



## DENTAL IMPLANTS – Overview

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DENTIST:** \_\_\_\_\_

RECORD

GATHERING: \_\_\_\_\_

\_\_\_\_\_

RADIOGRAPHS: \_\_\_\_\_

\_\_\_\_\_

PRE-

TREATMENT: \_\_\_\_\_

\_\_\_\_\_

PRE-OP SCALE &

CLEAN: \_\_\_\_\_

SURGERY (temp/no temp/healer

cap): \_\_\_\_\_

POST-OP

REVIEW: \_\_\_\_\_

\_\_\_\_\_

FINAL RESTORATIVE

APPOINTMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER APPOINTMENTS (if

required): \_\_\_\_\_

Please do not hesitate to call the Dental Clinic if you have any queries regarding your treatment. We are only too happy to assist with any questions you may have.



## **DENTAL IMPLANTS- INFORMATION BROCHURE**

In simple terms, a Dental Implant can be thought of as an artificial tooth root placed into the dental arch. The Implant can be used to support a single crown or a bridge. Implants are placed into the bone where the roots of the natural teeth are, placement is determined by the nature of the final restoration, and made of medical grade titanium. The main advantages of Implants is that they can replace missing teeth without restoration or involvement of the adjacent teeth, and they can function and look like natural teeth.

The stages involved in Dental Implant procedures are:

### **1. CONSULTATION, ASSESSMENT, RECORDS & MEASUREMENTS**

This is the most important phase of treatment to ensure maximum success of the treatment. It may involve interviews, health assessment, clinical examination, photographs, diagnostic models, and x-rays to provide you with a comprehensive treatment plan. It is imperative that there is enough space for the Dental Implant, therefore several types of diagnostic imaging & several X-rays may be required. Different types of imaging that may be required include Cone Beam CT (3-D X-Ray), periapical radiographs, OPG.

### **2. PRE TREATMENT**

A thorough scale & clean will be required. The health of the surrounding dental tissues is required for success of the Implant. This includes ensuring there is no soft or hard tissue disease such as decay and periodontal disease, including periodontal disease, and presence of broken or infected teeth. These need to be dealt with before Implants are embarked upon and other preventative measures may need to be implemented. Temporarily bonded teeth may need to be removed. Bone augmentation may also be required to ensure sufficient bone for Implant placement.

### **3. SURGICAL PLACEMENT OF THE IMPLANT & TEMPORISATION**

The placement of the implant may be at the time of tooth removal or 10-16 weeks later, again depending upon the nature of the final restoration. The implant is placed under



local anaesthesia. Prophylactic antibiotic cover is usually required. Depending upon the individual case, a temporary crown may or may not be placed.

If a two-stage procedure is decided upon, the implant will either be stitched around or covered by the gum. A second minor surgical procedure will then be performed 12-26 weeks later.

***Some discomfort associated with the surgical stage is to be expected, usually similar to that of a simple extraction.***

#### **4. FINAL RESTORATION**

The final restoration/s is/are usually a porcelain crown/s or bridges. These are attached to the Implant via a form of Implant abutment. Several appointments are usually required for this stage for preparation and insertion.

#### **5. REVIEWS & MAINTAINENCE**

For success of the implant and final restoration it is imperative that they are reviewed. A review of the Dental Implant is scheduled 2 weeks post operatively. Also, regular check-ups need to be maintained.

After placement of the final restoration a review is required 1 week after, then every three months for 12 months. Regular dental check-ups and cleaning need to be maintained for the life of the Implant to ensure success.

Research has shown implant integration to be successful in over 95% of cases. There are many types and sizes of implants and these are chosen based on individual cases. Dental Implants need to integrate with the body in order to be successful. Biological acceptance by the body relies on several factors so it is important that any predisposing factors are addressed. Although it is impossible to predict the longevity of each individual Implant, factors that may be related are: overall general health, nutrition, oral hygiene and tobacco use.



## **FEES**

These vary depending on the individual case and treatment plan. Every effort is made to provide a comprehensive itemized estimate detailing items and fees associated with each stage of implant as well as other procedures, such as bone augmentation, which are required. These will be available prior to any treatment being undertaken.

Health Funds are entities unto themselves so it is best to check with your fund in regards to rebates. This can be done by using the item numbers provided on your estimate.

Some individuals may also be entitled to a tax rebate, depending on the individual circumstances. Please check with your accountant.

Dental Implants are a specialized procedure; therefore it is a requirement that patients sign a consent form. This includes acknowledging that they accept the expectations associated with the procedure.

Please do not hesitate to ask your dentist or a member of staff should you have any further queries.



## EXPECTATIONS FOLLOWING IMPLANT PROCEDURES

Implant surgery like any other surgical procedure can have a number of unpleasant post-operative symptoms. The following list of symptoms may occur, in varying degrees of severity, depending upon the specific procedure and degrees of difficulty involved in the operation. Also included are suggestions that will help you minimize the symptoms you may experience.

**Swelling:** Your face may swell and be sore and you may have difficulty opening your mouth. The subsides over 2-3 days but can be relieved by using an ice pack at half hourly intervals for two days post-op.

**Pain:** The pain you experience will vary depending upon a number of factors, including underlying pain thresholds. Pain can be controlled with medications such as Nurofen, Panadol and Panadeine every 3-4 hours. Nurofen is also helpful in reducing inflammation and hence swelling. If stronger pain relief is required please contact the Dental Clinic.

**Bleeding:** Minor bleeding can occur for 24 hours after surgery. This can be controlled by biting on a rolled up gauze pack, placed over the surgical site. If bleeding continues, contact the Dental Clinic. It is possible to get bruising inside the mouth and/or on the face and neck but this is rare and if it occurs, it will subside over the following week.

**Infection:** Bone, gum and or facial infection may occur post-operatively. Mouth rinsing with Chlorhexidine will help prevent this. If you suspect infection has occurred, contact your Dentist immediately.

**Numbness & Altered Taste:** There is a possibility of altered sensation (numbness, burning, itching, and altered taste) of the lips, teeth, chin, cheek or tongue after the operation. The exact duration may not be determinable and may (in rare cases) be irreversible (lower jaw implants).

**Dryness & Cracking:** May occur to lips and corners of mouth and may be relieved by applying a lanolin type or paw-paw ointment to these areas post-operatively. Cleaning of the remaining teeth is essential. If necessary, use a children's toothbrush.

**Sinus:** Penetration of the implant into the sinus can occur in the upper jaw. Usually this does not cause a problem and healing will occur uneventfully (upper jaw implants).

**Delayed Healing:** Delayed and painful healing of the surgical site can occur. If your condition deteriorates after 3-5 days, see your Dentist immediately for prompt attention.

**Allergy:** Reactions to drugs, medication or anaesthetics can occur. If you feel or sense an adverse reaction, stop taking the medication and contact your dentist.



**Final Gum Position:** Every effort is made to ensure that the gum position around the final restoration is ideal. The final gum position can take 6 months to settle, and in some cases this position is less than ideal and may (in high smile line patients) be noticeable.

**Abutment Showing:** Every effort is made to ensure the implant abutment post is under the gum line. Occasionally due to less than ideal healing, the abutment appears above the gum line and if a metal abutment is used may be obvious. There is sometimes the option to use a ceramic abutment that is closer to tooth colour, but is more expensive and not always a viable option.

*These Expectations are to assist patients in providing informed consent prior to implant procedures.* If you have any queries on any of the above or wish to discuss them in greater detail do not hesitate to discuss them with your Dentist prior to your procedure.

If any problems arise or you are concerned about your progress after treatment, please contact the Dental Clinic.



## Dental Implants

### Pre-Operative Instructions for 1<sup>st</sup> Stage Dental Implant Surgery

To ensure the best possible result for your Implant procedure, please follow the following directions prior to your 1<sup>st</sup> stage surgery. Your co-operation and compliance will enhance your body's acceptance of the Implant.

1. Rinse gently with Curasept (chlorhexidine) mouth rinse three (3) times daily for 30 seconds at a time, for one (1) week prior to the surgery.
2. Floss, Brush then Rinse your teeth thoroughly, especially the week before the procedures.
3. Take any antibiotics required as prescribed (commencing 24 hours before procedure)
4. Smoking has a detrimental effect on the body's ability to heal. If you are a smoker you should cease smoking for two (2) weeks prior to the procedure. This will dramatically improve bony integration of the Implant.
5. Have your normal meals, do not fast prior to your procedure. We may ask you to have some juice immediately prior to the procedure to ensure your body is at optimum for healing.
6. Do not wear make-up on your face prior to the procedure.
7. If your Dentist has given you any other specific instructions or medications, please comply with these as discussed with your Dentist.

Please do not hesitate to call the Dental Clinic if you have any queries regarding these instructions or your treatment. The ability to proceed with Stage 1 of Dental Implant treatment relies on your complete compliance with the above instructions.

Thank you for your anticipated assistance.



## Dental Implants

### Post-Operative Instructions

For the best long-term results for your Dental Implant it is very important that these post-operative instructions are followed. Bio-integration of the implant may be impaired by failure to comply with these directions.

1. Rinse gently with Curasept (chlorhexidine) mouth rinse three (3) times daily for 30 seconds at a time. Brush other teeth as per normal. Gingivitis will affect the implant site as well as the other teeth.
2. Begin gently brushing the implant site after one (1) week
3. Finish the course of prescribed antibiotics
4. Pain relief is usually achieved by Panadol (Paracetamol) or Nurofen (Ibuprofen). If you require stronger pain control please advise your Dentist.
5. Please maintain a soft diet for one (1) week after implant placement.
6. Overloading the implant may lead to failure of the implant. Leave your **denture** out for one (1) week following implant placement. Your Dentist will adjust the denture so as not to place pressure on the implant. However, if you feel any pressure or the cover screw of the implant becomes exposed within 6 weeks of placement, please advise your Dentist. Eating can also place undue pressure on the implant, so please avoid eating in the area of the Implant.
7. Smoking should be discontinued prior to Implant placement and discontinued for the duration of bony integration.
8. If a two-stage Implant is placed it is important to attend your post-op appointment (2 weeks following Implant placement) for suture removal. Prolonged retention of the sutures may affect health of the soft tissue. Your Dentist will also check the Implant at this stage. The two week review appointment is also necessary for single-stage implants to check the healing.

The first two (2) weeks of healing are critical to the success of you Dental Implant. Please do not hesitate to call the Dental Clinic if you have any queries regarding these instructions or your treatment and healing.





## Dental Implants

### Post-Op Instructions following Final Restorative Placement

For success of your implant and final restoration, the following instructions should be adhered to. Compliance with these instructions will increase the success of the continued bio-integration of the Implant and maintain the aesthetics achieved.

1. Function normally without misuse (eg. Opening bottles, crunching ice)
2. Avoid overloading the Implant with occlusal pressure, this may lead to failure of the Implant. If you diagnosed TMD and have chosen not to proceed with occlusal therapy, you will need to have this addressed.

Your dentist will adjust your bite. If the bite becomes “high” or more pronounced before your scheduled review appointments please advise the Dental Clinic.

3. Good oral hygiene needs to be maintained as the surrounding hard and soft tissue need to be healthy to retain the implant.

Attend review appointments which will be scheduled 1 week, then 3 monthly after placement of the final restoration. This is important to check that the restoration is not “high” in your bite, and that bio-integration is maintained.

Brush and floss your teeth twice daily. All surfaces of the implant need to be thoroughly cleaned. This can be achieved by flossing in such a way that the floss goes under the gum around the implant crown (approximately 2mm) and partially wraps around it.

4. It is difficult to maintain good oral hygiene in the presence of smoking due to its detrimental effect on the body’s ability to heal and combat infection as well as localized effects on the cells in the mouth. Strongly consider cessation.

Please do not hesitate to call the Dental Clinic if you have any queries regarding these instructions or your treatment and healing. We look forward to assisting you in maintaining your dental health.



## Dental Implant Consent Record

I authorize Dr Lan Tran/Dr Reuben Suit to perform the following procedure(s)/treatment:

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.....  
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The benefits of the above procedure(s) have been explained to me.

Alternatives to the above procedure(s) have been offered to me including:

- No Treatment
- Removable Dentures
- Fixed Bridgework

After consideration, I have chosen the afore-mentioned procedure(s) from the options available.

The effect and nature of the proposed treatment has been explained to me by the Dentist. I consent to further or alternative measures as may be found to be necessary during or as a consequence of the procedure(s).

I consent to the administration of anaesthetics for these purposes.

As with any treatment involving the body, there are some inherent risks and limitations. I have been informed of possible risks and complications involved with the procedure(surgery), drugs and anaesthesia. Such complications include, but are not limited to:

- Pain
- Swelling
- Bleeding
- Infection
- Gum discolouration
- Numbness or altered taste sensations relating to the lip, tongue, chin, cheek or teeth. The exact duration may not be determinable and may be irreversible (lower jaw areas)
- Injury to the present teeth



- Bone fractures
- Sinus perforation (upper jaw areas)
- Delayed healing
- Allergic reactions to drugs or medications used
- Gum position irregularities
- Abutment posts showing

The Dentist provided greater detail on the above complications to me both verbally, and in the handout titled “Expectations following Implant Procedures”.

It has been explained to me that there is currently no method to accurately predict the gum and bone healing capabilities in each patient following the placement of an Implant.

I understand that if during surgery the condition of the bone should be found to be unsuitable for an Implant, then the Implant will not be placed.

It has been explained to me that in some instances Implants fail to biologically integrate and must be removed. If failure occurs within 1 year then further treatment in the form of another implant will be available to me if done within one year (limited to 1 replacement). This no cost replacement is only available to non-smokers.

I understand that smoking is likely to affect the success of the implant.

To my knowledge I have given an accurate report of my physical and medical health history.

I accept the estimation of fees as provided and agree to pay when the account is due.

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Patient Name & Signature Date

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Witness Name & Signature Date

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Dentist Name & Signature Date



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