

DENTAL IMPLANTS PATIENT INFORMATION

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PRE-OPERATIVE INSTRUCTIONS & CONSENT FORM

This form is designed to make you familiar with the basic aspects of dental implants, how the treatment is planned and used in our office and to accompany the **PATIENT INFORMATION BROCHURES** *Understanding Dental Implants* and/or *Having Problems with your Dentures*. Further information can be obtained with an additional consultation with Dr. Oliver and his staff and by reviewing the **PATIENT INFORMATION** section at our office web site:

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Currently, our office is trained to utilize 2 systems of dental implants.

1. Traditional / Full Sized titanium metal implants to replace teeth.

These are *root shaped cylinder/posts* which are carefully placed into the bone and also extend up through the gum tissues. After appropriate healing time, full sized *Dental Crowns or Dental Bridges* can be permanently attached to these implant fixtures to replace one or more missing teeth. Very often the results are very esthetic and feel natural.

2. Mini-Dental Implants to stabilize a removable denture or partial.

These implants are much smaller in diameter. They are a one piece titanium metal screw which is easily placed through the gum tissue and into the bone. Rubber O-Ring / Snap attachments can then be placed inside of a new or existing denture or partial (sometimes at the same appointment) to greatly increase the fit, comfort and stability of the denture or partial.

The following questions are ones most commonly asked by our patients.

1. What are the advantages of implants?

When a tooth is missing and a *conventional fixed bridge* is being considered, an implant can be surgically placed to support a permanently cemented dental crown and restore the missing tooth. The biggest advantage is that the adjacent natural teeth are not touched and the implant crown is functionally and esthetically like a real tooth. If multiple teeth are missing and a Removable Partial Denture is the only *traditional option*, several implants can typically be placed and our patients can now be restored with permanently attached crowns and bridges...a much more solid and natural feeling result. If Mini Dental Implants are being considered the biggest advantages are the easy placement procedures, the ability to often just add these to your existing dentures and the ability to eliminate *traditional metal clasps* from partials. Other significant advantages of all implants are that there is no underlying tooth structure to get recurrent decay or remain temperature sensitive or become abscessed and require root canal therapy.

2. What are the disadvantages of implants?

This is a surgical procedure that needs to be measured and planned out. Additional X-Rays, study models and surgical placement guides often will be necessary. Treatment can be relatively expensive, especially when there is a need to replace multiple missing teeth, and typically the implant surgery phase is not covered by insurance. Also, because of the various healing times involved, treatment time can be long when compared with conventional dentistry. In some cases, it can take 4-6 months for bone grafting to heal and an additional 4-6 months for the implant itself to completely fuse to the bone before a permanent final restoration can be placed. Although few, there are some surgical risks, such as being a diabetic or a smoker. Also, there are anatomical limitations to where implants can be successfully placed. Lastly, young patients should ideally be done maturing and growing before considering an implant procedure.

3. What are the main risks and complications?

For an implant case to be successful, it is vital that the surgically placed titanium “post” become integrated and fused with the surrounding bone. In general, our patients need to be in good general health and free from active oral infections. Antibiotics will typically be started preoperatively and blood thinners and daily aspirin should be discontinued around the time of the surgery. With our patients, one of the most important factors in healing success is controlling and limiting the amount of “heavy” chewing forces and grinding pressures during the first few months after placement. Each case is different and Dr. Oliver will discuss with you the optimal timing of when you can have your restoration attached to your specific implant. The main complication in the lower arch is with molar implants that extend down too far and touch the nerve that gives sensation to the lip. If this occurs, partial or complete numbness to the lip can result. In the upper arch it is important to avoid the large sinus cavity. Fortunately, these are very rare occurrences and accurate measuring X-rays are taken to avoid this.

4. Can implants fail?

Implants are NOT 100% successful even though the success rates are better than 95-98%. Failure of an implant is usually due to incomplete adaptation of the bone to the implant during healing and this is often determined within the first few months. If an implant fails to integrate, it can be easily removed allowing the site to heal and fill in with new bone. A new implant can then be placed or treatment can proceed in a conventional fashion without implants. Although rare, problems can occur after complete healing and the final permanent restorations have been placed. Most of these failures happen in patients who have uncontrolled heavy grinding habits or *Bruxism*. Teeth may break, screws may loosen, bone can be lost around the implants and the implants themselves can even become non-integrated and need to be removed. Dr. Oliver will discuss with you your specific precautions.

5. Who is a good candidate?

Anyone missing teeth is a candidate for dental implants and it is possible to replace one tooth or all of your teeth. Specifically, *Mini Dental Implants* are extremely versatile because of their small sizes and nearly any patient with a removable denture or partial can utilize this style of implant to significantly improve their stability and function.

A traditional full sized implant needs a sufficient amount of good quality bone all the way around for it to properly fuse and remain stable. In our office we routinely take various pre-operative X-rays with accurate measuring marks as well as study models to determine the best locations of quality bone. Synthetic bone grafting may also be used, even at the time of implant placement, to increase and add to the amount of available supporting bone.

6. Can an implant be placed at the time of a tooth extraction?

YES. More and more we are finding that this is a very effective and successful way to provide implant services. As long as there is no **ACTIVE** infection and that the surrounding bone is intact, the remaining extraction socket is just reshaped and an implant is immediately placed. Our patients need to go through only **ONE SURGERY** and **ONE HEALING PROCESS**.

7. Can a crown or tooth be immediately attached at the time that the implant is surgically placed?

YES. A temporary or provisional crown **CAN** be attached to an implant right after it has been surgically placed. However, it is important that the implant is initially very stable and that heavy chewing and grinding pressures can be kept to a minimum. Implants still need 4-6 months to completely fuse to the bone, however, frequently it is possible to have esthetic looking temporary crowns placed early on in this healing process. Dr. Oliver will discuss with you your specific case.

8. Will I have much discomfort?

Surprisingly, our patients experience only minimal post operative discomfort even when implants are placed at the time of a tooth extraction. Typically, there is little or no swelling and pain medications are needed for maybe 24-48 hours. The majority of our surgery cases are done using only local anesthesia, however, many of our patients also utilize Nitrous Oxide (laughing gas) and/or Oral "pre-medication" for sedation and relaxation.

9. What if I choose not to have an implant?

Every case is unique. Typically, *mini-dental implants* can be added at any time as long as some bone ridge remains and that your existing denture or removable partial is intact. Traditional implants DO need sufficient quality bone to be successful. Following an extraction, if nothing is done to preserve the bone or have an implant placed, the remaining ridge can rapidly shrink away. In areas where teeth have been missing for several years or more, a separate *Bone Replacement Grafting* procedure may now be required or grafting may be able to be added, if needed, at the time of implant placement. There are situations and anatomical locations where implants are no longer possible. In many cases it makes sense to remove a tooth sooner for immediate implant placement before more bone is lost due to advancing *Gum Disease or a long standing Root Canal failure*. Dr. Oliver will discuss with you your specific risks and benefits.

10. Is there a Guarantee?

If an IMPLANT FIXTURE does not become integrated and is lost during the first 12 MONTHS of initial healing, it will be replaced and restored again at NO COST. If there is a failure of the implant or to the restoration that is non trauma related during the first 5 YEARS, then it will be replaced and restored again ONLY at the cost of the implant parts and of the outside dental lab expenses presuming that the patient follows our recommended course of maintenance and follow-up visits.

I have read and understand the above information.

Signed: _____ Date: _____

Print Name: _____