Pacific periodontics & implants®

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IMPLANT SURGERY INFORMATION AND CONSENT FORM

Listed below is a range of potential complications or side effects of implant surgery. The risks will vary depending upon where the implant is to be placed. Risks specific to your case will be explained by the operator.

MINOR SWELLING, BLEEDING, LIMITED MOUTH OPENING OR DISCOMFORT

Any minor surgical procedure will involve a healing phase. The above symptoms may be experienced during this phase. The severity and type of symptom may differ between patients. In most cases a mild analgesic is all that is required to alleviate symptoms.

STRETCHING OF THE SOFT TISSUES ADJACENT TO THE MOUTH

The surgery will require good access for the clinician and assistant. Retractors will be used to clear this view. This may result in some minor bruising or swelling. It is advisable to keep the lips well conditioned leading up to the surgery day.

INVOLVEMENT OF ADJACENT STRUCTURES

Implants need to be seated in a firm base of bone. There is a small chance that adjacent anatomical structures may be damaged during placement of the implant. This is particularly relevant to implants placed in close proximity to the maxillary sinus, floor of the nose, or adjacent teeth. Xrays minimise but do not completely remove this risk.

NUMBNESS

A large number of nerves serve the teeth and tissues of the mouth. In particular two nerves pass very close to the lower teeth. These are:

- The Inferior Dental Nerve – This nerve supplies sensation to the lower teeth, lip and chin; and
- The Lingual Nerve – This nerve supplies taste and sensation to the side of the tongue.

The above nerves can vary in their position or anatomy from person to person.
During any minor surgery procedure to the jaws there is a small possibility of damage to various nerve paths. This could result in a loss, or alteration of sensation and taste in the area supplied by the nerves. Although this is usually temporary (days or months), in a few cases it is permanent. Xrays minimise but do not completely remove this risk.

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ALLERGIC REACTION TO THE ANTIBIOTIC OR MEDICATION

People may be allergic to a range of materials. You must declare any known allergies to the clinician to minimise risk. If you do experience an adverse reaction (eg. rash or illness) stop taking the medication immediately and contact the dental clinic or your local medical practitioner for the issuing of an alternative prescription. There is no scientifically documented allergy to Titanium.

LOSS OF THE IMPLANT – EARLY

There are two main ways that an implant can fail to osseointegrate (fuse to bone).

1. Infection - Although a strict aseptic technique is used, the mouth has a high bacterial load. There remains a small risk of post-operative infection. You must carefully follow your post-operative instructions and take the recommended prescriptions to minimise the risk. If the implant becomes involved with an infection it will need to be removed. Smoking causes a 5-8 fold increase risk of infection and persistent smoking voids your warranty.
2. Fibrous Tissue Entrapment - Fibrous connective tissue can interpose between the implant and bone and cause failure of true bone to implant contact. Implant will be non-painful, but fusion not strong enough to support a tooth.

LOSS OF THE IMPLANT – LATE

Occasionally implants can be lost over time just as teeth can be lost. Again there are two main reasons;

1. **Failure to keep the surrounding soft tissues healthy** - Just like teeth, the implants need to be kept clean to ensure their long-term health. In particular, the gum crevice needs careful attention to stop any plaque build-up. You should return immediately if you notice any bad taste, redness, bleeding, soreness, or swelling of the tissues. You should also return immediately if you believe something is caught down the implant gum crevice (eg. popcorn husk, poppy seed etc).
   You should have a formal review and clean of the implant by a dental professional at least once per year. The specialist rooms offer this service. At the initial review at the specialist rooms (normally 3-9 months after restoration of the implant) home care instructions, recommendations and appropriate products will be issued to ensure long-term implant health.
2. **Overloading the implant – component breakage** - Both teeth and implants are subject to heavy loads in the mouth. Just like a tooth, normal wear and tear may require replacement of the crown on an implant. You should, where possible, return to the dentist who initially placed the crown, as they will be familiar with the components used and have detailed notes on the implant. Occasionally excessive force can be placed on an implant (eg. a traumatic blow or loss of the surrounding supporting teeth). In this case the various

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restorative components (i.e. crown, abutment, screws) may be fractured. The damaged pieces would need to be removed and replaced by your restorative dentist.

LONG-TERM SOFT TISSUE CHANGES

Every effort will be made at the time of implant placement to retain and maximise the soft tissue contour around the implant. However, the titanium implant is not a living tissue , it is a substitute and not an exact replica of your tooth! Sometimes (initially over many months or years) the tissues will naturally remodel and some degree of recession will be observed. The degree of this remodeling is difficult to predict and difficult to correct. Careful attention to home care and attendance at recommended formal dental recalls to keep the tissues in optimum health will help reduce this risk.

PAYMENT

A deposit of the implant placement fee will be required two weeks before the surgical appointment. This is to allow for the purchase of the implant components and disposable surgical equipment. The remainder of the fee falls due on the day of surgery.

FOLLOW-UP

As the periodontal (gum) health of your implant is highly dependent on your home and hygiene, need for specialised implant cleaning to address bone loss or infection will be at patient's own cost. Outright loss of implant if patient follows recommendations will include replacement of any failed implant at no cost to the patient. It will not cover the crown or bridge prosthesis placed on top of the implant. If, at some point, a clinical decision is made not to proceed with implant replacement then a refund of 50% of the original surgical fee will be made. **It is also STRONGLY RECOMMENDED that once a year a review is arranged with the specialist rooms to provide thorough review and cleaning-floss-prophy of the implant.**

I have had explained the potential complications listed above which may be associated with surgery to place implants. I understand the above information and consent to the placement of the dental implant(s).

PATIENT NAME: _____

PATIENT SIGNATURE: _____ DATE: ___ /___ /_____

CLINICIAN NAME: _____

CLINICIAN SIGNATURE: _____ DATE: ___ /___ /_____

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