



IMPLANT DENTISTRY

OF BARTRAM *by Dr. Pierre J. Fedders*

Implant Consent

These pages will provide you with the following information:

1. Understanding the surgical phase of treatment.
2. Explanation of risks and complications
3. Expectations after surgery
4. Post-operative instructions

Please read carefully. Call the office or make an appointment with the doctor (before your implant appointment) if there are any questions regarding this consent form.

Implant Surgery Information and Consent Form

Diagnosis: After a careful oral examination, a review of radiographs, and a study of my dental condition, my dentist advised me that my missing tooth or teeth might be replaced with artificial teeth supported by an implant or implants.

Recommended Treatment: I have been presented with the following options for treatment:

1. No Treatment
2. Limited use of a new partial denture for eating and public appearance.
3. Crown and bridge work (if possible).
4. Placement of a titanium implant fixture into the existing bone of the jaw, which will be used to support new restorations, fixed bridgework, or a removable denture.

I have selected the option of the placement of a titanium fixture into the existing bone of the jaw. I am aware of the benefits and risks involved, and have been informed of the surgical and prosthodontics procedures involved.

Surgical Phase: I understand that local anesthetic will be administered to me as a part of the treatment. Implants will be placed by tapping or threading them into the holes that have been drilled in the jawbone. The implants will have a snug fit and will be held tightly in place during the healing phase. If I am a candidate, a minimally invasive approach may be used to place the implant. Depending on the density of the bone, stability of the implants, and the doctor's clinical judgment, teeth may be anchored immediately or the implants may be loaded at a future date. Later visits will involve the prosthodontics phase of my treatment which may involve several appointments.

Healing will ensue for a period of two to six months. I understand that if clinical conditions turn out to be unfavorable for the use of this implant system, or prevent the placement of implants, my dentist will

use professional judgment as to the management of the situation. The procedures also may involve a supplemental bone graft or other types of graft materials to build up the ridge of my jaw, and thereby assist the placement, closure, and security of my implants. This may also include the placement of bone grafts into the maxillary sinuses to increase the height and width of bone for the appropriate insertion of implants for use as “back” teeth. After the surgery, there may be temporary pain, swelling, discoloration of the skin, and numbness or altered sensation.

Post-Operative Exam: A post-operative examination will be required at regular intervals.

For example:

1. First or second week after surgery
2. Every four to eight weeks after surgery for three months

*Certain situations may require more or less frequent visits

Post Operative: Typically, post-operative healing is uneventful. However, certain situations may occur: pain around the implant fixture, infection, phobia or change of mind by the patient. In addition, some tingling and loss of sensation in the area may occur when the implants are placed in the back of the lower jaw. In rare situations, this altered or loss of sensation may be permanent.

Prognosis: While the prognosis is favorable at this time, the results cannot be guaranteed since unforeseen changes in the bone and soft tissue may occur which may require removal of the implant fixture. If an implant fixture does not join properly with the bone, it will be necessary to remove the implant in question. No problems are usually foreseen as a result of this removal.

Prosthetic Phase of Procedure: I understand that as this time presents, this phase is just as important as the surgical phase for the long-term success of oral reconstruction. During this phase, an implant prosthetic device or crown will be attached to the implant.

Expected Benefits: The purpose of dental implants is to allow me to have more functional artificial teeth. The implants provide support, anchorage, and retention for the teeth and act as new roots with the jaw bone.

Principal Risks and Complications: I understand that some patients do not respond successfully to dental implants, and in such cases, the implants may be lost. Implant surgery may not be successful in providing artificial teeth, because each patient’s condition is unique, long-term success cannot be predicted.

I understand that complications may result from the implant surgery, drugs, and anesthetic used. These complications include, but are not limited to post-surgical infection, bleeding, swelling, pain, facial discoloration, transient but on occasion permanent numbness of the lip, tongue, teeth, chin or gum and jaw joint injuries, or associated muscle spasms. Transient but on occasion permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet, or acidic foods, shrinkage of the gum tissue, bruising of the corners of the mouth and restricted ability to open the mouth for several days or weeks, impacted speech, allergic reaction, injury to the teeth, bone fractures, nasal sinus penetrations, delayed healing, and accidental swallowing of foreign matter. The exact duration of any complications cannot be

determined and may be irreversible. I understand that the design and structure of the prosthetic can be a substantial factor in the success or failure of the implant. I am advised that the connection between the implant and the tissue may fail and that it may become necessary to remove the implant. This can happen in the preliminary phase, during the initial integration of the implant to the bone, or at any time thereafter.

Necessary Follow-up care and self care: I understand that it is important for me to continue to see my dentist. Implants, natural teeth, and appliances have to be maintained daily in a clean, hygienic manner. Implants and appliances must also be examined periodically and may need to be adjusted. I understand that it is important for me to abide by the specific prescriptions given by my dentist.

No warranty or guarantee: Even though dental implants have a very high success rate, I hereby acknowledge that no 100% warranty or assurance has been given to me that the proposed treatment will be successful. Due to individual patient differences, a dentist cannot predict certainty success. There exists the risk of failure, relapse, additional treatment, or worsening of my present condition, including the possible loss of certain teeth, despite the best of care.

Smoking: Do not smoke for at least 3 weeks following your surgical procedure. The tars and nicotine may delay healing or cause prolonged bleeding. Bisphosphonate therapy (Fosamax, Boniva, etc.) has been shown to cause osteonecrosis of the jaws which may result in the loss of your implant.

PATIENT CONSENT

I have been fully informed of the nature of dental implant surgery, the procedure to be utilized, the risks and benefits of the surgery, the alternative treatment available, and the necessity for the follow-up care and self-care. I can ask questions or voice concerns regarding my treatment. I hereby consent to proceed with dental implant surgery as presented to me during my consultation/ treatment planning visits.

If clinical conditions prevent the placement of dental implants, I defer to my dentists' judgment on the surgical management of that situation. I also give permission to receive supplemental bone grafts or other types of grafts to build up the ridge of my jaw and thereby assist in the placement, closing, and security of my implants.

I understand that the fee for the dental implant(s) and surgery does not include the fee for the restorative work (crowns and dentures). I agree to complete the final restoration of the dental implant, including the implant abutments, implant crown/bridge or denture prosthetic.

I hereby give consent to Dr. Pierre Tedders to perform the necessary treatment.

X _____ Date _____