



Norwalk Dental Arts, P.C.

Aesthetic
Diagnostic
Implants
Preventive
Restorative
TMJ Therapy

Prosthodontist

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Dental Implant Patient Information Booklet & Consent Form For

This booklet has been prepared to familiarize you with facts about dental implants. Please read it and write any questions or notes in the margins, so you can discuss them with Dr.'s Corino and Klardie.

Please bring this booklet with you to your next appointment. Before any treatment is started you will be asked to sign a statement that you have read and understand this information, and have had the opportunity to have all of our questions answered.

What are dental implants?

Dental implants are biocompatible substitutes for lost natural dentition. They are devices for attaching artificial replacement teeth firmly to the bone. Implants can be used to support a single crown, or as anchors for fixed bridges, fixed or removable partial or complete dentures.

What are the types of implants?

There are basically two types of implants used today:

One type fits on top of the bone. This is called a subperiosteal implant and is custom designed for the patient's jaw. This system had widespread use historically but is currently used less and less.

The second type of implant is placed in the bone. This is called an endosteal implant. There are different sizes, shapes and materials used to fabricate endosteal implants. The choice of what implant to use depends upon the quality and amount of available bone as well as the type of fixed prosthesis or removable denture that is going to be supported by the implants.

What is the history of dental implantology?

Dental implantology goes back to the time of the early Egyptians. Modern oral implantology, as we know it today, dates back more than 30 – 40 years. Various implants have been used on or in the bone for over 50 years. The newer bone-integrated and biointegrated implants have been used with great success.

Implant academies and associations around the world have conducted long-term studies. In addition, participants at the Harvard School of Dental Medicine Conference on Dental Implants have endorsed dental implant techniques as safe and effective. Dr. Corino is a graduate of Harvard's Dental Implantology program.

Recently, the American Dental Association has assigned insurance code numbers for implants and some insurance companies reimburse patients for implants and/or related procedures and prostheses. All this activity stems from one central fact – **DENTAL IMPLANTS WORK.**

How can dental implants help me?

Dental implants may offer solutions for the following:

- Patients' who cannot chew comfortably and efficiently with conventional dentures.
- Patients' who have lost teeth but don't want a removable partial denture to fill in the spaces.
- Patients' who have lost a single tooth and want a single tooth implant rather than a 3-unit bridge.
- Patients' who are now wearing a partial or full denture and would prefer a fixed bridge or a fixed/removable appliance.

Am I a candidate for dental implants?

Most patients who are healthy enough to undergo normal dental treatment and maintain good oral hygiene can have dental implants. First, your current jaw structure height and width, bone density, interarch space and overall health need to be evaluated. This information is interpreted by myself and your surgeon before we present them to you. Your complete understanding of all of your options is important before making any definitive decision.

Will my implant teeth function as well as my original teeth?

Nothing will function as well as natural teeth. However, implants function better than removable teeth. In most cases patients can eat without being aware of the implants. Most patients are happier with fixed teeth, a single tooth, or dentures that are supported by dental implants.

What are the risks of surgery for dental implants?

Most of the possible complications associated with implant surgery are not serious. Other than the unlikely situation of a severe infection or fracture of the bone, most problems are easily reversed by medication, surgical intervention or removal of the implant. If the implant must be removed, it is often possible to replace it with another implant. Sometimes the implant can be placed in the same location, or it can be placed in another location.

All surgical procedures have certain risks. Although complications are unlikely, you should be aware of the following. Surgery on the lower jaw may incur a risk of damaging the nerve that controls sensation of the lower lip. If this nerve is damaged, there could be a loss of, or change of feeling in the lower lip and chin. The change in feeling might involve tingling, itching, burning, feeling cold, feeling hot, or feeling partially or completely numb. Damage to the nerve is not likely. If it does occur, the feeling will usually return gradually to its normal state within a few weeks to a few months. However, if after surgery, the nerve feels numb, that numbness could last for years or be permanent. Rarely, similar damage can occur to the nerve of the tongue.

Surgery on the upper jaw could result in nerve damage to the corner of the nose. The placement of implants on or in the upper jaw can result in perforations into, infections of, or problems with the nasal passages or the sinuses. Fortunately, such damage is rare. If it does occur, it will usually heal uneventfully, although treatment might require antibiotic therapy or surgical correction. If problems are allowed to develop around upper implants and are ignored by the patient, they may progress into the sinus and result in a condition requiring surgery, treatment and correction.

When an implant is placed near a tooth, it is possible that the tooth root may be damaged during bone preparation for the implant. Such damage is extremely unlikely. If it should occur it is likely to heal, although it is possible that the damaged tooth would be lost or need root canal treatment followed by a prosthetic crown.

Other surgical risks are bleeding, bruising, infections and swelling. Please read the "CONSENT FORM" for further reference to possible complications.

What are the risks of dental implants?

Infection is a concern with dental implants. Good oral hygiene can greatly reduce the risk. Some implants can cause additional stress on the bones in the jaw that can lead to loosening of the implant, failure and subsequent removal of the implant. If the implant fails due to bone deterioration and must be replaced with a conventional appliance, the patient may experience problems with retention because of associated bone loss.

Additional possible complications include discomfort, cosmetic problems, implant breakdown and damage to adjacent teeth in the mouth. Fortunately, these problems are rare, especially with periodic check ups.

What are the chances of rejection of the implant?

The body does not reject a dental implant as it might a heart, lung or kidney. Although implants are more stable than removable dental appliances, bone and gum tissues do not attach to the implant as they normally do to a natural tooth. The main difference between an implant and a natural tooth is a dental implant will not get decay. It can get gingivitis, periodontal disease, and subsequent bone loss just like a natural tooth could. This is why maintenance visits are very important to maintaining your investment.

How long will my dental implant last?

Some implants are still functioning successfully after 27 years of successful chewing. For patients who have a history of trouble with their mouths and whose bone physiology around their roots have been a problem, the prognosis would be less optimistic than for patients who have had fewer dental health problems. Also, if there are many natural teeth remaining, the expected longevity of an implant is greater than if all the teeth are missing. As with any artificial replacement in the human body, no promises or guarantees can be made as to longevity of the implant or of the implant supported prosthetics.

It is impossible to know how long any particular implant will last and therefore it is impossible to predict or guarantee success.

What causes failure of dental implants?

Circumstances that may result in the failure of implants and the prosthetics they support are: local conditions, systemic conditions and structural overload.

- **Local Problems:** Bacteria can accumulate around a dental implant just as it can around a natural tooth. Bacteria can cause inflammation and infection of the gum and bone tissue. This can proceed to bone loss

and eventual loss of the implant. For long term success, implants must be kept meticulously clean. Other local damage can result from improper use of cleaning instruments, grinding and clenching of your teeth, smoking, and/or excessive use of alcohol.

- **Systemic Problems:** Diabetes, metabolic bone disease, steroid therapy, HIV, problems with absorption of nutrients are but a few of the medical problems that may influence the success of implants. Any condition which prevents the body from repairing bone or other supporting tissue, can result in the eventual loss of bone and gum support for the implant. Conditions such as osteoporosis, collagen diseases, drug use and addiction, or any debilitating disease can prevent the body from repairing itself. This does not necessarily mean that implants should not be used. Discussion with your physician is sometimes needed to determine whether any medical problems would prohibit implant treatment.
- **Structural Overload:** When an implant supported fixed or removable prosthesis, such as a single crown, a bridge, or a denture, is overloaded by chewing forces, something has to give. Most chewing forces are within the physiologic and/or mechanical tolerances of bone tissue that support teeth or implants. When the chewing forces are such that they exceed physiologic tolerances, as when the teeth are tightly clenched together or if not enough implant support anchors are placed to absorb chewing forces, bone tissue can be lost from around the implant.

Are there problems associated with smoking?

Smoking is extremely harmful to all oral tissues, especially when implants are present. Heat from smoking is retained in the metal. Irritants from smoking also effect the normal healing of the gum and bone tissues of the mouth. Smoking robs the bone and other tissues of vital nutrients and minerals needed for healing and maintaining the healthy bone connection to the implant. Smoking also decreases blood supply and oxygen to the gums and bone tissues that are next to the implant. To help keep the supporting bone and gum tissues healthy and able to resist infection, the implant patient should not smoke.

Can an implant be replaced?

Depending on the reason for its removal, an implant can often be replaced. After healing, if adequate bone is present and the gum tissue is adequate, a new implant can be inserted.

How long does implant treatment take?

The main requirement of successful implant surgery is quality bone. There must be adequate width and height of bone available to retain an implant. If there isn't enough bone available, bone has to be created. This takes time. Time is also needed for the implant to integrate into the bone.

There must also be enough time for adequate healing. This is usually from 3 – 6 months. During this time the implants are usually under the gum tissue. Occasionally, they are above the gum tissue and covered with a healing cap. During this time, the implant is healing in contact with the surrounding bone. A temporary appliance can usually be made which will be functional, comfortable and esthetic. This is a provisional appliance and is worn during the healing phase of treatment.

After healing of the implant in the bone is complete, the prosthetic phase of treatment can begin. Depending on the type of prosthetics to be restored on the implants this phase of therapy can take anywhere from a few weeks to several months.

What kind of follow-up care is needed?

Good oral hygiene

Your implants can fail for the same reasons that your natural dentition was lost. Poor oral hygiene is the greatest cause of implant failure. The build-up of dental plaque and debris around teeth and implants cause an increased concentration of bacteria and the destructive consequences of inflammation and infection. This will lead to swollen gums and loss of bone that is needed to support the implant. Excellent oral hygiene is necessary and vital to long-term success of the implant supported crown, bridge and fixed or removable dental prosthetics.

At least 4 Maintenance visits per year

You have made the investment for a better smile, greater chewing efficiency and a happier life enjoying foods that you haven't had in a long time. You need to be seen for maintenance every 3 months for the first year or longer if you don't present with good oral hygiene every time you come in.

Maintenance visits are an important part of your commitment to success of retaining your implants and the prosthetics they support. The doctors and our staff will instruct you in the proper use of toothbrush, proxybrush, superfloss, sulcabrushes, rotadent and other oral hygiene aids. In the morning after breakfast and before bedtime you must brush and clean around all the implants and the prosthetics. It is my teams' job to make sure you are being efficient with your homecare while at home. We will be taking periodic radiographs and periodontally probing each implant to measure bone and gingival health!

There is no negotiation on this, as this is part of the program with maintaining your oral health. If you can't make this commitment for success, maybe implants are not for you.

Questions I would like answered:

A realistic approach to “MY” treatment

It is important to have a sense of realism when approaching implant placement surgery and the prosthetic phase of treatment. The following facts should be understood and accepted before proceeding with treatment:

First, I may not be a candidate for implant surgery.

Second, the goals of dental implants are to help improve the chewing function, make dentures more stable, help improve esthetics, and possibly permit the placing of crowns or bridges instead of a removable full or partial denture. Implants can never be as good as my natural teeth.

Third, my motives in seeking dental implants should be realistic. The placement of dental implants and the associated prosthetic coverage are not “cure-alls”. The degree of success with implants depends on many factors including my age, my overall health and other specific problems.

Fourth, every surgical procedure and prosthetic reconstruction entails some degree of risk. Results may not match my expectations. I recognize and am willing to accept these risks.

Fifth, no implant will last forever. It is impossible for an implant to be functional, without problems, for many years. However, this cannot be predicted. It is possible that my implant will be functional for many years. It is also possible that my implant will be functional for a much shorter time.

Sixth, it would be unethical, as well as impossible, for any surgeon/prosthodontist to guarantee the results of implant or prosthetic treatment. The result of treatment however, is almost always an improvement over the previous dental condition.

Seventh, the decision to begin treatment is a shared responsibility between me and my doctors. It is important for me to discuss the benefits, risks, questions and alternative treatments with my surgeon and my prosthodontist.

Eighth, my treatment plan is not a treatment guarantee.

Please sign this booklet and the following consent form to indicate that you have read and understand all that is presented. Bring them with you to your next appointment. Make sure all of your questions are answered prior to beginning treatment.

I have had the opportunity to read and understand the PATIENT INFORMATION BOOKLET.