



Dear Patient:

We realize that a great deal of information is given at the time of your implant consultation. Some patients find it difficult to remember the details of our conversation - particularly if more than one dentist is consulted. This is a summary of the standard information imparted. Please read it over at home, and call with any questions. As always, we welcome your calls and encourage communication.

Implant Consultation Summary

Dental Implants are placed in the jaw bone to simulate the root of the tooth. They are made of titanium, which is a biocompatible material. It is the same material used by orthopedic surgeons for many joint replacements.

The procedure for placing dental implants is fairly straight forward and not terribly traumatic to the patient. It is generally painless and quick, depending upon the anesthetic selected. After numbing the area, a small incision is made in the gum tissue to expose the bone. Then we start with a small drill, moving to a larger and larger size until an opening of the correct size is created for the particular implant we want to use. Like the roots of a tooth, it is always best to use the longest, widest implant we can for the available space.

Many patients simply take Extra Strength Tylenol postoperatively for pain. We do offer intravenous sedation in this office if you prefer to doze off during the procedure. A small butterfly needle is placed in your arm, and small amounts of Valium and Demerol are given slowly over a period of time. You are relaxed but not deeply asleep while sedated. If you are asked to open your eyes or turn your head you will be able to do those things. You simply won't care what we're doing. Instead of feeling apprehensive about what is going on around you, you may even drift off into a light sleep. Most patients lose track of time and are a little surprised to find we are finished. It is quite comfortable and makes the time go quickly. Probably 75% of our patients elect to be sedated for their implants. However, a local anesthetic alone works well for many.

In the lower jaw, our main structural concern is the mandibular nerve. The nerve runs along the side of the face, surfacing between the first and second bicuspid areas. Although it is generally not difficult to plant around this structure and avoid it altogether, the nerve can be bruised or even damaged. The result of this is called paresthesia, or numbing. This is NOT a motor function. Your lip will not droop as if you had a stroke, but will feel as if you are numb with anesthetic. This may be a temporary paresthesia, lasting anywhere from weeks to months, or even permanent. Diagnostic tests and measurements are made to reduce this risk. In the upper jaw, our main concern is with the maxillary sinuses. Obviously we do not want to place anything into the sinuses, which are empty holes or air spaces. In the premaxilla or the flat part of the mouth, and in the symphysis (chin) area, there is very little anatomy that will contribute to a risk with our implant placement.

*Implants today are very successful. I lecture all around the country, and have heard many other speakers, and read a great deal of literature about implants. I can tell you that statistically we're talking about a **95%** success rate. What does that mean? To be a statistical success in medicine means something lasted five years. Meaning if you had cancer, and I cured your cancer - meaning you lived five years - statistically our treatment would have been a success. Obviously, we are not doing this procedure to only allow our implants to last just five years. I think it's much more important to look at why 5% of our implants fail.*

Implants fail for a number of reasons. Number one, the inability or unwillingness of the patient to keep it clean. Obviously you are making a big investment in your implant and we want you to maintain it. We need to see you periodically, and we need to take a radiograph once a year to detect any bone changes.

The second and biggest contribution to failure is underengineering. We need to engineer each case carefully. I like to use the analogy of the Ambassador Bridge. They certainly could have built the Ambassador Bridge with a post on the American side and a post on the Canadian side and had a long span with the lights on at night after a hockey game. It would look wonderful. However, an engineer could tell you that depending on how many trucks drive over it and how many axles they have and what kind of weight they're carrying, eventually that bridge would collapse on itself. We want to engineer or design your implant case specifically for you so that it lasts. That pretty much means one implant per tooth. That is not a hard and fast rule, but it is a good place to start. We want to use the longest and fattest implant we can in a given situation to give us as much support as possible. Another analogy is that of a nutcracker. The teeth in the back of the mouth take

a tremendous amount of force. That is why God gave us very big rooted teeth. Where do you place the nut to crack in the nutcracker? You put it way in the back. So again we need to design a case so that it can absorb the stresses placed on it with daily function. Number three, cigarette smoking can significantly reduce our successes with implants. I would comfortably say that it reduces our success 40 to 50%. If you're going to continue to smoke, you have to accept the risk that our implants can fail.

Number four, sometimes denture adhesives cause problems in the initial stages of healing. When we put Fixodent or a similar product in the denture, it can affect healing. We may ask that you not wear a prosthesis during the initial healing.

A small percentage of implants fail for unknown reasons. It could be the implant. It could be the surgical technique. It could be changes in the body chemistry or hormonal changes. It could be a thousand things that we will never know. Most implants, if they are going to fail, will fail in the initial healing period, during that initial three, four, five months. If that is the case we will replace the implant at no charge and correct the problem. You are our walking advertisement and we want to do a good job. We want you to go back and tell your family and friends what a good experience you had here and send them to us as well.

Some implant surgeries are more complicated than others. If yours is one of those, I will tell you in advance. If I have to reposition a nerve or muscle, or raise a sinus membrane, you will be told ahead of time to expect more postoperative discomfort than a simple placement. Following the procedure, I will ask you to do three things. Number one, we will give you a prescription for an antibiotic in advance. You will start that the night before and carry it through until the antibiotic is completely finished. We give you a prescription for pain medication, which you will take as needed. If you feel comfortable you may just take one the evening before you go to bed. Tomorrow if you wake up feeling fine and you don't want the narcotic on board, you can stick to Extra Strength Tylenol. Finally the most important thing is that I want you to use ice to your face. When you get home take a plastic baggy and put some ice cubes in it, wrap a dish towel around it and hold it up to the surgical site extraorally (outside the mouth). The ice will minimize swelling. If we minimize swelling, then we minimize discomfort, and you feel fine.

Do you have any questions concerning this procedure? I'd be happy to answer them. If you have a question, call the office. My staff is very well educated and if they cannot answer a question, I will come to the phone. If I cannot come to the phone immediately, I will call you back. I do have another doctor in the office to cover any emergencies that you may have.

*ImplantProc.edu
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