing period:** A 3-6 month of healing will be required. Normally a patient is unaware of the implants and there is minimal or no discomfort. Any discomfort is a concern and should be brought to our attention.

**7. Restorative:** The final restoration is done by your restorative dentist. The patient is responsible for following through with this important phase of treatment. Your dentist will charge a separate fee for this service.

**8. Secondary procedures:** Sometimes a second surgical procedure is required with implant placement. This may involve adding additional gingival (gum tissue), adding or repairing bone or trimming tissue.

**9. Recession and discoloration:** Gum tissue can recede around an implant and expose the top of the implant. This may occur years after placement and be unsightly. Also individuals with thin gum tissue and thin bone, may show discoloration of the gums. A secondary procedure may be needed to improve this.

**10. Complications:** With all surgical procedures, complications beyond what has been listed can occur that are unforeseen, complex and serious. These situations may require the referral to other health professionals and may require hospitalization.

**11. Conclusion** I have been fully informed of the nature of periodontal / implant therapy, the procedures to be utilized, the risks and benefits, the alternatives available and the necessity for follow-up and self care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the performance of periodontal / implant therapy as presented to me during consultation and in the treatment plan presentation. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist.

**12. Comments:** \_\_\_\_\_  
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*I certify that I have read and fully understand this document and I have had the opportunity to ask questions.*

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Date

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Signature

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Witness

\_\_\_\_\_  
Printed Name

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Printed Name of Witness