



Cambridge Dental Hub



Love Your Smile

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IMPLANT PLACEMENT CONSENT FORM

Pre-estimates provide patients with a treatment plan and estimated costs before receiving dental services. Thorough diagnosis and treatment planning enables a dentist to produce accurate estimated costs. There are however several things that cannot always be diagnosed until treatment is underway.

If additional costs are to be incurred we will explain in full what has changed and how much the additional cost will be. We will always ask for your full approval before resuming treatment. We appreciate your understanding should this occur.

Your pre-estimate will tell you the specific procedure to be performed, the teeth involved and the cost.

To better understand where your procedures are to be performed we will always refer to teeth by a number and quadrant. Teeth are numbered from the mid-line (the centre of the face) starting at number 1 through to number 8, which is a wisdom tooth. The quadrants of the mouth are referred to as UR which means upper right, UL which means upper left, LL which means lower left.

Educating you about dentistry and specific procedures in your estimate is important to us.

The Cambridge Dental Hub Philosophy

We at The Hub Dental Practice want you to understand the health of your mouth. Please feel free to ask any questions that may arise.

Examination

A full extra and intra oral examination complete with a full clinical charting.

Radiographs

We recommend you have full mouth radiographs to check the health of the roots, surrounding bone, oral pathology, periodontal bone loss, infection and verification of normal anatomy of associated structures.

Periodontics

The health of your gums is very important, the gum architecture, colour and tone (including observation for bleeding and suppuration) can show signs of generalised gingivitis and periodontitis. Periodontal probing and radiographic review indicates the extent of inflammation, beyond the gums, leading to bone loss.

Further analysis will include documentation of the extent of the disease process. Analysis will include documentation of the bone levels at SIX point markings about each tooth and full mouth radiographs.

Maintain proper brushing, flossing and professional cleanings (hygienist visits) to ensure a healthy state.

Restorative Dentistry

Renewing filling will restore old fillings which show signs of decay and wear. Occasionally teeth can be too weak to support a normal filling. The tooth or filling could easily fracture possibly causing nerve damage (root canal therapy), gum damage, aesthetic embarrassment or ultimately tooth loss. A crown or Cerec® ceramic restoration will surround the tooth and support it during function.

We also carry out extensive cosmetic dentistry ranging from composite tooth fillings, porcelain crowns and veneers to dental implants which are a highly specialised field of dentistry. We are one of the few practices in the country to provide Cerec® ceramic restoration – one visit, ceramic fillings/crowns. These are extremely durable.

Dental health is directly related to prevention. Brushing, flossing, professional cleanings and completing any necessary dental work will help avoid more serious complications. A healthy, stable and well restored mouth is our goal; this goal can be achieved and maintained obviating the need for continual remedial work.

What are implants?

Missing teeth can often be replaced by implants. Implants can act like roots of teeth, After they have been fitted and have healed in place, dentures or crowns may be attached to them. When dentures are held in place by implants they do not slip around. If crowns are fitted on implants they act like normal teeth.

There are various types of implants. However the most commonly placed throughout the world are often described as root-form or endosseous implants. These generally have a cylindrical form and may be threaded on the outer surface to assist placement. Other designs such as blades or subperiosteals whilst in use by some practitioners are not focus of this information. The success and rapid growth in popularity of the root form implant is largely due to its predictable behaviour when trying to achieve a rigid function with the surrounding bone and the maintenance of this state throughout many years function.

Implants can only be placed if there is enough bone present in the jaw. When teeth are lost the bone in the surrounding area gradually disappears. If too much bone has been lost it is possible to grow bone in its place.

What are the alternatives?

For people who have NO remaining teeth the alternatives are:

Complete dentures

Implants which secure their dentures in place

Implants that support crowns and bridges

For people who have some of their teeth

Crowns and bridges supported by implants and or teeth

Partial dentures supported by implants and or teeth

Partial dentures supported by teeth

Bridges supported by teeth

The Initial Evaluation and Additional Diagnostic Material

General Dental Health

To plan the most suitable treatment certain information is helpful, for example photographs, x-rays and models of your teeth and jaws. In some circumstances a more comprehensive three-dimensional x-ray evaluation using a CT Scan may be requested to give greater detail of the shape of your jaws.

What is a CT Scan?

The conventional x-ray views most familiar to patients are only two dimensional and subject to varying degrees of distortion and accuracy. Where important anatomical structures must be avoided the information they provide may therefore be inadequate.

The CT Scan in contrast can provide life sized three dimensional information of all regions of the upper and lower jaw which precise measurements can be taken for pre-operative treatment planning. In some cases the CT scan may also be used to evaluate the results of bone grafting procedures prior to placing implants.

Having a Healthy Mouth

Implants survive best in a healthy environment. Any tooth decay or gums problems need to be corrected before implants are placed to give them the best chance of success.

Sometimes treatment is needed before you are ready for implants.

Gum Health

This may involve the use of special brushing methods, flossing and small 'bottle' brushes. Some gum treatment may be necessary.

Adjustment to Existing Teeth

This may be necessary if for example opposing teeth have over-erupted or tilted such that it will effect the placement of the implants or finished crowns.

Removal of Unsaveable Teeth

Despite advances in modern dentistry some teeth may have reached a stage when no treatment can save them. It is often best to remove them at an early stage, particularly if you are thinking of having implants, so as to prevent further bone loss.

Treatment of Existing or Potential Oral Infections

The success of implant therapy can be seriously affected by infections resulting from failed gum or root canal treatments or untreated gum disease or nerve problems in sites adjacent to implants. Long standing infections of the soft tissues beneath

dentures can also adversely affect healing at the various surgical stages. Your treatment may be delayed whilst these areas are resolved.

Treat or Remove all Pre-existing Oral Infection Wherever Possible

Although gum infections arising in opposite jaws have no clearly proven link with problems around implants, there is at least the theoretical risk of bacterial transmission, therefore for the meantime it would be considered prudent to assume that there is a risk. Your mouth should be treated as a whole and not simply as unrelated regions.

How many implants?

As a general principle as many implants as possible should be used. This allows the stresses of biting to be spread over the maximum number of implants thus diminishing the load of each particular one.

Upgrading

It is sometimes possible to have two or three implants placed, use them for a while and sometime later add more implants to improve the treatment plan. This is not an approach which is feasible in all situations and is probably more suited to treatment of the lower jaw where no teeth are present.

An example of this might be the patient with no teeth in the lower jaw who has two or more implants placed in the first instance. By stabilising their denture using the implants it can be held more firmly in place. Later on, if they have sufficient bone more implants can be added and eventually fixed teeth placed on the implants which eliminates the denture altogether.

A number of the implant systems available today could support this approach: however, the feasibility of upgrading should be confirmed by all parties rather than assumed.

Some people find it more convenient to proceed in stages.

What is it like having implants fitted?

Generally speaking, having implants fitted is not at all painful.

What is it like after having implants placed?

The after effects of having implants placed are usually mild and may include slight bruising, a dull ache and some swelling, the amount of which will vary dependent upon the number of implants placed and the difficulty of the surgical procedures.

When choosing a date for implant placement avoid significant social engagements and work commitments for at least a week after. This is just to be on the safe side. Taking time off work is not usually necessary.

Additional procedures before implant placement

It is natural phenomenon that after teeth have been removed the bone that once supported them slowly resorbs away, this occurs faster when prolonged gum problems have been present. The result is that there is sometimes not enough bone to support implants.

When there is not enough bone present it may be necessary to create new bone to fill in the missing areas allowing implants to be fitted. A variety of techniques are available to do this and these are referred to as 'bone grafting'. The bone used in these situations may be specifically treated donor material from a 'bone bank', a synthetic substitute or taken from areas in the mouth where there is some spare. In special cases where larger amounts of bone are needed it is possible to move bone from other places such as the hip or shin to the deficient area of the mouth. The area from which the bone is taken will re-grow.

Where the clinical conditions indicate that the bone grafting is required to increase the amount of bone into which the implants are placed it will generally increase the time taken to complete the treatment. Under routine circumstances where no bone grafting is required the implants are commonly ready to begin function between 3 to 6 months later. If the bone grafting can be undertaken at the same time that implants are placed then treatment is more likely to take 6 to 12 months. Where implant placement must be delayed until after maturation of the bone graft then the overall treatment may take 12 to 18 months.

A technique called 'guided tissue regeneration' has also shown considerable success where the amount of bone at the intended implant site is less than ideal.

When a tooth is removed a hole in the gum remains for the first few weeks. Anyone who has lost a tooth or had an extraction knows that this generally heals uneventfully and eventually you cannot tell where the tooth was.

The basic principle behind 'guided tissue regeneration' is that placing a special membrane over the extraction socket creates a layer above which the fast growing soft tissue cells are prevented entering the bony socket. This allows bone cells present beneath the membrane the extra time they need to fill the socket with competition from soft tissues to occupy the same space.

Sinus Augmentation

It is very common to find that the softer bone in the area above the upper back teeth (molars and premolars) is very shallow and not suitable for normal implant procedures. To solve this problem a procedure known as 'sinus augmentation' or 'sinus lift' was developed.

Bone may be successfully grown in the sinus spaces above your upper back teeth allowing implants to be placed. Specially treated donor bone from a 'bone bank', synthetic bone substitutes or bone from other areas of the mouth or body is placed into these empty areas. Over a period of time this is replaced by a new bone thus providing a bed into which implants can be fixed.

If the amount of bone overlying this is adequate, some surgeons prefer to place the implants at the same time as the grafting procedures. Whatever type of bone is added to the sinus it must be left to mature before implants are placed or brought into function. If the implants are placed as secondary procedure (depending on the amount of bone being grown and the nature of the graft material used) they can be inserted after 4 to 9 months, although occasionally it may be necessary to wait longer.

As with other bone grafting procedures the implants are left for a time to become firmly attached to bone. Commonly a slightly extended healing period is chosen with an average of 6 to 9 months before a denture or crown and bridgework is fitted. However all bone grafting is unique to each individual and this information is for guidance only.

Additional procedures at the time of implant placement

Despite the thoroughness of the planning extra procedures are sometimes required during treatment to produce the best results. It is important that in this event you accept that appropriate alternative treatment is performed at the time of treatment although it may be different to that already planned.

How much do implants cost?

The average cost of a single tooth implant including the crown will start from £1650. The cost for a full set of implants and a full arch of bridgework will start from £15,000. There are several options in between and therefore the only way to accurately establish the cost for an individual is to have a full consultation and written estimate of costs.

During treatment fees may vary due to:

- alternative procedures being required due to changes in the treatment plan
- new treatments becoming available in the course of your treatment
- treatment extending over a longer period of time than expected

After implant placement

Sometimes bone may be lost around an implant. There are techniques available to treat these problems if the cause can be identified. In some situations however progressive bone loss might result in the loss of the implant.

New advances

Implantology is a rapidly advancing science. We may take advantage of some of the new procedures or materials as they become available if they promise to significantly improve the outcome. Alterations to your original treatment plan may therefore be made during your treatment. We would always inform you of any changes.

How long does the treatment take to complete?

This depends on the complexity of the treatment. Initially there is a treatment planning stage that may last a month or so. Then there may be some time spent on such procedures as improving gum health, removing any unsavable teeth and growing bone. This may take anything from a few weeks to many months.

After the implants are placed they are left to settle in place from 3 to 6 months. The final fitting of crowns or bridges or the attaching of dentures to the implants takes 1 to 2 months. The time depends on the individual situation.

Special medication will be prescribed for you to help healing and produce minimal discomfort. To gain the most benefits please follow the instructions given.

Do not rush your treatment

It is important that neither the patient nor the implant provider attempt to rush the treatment to try to advance the various stages faster than the time required for complete healing and maturation of bone and soft tissue.

Even treatment that is well planned and executed can fail as a result of moving too quickly from stage to stage. If you do not have the time available then it may be more sensible to consider conventional forms of dentistry that can be completed more rapidly.

Your implant provider may suggest that procedures to grow bone are undertaken separately from placing the implants even though under certain conditions it is possible to combine these stages.

Precautions for denture wearers

Denture wearers may require their dentures to be modified or be asked to leave them out for a period of time to prevent them resting on newly placed implants. During settling in stages metal framework dentures may need to be replaced with a plastic set as they are more easily adjustable. The fitting surface can then be altered when the implants are placed.

Reporting problems and queries

If anything arises that you are concerned about contact the practice immediately. Usually there is nothing to worry about, but no matter how apparently trivial, it is always better to check.

Aftercare

Unlike teeth implants cannot get tooth decay. However like teeth they can suffer from gum problems. Teeth with untreated gum problems can become loose and therefore lost, this is also true of implants.

Thorough daily cleaning is as important with implants as it is with teeth!

Follow up appointments and regular check ups

To ensure that any problems are detected early regular maintenance check-ups are advisable. Problems are more easily treated if detected early. Checkups may be recommended three, four or six monthly.

In most cases review appointments will be more frequent during the first year that the implants are in function. Regular check-ups are every bit important as they are with natural teeth, if not more so!

Some examples of problems that can arise

Porcelain crowns attached to implants can break as they can when attached to natural teeth. However removal of crowns from implants for repair is usually easier than from natural teeth. Implant supported bridges that become loose should be re-tightened immediately to reduce the likelihood of further unnecessary damage.

Should it be during a routine maintenance visit that an implant has failed or is failing, appropriate remedial action will be planned accordingly. Implants that become loose will not re-tighten and should be removed at the earliest opportunity. Should you notice any areas of soreness, discharge or pain on chewing near any implant or tooth you must immediately report this to the dentist responsible for your maintenance.

Successful treatment

Success depends on your body's reaction to implants and your personal care of them. Implants can fail due to gum disease just as teeth do. Success is constantly improving due to improved techniques. Natural teeth last longer today as awareness of the need to look after them becomes more accepted. However there would not be a need for implants if teeth were totally successful.

Success rates for implants now compare very favourably with all other forms of dentistry.

Smoking and alcohol consumption

Both smoking and heavy alcohol consumption reduces the survival of implants (and teeth). If you think that either of these two habits could be a problem for you and your implants it may be advisable to avoid this form of dental treatment or accept the higher risk of implant failure.

General health consideration before implant placement

Introduction

Dental implants are fixed into the bone of the jaw through an opening in the gum. In order for the implants to be useable they must be locked into the jawbone and surrounded by healthy gum tissue. The complex healing requirements of bone and skin required for this to come about can be critically influenced by your own behaviour.

Healing

Healing can be enhanced by arriving at the dental practice in the best possible state of health prior to the operation and by following the regime suggested by your surgeon during and after each stage.

Timing of the treatment

Ensure that the appointment made for implant does not interfere with your social or professional life. You may be asked to leave out your denture or adhere to a particular dietary regime for a period of time. Also there may be some minor discomfort or swelling after the operation which can last an average of 2 to 3 days. Sometimes these symptoms may persist for slightly longer depending upon the complexity of the surgical procedures and individual patient variations.

Aspirin and other medication

If you are taking aspirin you should check with your doctor that it is suitable to stop the recommended dose 2 weeks before the implant appointment.

Bisphosphonates

Either oral or intravenously can result in severe bone infection following procedure. Please inform the dentist should you be taking them.

Steroids

Long term steroid use can inhibit implants integrating. Please inform the dentist should you be taking them.

Antibiotics

Make sure you take the prescribed antibiotics before your appointment and that you complete the course of medication in the period afterwards.

Instructions to patients at implant placement (stage one)

Discomfort

Normally we find that implant placement is followed by only minor discomfort. Any discomfort can be minimised by following instructions.

Pain

If you experience pain when the anaesthetic has worn off follow the regime of pain control that you have been given.

Bleeding or oozing

Minor oozing may discolour your saliva for some hours after leaving the surgery. However if bleeding continues and the clots are evident identify the source and apply gentle pressure to the area with a gauze pad soaked in warm salty water for 15 minutes. This may be repeated 3 to 4 times. If bleeding continues after this contact the dental surgery.

Sleeping

Sleep with an extra pillow to lift your head for the first 2 to 3 nights to reduce the amount of swelling that may occur. Ice packs may be held over the area operated upon for 20 to 30 minute intervals, totaling no more than 1 to 2 hours during the first two days after the operation. This will normally reduce the amount of swelling.

Smoking

Do not smoke for two weeks before and after the operation as this can seriously affect the success of the implant placement. In fact smoking in general has a detrimental effect on gums and implants and can lead to their early loss.

Drinking

This can be done in moderation.

The first 24 hours

take no hot liquids e.g. coffee, tea or soup

minimize your exertion, have plenty of rest, reading a book and watching TV are best

Salt water mouth rinses

The day after surgery (not less than 24 hours) commence warm salt rinses (1/2 a teaspoon of salt in a cup of warm water) 2 or 3 times a day.

Each rinse should be held against the affected area so that the warm salty water covers the area, it should be held here until the heat is gone, then repeat until the cup is finished. This should last about 10 minutes each time.

Dentures

Leave your denture out if instructed to do so until it can be relined with a soft lining material.

Meals

After each meal gently rinse your mouth with warm water.

Brushing

Do not brush the area where the implants have been placed for at least a week.

Tongue

Try not to explore the area with your tongue as this may loosen the stitches.

Problems

Contact the practice if:

if numbness persists for more than 6 hours after the operation

the stitches become loose or fall out

there is excessive pain

there is excessive bleeding

Out of hours you can contact our emergency no: 07973 227415

Instructions to patients after sinus augmentation
avoid blowing your nose for two weeks
sneeze through your mouth
avoid swimming or flying
report nose bleeds or sinus pain or swelling IMMEDIATELY

Nose bleeds or sinus pain

There is a small chance that a nose bleed may occur after the procedure. If this happens, sit upright and apply a cold compress. Stay calm.

Typical healing pattern

There is a wide range of normal healing responses. Swelling is often worse by the second and third day and may persist for a few days. If you are unsure or the swelling continues for more than a week you should contact the surgery immediately.

Instructions to patients after implant placement

It is vitally important that patients maintain extremely good oral health. It is recommended that regular visits to the hygienist are carried out to help ensure the longevity of the implant's life.

Implant patient information and consent form

- 1. I have been informed and I understand the purpose and the nature of the implant surgery procedure. I understand what is necessary to accomplish the placement of the implant under the gum and bone.**
- 2. My dentist has carefully examined my mouth. Alternatives to this treatment have been explained. I have tried to consider these methods but I desire an implant to help secure the replaced missing teeth.**
- 3. I have further been informed of the possible risks and complications involved with surgery, drugs and anaesthesia. Such complications include pain, swelling, infection and discoloration. Numbness of the lip, tongue, cheek or teeth may occur. The exact duration may not be determinable and may be irreversible. Also possible are the inflammation of a vein, injury to teeth present, bone fractures, sinus penetration, delayed healing, allergic reactions to drugs or medications used etc.**
- 4. I understand that if nothing is done any of the following could occur; bone disease, bone loss, gum/tissue inflammation, infection, sensitivity, looseness of teeth followed by the necessity of extraction. Also possible are temporomandibular joint (jaw) problems, headaches, referred pains to the back of the neck and facial muscles, and tired muscles when chewing.**
- 5. My dentist has explained that there is no method to accurately predict the gum and the bone healing capabilities in each patient following the placement of the implant.**
- 6. It has been explained that in some instances implants fail and must be removed. I have been informed and understand that the practice of dentistry is not an exact science and no guarantees or assurance as to the outcome of results of treatment or surgery can be made.**
- 7. I understand that excessive smoking, alcohol, bisphosphonates and steroids and may limit the success of the implant and result in infection. I agree to follow my dentist's home care instructions. I agree to report to my dentist for regular examinations as instructed.**
- 8. To my knowledge I have given an accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anaesthetics, pollens, dust blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.**
- 9. I consent to photography, filming, recording and x-rays of the procedure to be performed for the advancement of implant dentistry, provided my identity is not revealed.**

10. I request and authorise medical/dental services for me, including implants and other surgery. I fully understand that during and following the contemplated procedure, surgery or treatment, conditions may become apparent which warrant, in the judgement of the dentist, additional or alternative treatment pertinent to the success of comprehensive treatment. I also approve any modification in design, materials or care if it is felt this is for my best interest.

11. I have declined to have a CT X-ray Scan. The benefits of the CT Scan have been explained to me (location of structure, nerves etc). The increased risks if CT X-ray Scan not done have been explained to me.
(DELETE IF CT X-RAY SCAN DONE)

Implant patient information and consent form

Signature of dentist:

Signature of patient:

Signature of witness:

Name of witness:

Date:

If the patient is unable to sign or is a minor:

Signature of dentist:

Signature of parent or guardian:

Relationship to patient:

Signature of witness:

Name of witness: