

INFORMED CONSENT FOR DENTAL IMPLANT SURGERY

The preceding list can be expected, but we also recognize that implant surgery, just as any surgery, can have complications. These include, but are not limited to, infection, tissue discoloration, alteration in taste and/or numbness, tingling, increased or decreased sensitivity of lips, tongue, chin, cheek, or teeth. There may also be an alteration in your speech. These situations may last for an indefinite period or may be permanent. Also possible are injury to teeth, loss of bone, bone fractures, nasal or sinus perforation, and chronic pain.

If complications occur, treatment of these complications may necessitate additional medical, dental, or surgical treatment, and it may even require an additional period of recuperation at home or in the hospital. It may be possible that after the surgery has begun the underlying bone may be in such a condition that it would prevent the placement of the implant. It is also possible that rejection of the implant would necessitate its removal at any time. Generally, if this happens it may be possible to insert another implant after a suitable healing period. If for some reason the doctor feels the implant is not reacting correctly, the implant may have to be removed, altered, or replaced as needed.

DRUG AND ANESTHETIC COMPLICATIONS:

Any time drugs of any sort including anesthetic drugs are used, there can be allergies or reactions that can occur and may require treatment.

PROSTHETIC COMPLICATIONS:

It is important to understand that there are certain limitations to the prostheses that will be constructed with implants. A patient who has lost a tooth (or teeth) is essentially orally impaired, and although dentists can greatly help that person, it is impossible to bring their oral state back to what it originally was aesthetically and functionally. Just as an artificial leg is a tremendous help to an amputee, it is also important to understand that there are certain limitations to the prosthesis that will restore your implant. Prosthetic components can suffer mechanical failures, such as loosening, particularly of upper anterior teeth, fracture, and could possibly require replacement as wear and attrition and metal fatigue become significant. Cosmetic and functional compromises may be necessary with implant prosthetic treatments. The dislodgement and fracture of singular implant abutments, crowns, and implants are possible. Abutment loosening is more likely to occur for individual maxillary anterior implants, and fractures are more likely with the 2.0mm diameter abutments. These complications are often associated with dynamic occlusal changes over time. They may necessitate replacement of both the implant and the abutment, for which you will incur financial costs.

RISKS ASSOCIATED WITH NO TREATMENT

Just as we try to explain both the advantages and risks of the implants, it is also important to explain what can happen if there is no implant procedure. Without treatment, the following may occur:

- Progressive resorption of the jawbone structure
- Increased difficulty wearing conventional dentures
- Increased loss of bony support of the face, lips, and cheeks
- Increased difficulty chewing
- Potential fracture of a very thin jawbone and increased pain
- Numbness of the lip
- Jaw joint (TMJ) problems
- Drifting or tilting of the remaining teeth
- Inflammation, ulcerations, abnormal tissue growth associated with ill-fitting dentures or bridges

THE IMPORTANCE OF COMPLIANCE:

It is also important that the patient realized that the degree of success of any dental treatment, including implant dentistry, is directly related to the cooperation of the patient. This depends on maintaining meticulous oral hygiene, especially around the implant posts. We also know that smoking, alcohol, improper dietary practices, and oral health, habits such as grinding, clenching, and tongue thrusting may affect bone and gum healing, and may limit the success of the implant prosthesis.

The patient should report **immediately** any evidence of pain, swelling, or inflammation around the implants, or any problems with the attachments, or change in bite. A reasonable office fee is usually charged for these visits, just as they would be for any other dental procedure.

Patient signature/legally authorized representative

Date

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 Patient Name

 Doctor Name

PURPOSE OF THIS PAPER:

Sate law requires all patients to sign a consent form prior to any treatment. In order to give your consent for treatment you should be given as much information as practical. The information should include the nature, purpose, known risks, and the possibility of any alternative treatments. You should also have an opportunity to ask questions and receive satisfactory answers. We are giving you this form so that you can read it at your leisure and discuss it with us when you meet with us. Since there are several pages contained in this consent form, we ask that you sign the bottom of each page to insure that you have read each section completely. **Treatment cannot be performed unless each page is signed and returned to us.**

NATURE AND PURPOSE OF THE PROCEDURE:

A dental implant is a machined piece of surgical grade titanium (TiAl₆V) that replaces the root of a tooth. It acts as an anchor for a dental prosthesis such as a crown, bridge, or denture.

After an appropriate healing time of usually a minimum of three months, a dental prosthesis will be attached to the implant. During the healing time, a patient generally wears a temporary prosthesis or nothing. Although it is expected that an implant will last for many years, there can be no guarantee for any specific period of time for any given implant.

Our clinicians may only be performing the surgical part of your treatment. Another dentist of your choice may perform the prosthetic portion of your treatment.

ALTERNATIVES TO A DENTAL IMPLANT

One alternative to dental implants is to do nothing at all. Other treatments could be a conventional prosthesis, such as a fixed or removable prosthesis. The conventional bridge requires that healthy teeth adjacent to the edentulous space be reduced. For denture retention, surgeons may alter or augment the upper or lower jaw by means of a vestibuloplasty (movement of muscle and cheek attachments), skin grafting, or bone grafting. There are advantages and disadvantages to each procedure.

NEED FOR ADDITIONAL TREATMENT

In order to successfully compete surgery, other procedures may need to be performed. Additional treatments may necessitate certain analgesics, anesthetics and antibiotics, either local or general, as well as the performance of laboratory and radiological (x-ray) procedures. Examples of other procedures include the removal of excess or unhealthy bone or soft tissue in the area where the implants are being placed. Hard tissue or soft tissue grafts may be needed around the site to give support to the implant. Ridge splitting or surgical widening of the jaw bone is often necessary prior to implant placement. Irreversible prosthetic adjustments may have to be made to your existing dental prosthesis. If you have further questions, the doctor can explain each procedure, since they will be specific for each patient.

HARD TISSUE GRAFT:

Although hard tissue grafts are not always necessary, they are necessary if there is minimal bone remaining. The bone grafting material used by our clinicians is SynthoGraft, which is synthetic, biocompatible and resorbable granulate ceramic made of pure phase Beta Tricalcium Phosphate (Ca₃(PO₄)₂).

POSSIBILITY OF FAILURE:

Although we know from our own experience and from that of other clinicians throughout the world that we can achieve a certain percentage of success, we cannot accurately predict for any individual patient what their chance of success will be. The reason for this is that we cannot accurately predict the bone healing capacity of any particular patient. We also recognize that a patient may not take proper care of their implant. Therefore it is not possible to guarantee the longevity of any implant for any specific patient. Furthermore, there are certain medical conditions and medications such as diabetes, excessive alcohol use, excessive smoking, blood diseases, immune deficiencies, steroids, and radiation therapy that may reduce the success of an implant. In particular, the prior or current use of bisphosphonates such as Fosamax may negatively affect implant treatments.

RISKS AND COMPLICATIONS ASSOCIATED WITH DENTAL IMPLANTS:

With every type of surgery performed there can be expected post-operative sequelae. Sequelae common to implant surgery would include a certain amount of pain, swelling, bleeding, bruising, stiffness of facial and neck muscles, limited mouth opening, changes in bite, numbness or unusual sensations of the cheeks, mouth or jaw which may be permanent.

 Patient signature/legally authorized representative

 Date

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AUTHORIZATION FOR THE USE OF DENTAL RECORDS

During the course of treatment, photographs, radiographs, video and other information are often taken in order to evaluate the healing process. The doctors use these photographs, radiographs, and video for educational and promotional purposes. It is also common for visiting doctors to observe the treatment of our patients. If you have any questions about this, please feel free to discuss it with us.

CONSENT FOR SURGERY:

DIAGNOSIS: _____

TREATMENT: Place dental implant in area of tooth#(s): _____

TREATMENT FEES:

Every treatment plan varies, but by signing below you acknowledge that you are aware of our fees for your proposed treatment and agree to pay on the day of service. A dental implant also needs to have a final crown or prosthesis, which is independent of the implant placement. The fee for the implant prosthesis is separate and will be charged by either your dentist or our office.

There is never any guarantee that dental insurance will pay for any of your treatment. Therefore, **you are personally responsible for the payment of all our fees regardless of your insurance coverage.**

This consent is comprehensive, for we have learned over many years that a well-informed patient is our best patient. We want to be sure that you have had every opportunity to understand your proposed treatment and its costs; therefore do not sign this consent form if you have any questions.

I hereby authorize and direct the doctors and their assistants to perform the above-named treatment (or the person identified above as the patient for whom I am empowered to consent).

I have read and understand the three pages in this consent form. I also state that I have been given an opportunity to ask questions and that my questions have been answered to my complete satisfaction for both the treatments and their financial costs.

Witness signature

Patient signature/legally authorized representative

Date