

IMPLANT SURGERY INFORMATION AND CONSENT FORM

Listed below is a range of potential complications or side effects of implant surgery. The risks will vary depending on where the implant(s) are placed. Risks specific to your case will be explained by the surgeon.

MINOR SWELLING, BLEEDING, LIMITED MOUTH OPENING OR DISCOMFORT

Any minor surgical procedure will invoke a healing phase. The above symptoms may be experienced during this phase. The severity and type of symptom may differ from one patient to another. In most cases a mild analgesic is all that is required to alleviate these symptoms.

STRETCHING OF THE SOFT TISSUES ADJACENT TO THE MOUTH

The surgery will require good access for the surgeon and assistant. Retractors will be used to clear this view. This may result in some bruising or swelling. It is advisable to keep the lips well-conditioned leading up to the day of surgery.

INVOLVEMENT OF ADJACENT STRUCTURES

Implants need to be seated firmly in the bone. There is a small chance that adjacent anatomical structures may be damaged during placement of an implant. This is particularly relevant to implants placed in close proximity to the maxillary sinus, floor of the nose, or adjacent teeth. X-rays minimise but do not completely eliminate this risk.

NUMBNESS

A large number of nerves serve the teeth and tissues of the mouth. In particular two nerves pass very close to the lower teeth. These are:

- The Inferior Alveolar Nerve – This nerve supplies sensation to the lower teeth, lip and chin
- The Lingual Nerve – This nerve supplies taste and sensation to the side of the tongue

The above nerves can vary in their position or anatomy from person to person. During any minor surgical procedure to the jaws, there is a small possibility of damage to these nerves. This could result in a loss, or alteration of sensation and taste in the area supplied by the nerve. Although this is usually temporary (days or months), in a few cases it is permanent. X-rays minimise but do not completely eliminate the risk.

ALLERGIC REACTION TO THE ANTIBIOTIC OR MEDICATION

People may be allergic to a range of materials. You must declare any known allergies to the surgeon to minimise your risk. If you do experience an adverse reaction (eg. rash or illness) stop taking the medication immediately and contact the dental clinic or your medical practitioner for the issuing of an alternative prescription. There is no scientifically documented allergy to titanium.

LOSS OF THE IMPALNT – EARLY

There are two main ways an implant can fail to osseointegrate (fuse to bone)

1. Infection – Although a strict aseptic technique is used, the mouth has a high bacterial load. There remains a small risk of post-operative infection. You must follow your post-operative instruction and take the recommended medications to minimise the risk. If the implant becomes involved with an infection it will need to be removed. Smoking causes a 5-8 fold increase risk of infection and persistent smoking will void your warranty.
2. Fibrous Tissue Entrapment – Fibrous connective tissue can grow between the implant and bone, and can cause failure of true bone to implant contact. The implant will be non-painful, but fusion to the bone will not be strong enough to support a tooth.

LOSS OF THE IMPLANT – LATE

Occasionally implants can be lost over time just as teeth can be lost. Again there are two main reasons

1. Failure to keep the surrounding soft tissues healthy – Just like teeth, the implant needs to be kept clean to ensure its long-term health. In particular, the gum crevice needs careful attention to stop any plaque accumulation. You should return immediately if you notice any bad taste, redness, bleeding, soreness or swelling of the tissues. You should also return immediately if you feel something is caught down the side of the implant (eg. popcorn husk, seed etc).
You should have a formal review and clean of the implant by a dental professional at least once per year. Home care instructions, recommendations and appropriate products will be issued at time of implant restoration to ensure long-term implant health.
2. Overloading the implant – component breakage – Both teeth and implants are subject to heavy loads in the mouth. Just like a tooth, normal wear and tear may require replacement of the crown on the implant. Occasionally excessive force can be placed on an implant (eg. a traumatic blow or loss of the surrounding supporting teeth). In this case the various restorative components (i.e. crown, abutment, screws) may be fractured. The damaged pieces would need to be removed and replaced. In very rare situations the implant itself can also be fractured, and would need to be removed.

LONG-TERM SOFT TISSUE CHANGES

Every effort will be made at the time of implant placement to retain and maximise the soft tissue contour around the implant. However, the titanium implant is not a living tissue, it is a substitute and not exact replica of your tooth! Sometimes (initially over many months or years) the tissues will naturally remodel and some degree of recession will be observed. The degree of this remodelling is difficult to predict and correct. Careful attention to home care and attendance at recommended recalls are necessary to keep the tissues in optimum health and reduce this risk.



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PROSTHESIS

Once your implant has integrated to the bone, the prosthetic phase of treatment will commence. This can be a single crown, fixed partial denture (bridge), fixed full-arch, or an implant supported removable denture. Only high end genuine componentry are used, in conjunction with well known, reputable laboratories. All components used are identified and recorded in your patient records which you can obtain a copy of whenever you wish.

Prostheses are designed to be retrievable (come off) when needed. This allows for normal maintenance of the implant and prosthesis. Complications in the prosthesis can arise within a few months, these include but are not limited to chipping/breaking of the ceramic, development of open contacts between the implant and natural teeth, and screw loosening. Further intervention to repair or place the prosthesis or components may be needed, fees may apply.

PAYMENT

A deposit of the implant placement fee will be required two weeks before the surgical appointment. This is to allow for the purchase of the implant components and disposable surgical equipment. The remainder of the fee is due on the day of surgery.

WARRANTY

Your implant comes with a lifetime warranty from the implant manufacturer against any defects and fracture of the implant, provided it is placed and restored properly. Your implant also comes with a 10 year surgical warranty. Provided you adhere to the recommended recall/review schedule prescribed and do not smoke. If the implant fails for any reason within the 10 year period from date of placement, it will be replaced at no cost to you. If replacement is not possible an alternative treatment will be arranged. Failure to adhere to the prescribed recall schedule or smoking will void your warranty.

FOLLOW-UP

As the periodontal (gum) health of your implant is highly dependant on your home and hygiene, need for specialised implant cleaning to address bone loss or infection will be at patient's own cost. To maintain the overall health of your implant, you will be prescribed a recall/review schedule. Failure to adhere to this schedule will void your warranty.

I have been explained the risks and complications listed above which may be associated with placement and restoration of my implant. I understand the above information and consent to the placement dental implant(s).

PATIENT NAME: _____

PATIENT SIGNATURE: _____ DATE: / /

CLINICAN NAME: _____

CLINICIAN SIGNATURE: _____ DATE: / /