

What is an Implant?

An implant is a man-made replacement for the natural tooth root which is made out of surgical titanium, the same technology used in hip and knee replacement, in which the bone fuses to the surface of the implant.

How is an Implant Inserted?

There are two types of implants, those that are inserted into the bone and those that are placed over the bone. These implants are placed under the tissue and extend into the mouth. The best implants that you could possibly have are your own natural teeth in a healthy well maintained condition. It is in the best interest of your own oral health to do everything that you can to keep your natural teeth in the best condition for the longest possible time. Good home care and frequent dental check-ups are so important and necessary for you to be able to keep your natural teeth.

Replacing your Natural Teeth

Replacing missing teeth is best accomplished with a non-removable replacement, as soon as possible after the loss of your tooth. As teeth are lost, the amount of available root support in the mouth decreases. As a result, we have increased the load on each of the remaining natural teeth because there are fewer of them. The areas where the tooth/teeth has been lost need to be replaced in order to maintain the needed support, which is achieved by replacing the missing root structure with an implant.

What is a Partial Denture?

Can a partial denture replace your missing teeth as well as an implant? A partial denture is either tooth supported or tooth and gum supported. A tooth supported partial denture will replace or fill the missing space, however the supporting teeth are no stronger than they were before. A tooth supported partial denture increases the stress on the remaining teeth. A partial denture that is tooth and gum supported also has the same lack of root support and does not increase the number of teeth. The areas where the teeth are missing have been filled with gum supported denture teeth. This means that the gum tissue and the bone structure beneath the partial dentures will shrink gradually and the partial denture will have to be replaced or relined over time as the shrinkage occurs. If these areas are not relined, a space will develop under the denture. The result is that the partial is no longer bearing its share of the chewing load and the remaining natural teeth are carrying of the chewing load and these natural teeth are now overloaded. With these conditions, the natural teeth will have an accelerated bone loss. A partial denture is also removable and not permanently fastened to the mouth.

If you have no questions regarding the above, please sign and date on the line below

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Tooth Supporting Bone

During the years when natural teeth are present in the mouth, nature provides the tooth supporting bone. However when teeth are lost, we also lose the tooth supporting bone as well. With this loss of supporting bone the gums shrink and the denture becomes loose. You will notice in the mouth of a person who has lost half of his or her teeth, the bone is present around the teeth which remain. Where the teeth have been lost, many times there is excessive bone and gum shrinkage. Where implants have been placed and properly maintained, the tendency is to preserve this bone because the bone is being used similar to the way it was used with your natural teeth.

Your Chewing Efficiency

Let's assume that patients with all of their natural teeth in a healthy, well-maintained and well functioning condition can chew at 100% efficiency. However, with every tooth that is lost, the efficiency decreases. The amount of decrease is dependent upon whether or not the teeth are replaced and in what manner the replacement is. Eventually, if a person reached the point where they have no teeth, and are using properly fitted dentures on an sufficient boney ridge, a chewing efficiency of possibly 12 to 18% may be realized. If the boney ridge is not substantial enough, this percentage will decrease. With the placement of implants or a permanent bridge or other supported tooth replacement method, it is very possible to raise this percentage to as high as 80% when compared to their chewing efficiency with their natural teeth. This is also dependent on the condition of their natural teeth and how many teeth were actually present in the mouth.

The Importance of Proper Home Care

Your home care is imperative to maintaining your teeth and your implants and must be first rate. Developing proper home care skills and habits, such as brushing, flossing and plaque removal on a daily basis are the keys to long term life of your implant. It should also be noted that smoking or excess alcohol consumption are inconsistent with excellent dental health.

X-Rays

It will be necessary to have a complete examination including x-rays of your entire mouth. X-rays are necessary for the proper diagnosis, during your treatment and after the treatment is completed.

Nerve Sensation

Following certain surgical procedures, there are reported cases in dental journals and literature in which there is a temporary loss of nerve sensation. This does happen sometimes, but the loss of nerve sensation is usually temporary. The motor nerves are never affected. Unfortunately, there have been cases where complete nerve sensation has not returned after many years. Such occurrences have occurred following the removal of deeply impacted wisdom teeth. It is possible that such an occurrence could happen with the placement of implants in the bone. This is usually temporary and is a loss of the nerve sensation only, not resulting in a drooping or sagging of the face.

Are All Implants Successful?

No, not all implants are successful. There are many variables to be considered when placing implant(s).

- The patient must be healthy and must have adequate healing powers present. As an example, if a patient is an uncontrolled diabetic, inconsistent healing could complicate the implant's success. If this condition should develop after the implant is placed, this too may shorten the life of the implant.

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- The implant(s) must be treated properly by the patient. If the patient is neglectful, there could be complications.
- If the patient is a heavy smoker or consumes alcohol excessively, the success of the implant(s) will be compromised.

Longevity of an Implant

Very few things last a lifetime. There are some implants which have been in the mouth for as long as thirty years. This is not the average. The average expectancy is less and varies based upon numerous variables, such as the patient’s health and proper maintenance. In the final analysis, whether they last a lifetime depends on how long your live and at what age you were when the implant(s) were placed. Much like a natural tooth, it will have one of two possible fates: it will either last until we die or it will be removed at some point in time, the same thing applies to implants.

Does Age Matter?

Typically, we do not place implants in children under the age of 18, otherwise, age does not matter. The determining factor is health.

Is there a Guarantee?

No, we cannot guarantee anything which goes into the mouth and which is under the care and control of each individual patient. As with physicians, they do not tell you that your liver transplant, your coronary by-bass or kidney transplant will keep you alive for any specific length of time. We can only tell you that we strive to place the implant(s) properly, and make sure that you have the information you will need to maintain and properly care for your implants at home and ask that you be available for regular periodic check-up appointments to evaluate your continued oral health. We will do all that we can to make the implant(s) successful, but you will have to make the same commitment. If you do not keep your end of the agreement the implant(s) will likely fail.

It is imperative that you return to our office at regular intervals for examination and maintenance according to our recommendations. If you do not do this, complications may arise, which could result in the loss of the implant(s). Due to the complex nature of oral implantology, it is extremely important that all post-operative examinations and treatments be handled by our office. We will only make referrals to those doctors with experience and training in implant dentistry.

Is an Implant(s) Expensive?

Implant procedures, which vary in complexity and extent depending on the individual patient’s dental condition, physical health and requirements, can involve a significant investment.

Patient’s Comments

The most frequent common response from our implant patients:

“ . . .it is the best thing that I have ever done for myself and it was well worth the investment!”

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Does Insurance Cover Implants?

Most insurance do not pay for dental implants, however some insurance will assign benefit for the restorations that are placed on the implant and portions of the implant surgery. Our office personnel will assist you in obtaining these benefits.

Discomfort?

As with any surgery, you can anticipate some discomfort. With anesthetics and sedation, we can eliminate your discomfort during the surgical procedure. Post-operative discomfort is similar to have a tooth extracted. All patients are given medication to manage any discomfort they may have after the procedure.

Will I Miss Work?

We recommend taking off the day of the surgery, plus the following day or two for recover. Each individual's response to discomfort is different and the decision to miss work is ultimately up to the individual.

Bisphosphonate Drugs are commonly used for the treatment and management of certain diseases and bone metastasis, Paget's Disease and osteoporosis.

Your medical/dental history is very important. We Must know the medications and drugs that you have received or taken before, and are receiving or taking now. A correct medical history, including names of physicians is very important.

If you are taking, or have taken in the past, any of the drugs listed below, please inform your doctor immediately.

| Bisphosphonate Drugs | Primary Indication | Oral / IV |
|-----------------------|--------------------------------|-----------|
| FOSAMAX (Alendronate) | Osteoporosis | Oral |
| ACTONEL (Risedronate) | Osteoporosis | Oral |
| BONIVA (Ibandronate) | Osteoporosis | Oral |
| AREDIA (Pomidronate) | Bone Metastasis | IV |
| ZOMETA (Zoledronate) | Bone Metastasis | IV |
| DIDRONEL (Etidronate) | Paget's Disease | Oral |
| SKELID (Tiludronate) | Paget's Disease | Oral |
| RELCAS (Zoledronic) | Osteoporosis & Paget's Disease | Oral |

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