Patient Care Letter & Consent Form

Date:

Dear,

This information is to help you make an informed decision about having implant treatment. You should take as much time as you wish to make the decision in relation to signing the following consent form. You are encouraged to ask any questions, and have the answers to your satisfaction before you give permission for the treatment to be carried out.

Below is described your proposed dental implant treatment and the formal terms and conditions of my engagement. I apologise for the large amount of information contained in this letter but it is important that you should understand and read it carefully. Please keep this letter in a safe place as the treatment described is long-term and it can often be difficult to remember the exact details several months later. Also you have received a patient leaflet containing further information regarding your implant treatment. If you are unclear as to any of the areas discussed please contact me.

During the course of the implant treatment it is important that you keep the dentist informed of any changes to your general medical condition and of any other additional treatment you may be receiving from a doctor or dentist. Failure to keep the dentist informed may adversely affect or delay your treatment.

It is also important that you keep your appointments and do not miss any stages, as this could adversely affect treatment and delay placement of the new teeth.

If an appointment is missed or cancelled with less than 48 hours notice an additional fee will be charged.

WHY ARE IMPLANTS NEEDED?

Once teeth are lost, the bone in which they are embedded gradually disappears because it is no longer required to support the teeth. The teeth and lost bone are usually replaced by removable dentures or fixed bridges to restore appearance, speech and mastication. As with all man made substitutes for nature’s living tissues, there are drawbacks to artificial appliances. Dentures reduce masticatory efficiency and can suffer from poor retention. On the other hand, bridges involve cutting away healthy teeth in order to provide support.

An alternative method of tooth replacement is to insert implants into the jawbone to support the false tooth or teeth. Such implants may become firmly attached or integrated with the bone and act in a similar manner to a tooth root. If an implant is placed immediately or soon after a tooth is extracted, jawbone is preserved and its further loss prevented. For this reason it is best not to delay the decision to place implants, as bone will be lost with time which can make the placement of implants more difficult. However, even after considerable bone loss has occurred, it may still be possible to place
an implant although additional bone grafting techniques may be required.

**THE PROCEDURE**

The condition of the jaws will be assessed for suitability and the treatment planned using X-ray films, photographs and models of the teeth. It may be necessary to take a Jaw Scan (CT) type X-ray to check the amount and position of the available bone. The final decision whether or not to proceed with implant placement will be made at the time of surgery and will be determined by the quality and quantity of the jaw bone.

An important nerve runs in the lower jaw that supplies sensation to the lower lip and skin of the chin. Obviously the X-ray is important in determining the position of this nerve avoiding the slight possibility of injury which could result in altered sensation.

In the upper jaw it is important to ascertain the size and position of the air sinuses and nasal cavities prior to implant insertion. Occasionally the implants may have to be placed slightly into the sinus or nasal cavity. Usually this is not noticeable but there may be a slight nasal discharge with a small amount of temporary bleeding. The implants may be placed under the gum and so will not be visible in the mouth.

**TYPE OF IMPLANT PLACEMENT**

Implants can be inserted in one of two ways:

1. **Immediate insertion** is when the dental implant is placed at the same time that the tooth or teeth are removed. The advantages of this approach are a reduction in treatment time and bone preservation. Whether or not this is possible will depend on the condition of your bone at the time of extraction. If infection is present it may be necessary to defer implant placement for three months while new healthy bone reforms in the area.

2. **Post immediate or delayed dental implant placement** is insertion of the implant into a region of the mouth where the tooth or teeth have previously been removed or have been missing for some time.

Implant treatment may entail a combination of the above insertion types and the time required to place them will depend on the number being inserted and their position in the mouth. Every effort will be made to keep the time to a minimum whilst not jeopardising the final result.

The upper jaw is prepared for the implants by making a hole in the bone by either drilling to cut a channel or by forming the channel using small punches which are tapped through the bone. The latter may entail the use of a small mallet which can potentially cause symptoms of nausea or imbalance following the procedure. These symptoms do not persist and subside after several weeks or in rare cases a few months. Which technique is used depends on the density of the bone being prepared and occasionally may entail a combination of the two techniques. The lower jaw is prepared using drilling only.
TYPE OF ANAESTHETIC

The procedure is usually performed under a local anaesthetic, with sedation if required.

AFTER IMPLANT PLACEMENT

After the procedure there will be some discomfort and swelling. The degree of swelling will depend upon the number of implants placed and whether or not additional surgical procedures were carried out. Occasionally along with the swelling there may also be slight bruising of the skin overlying the area which will fade over a week. If you are a smoker or have a pre-existing medical condition which affects soft tissue healing, the amount of swelling may be greater. The gum tissue in the region where the implants have been placed may change appearance or colour and take on a white appearance for a short time (normally two weeks) after surgery.

After 6/10 days once the soft tissue has healed sufficiently the stitches are removed if dissolving stitches have been used this may not be necessary. During this period it may not be possible to wear dentures. After this stage the implants will be left undisturbed for at least three months to attach to the jawbone. During this period the top of the implant may show through the gum slightly and metal may become visible. Although this is normally no cause for concern, should it occur please contact the practice to have the area checked.

MAKING THE NEW TEETH

After a 3/6-month period a second surgical procedure may be necessary to expose the implants and check for firm bony attachment. In the event that an implant has failed to take it can simply be removed, as it will not be attached to bone. Once the implants have been uncovered and are firm a post or abutment will be connected which will be used to support either a provisional denture or bridge. This intermediate stage will last approximately two months allowing time for the gums to settle and form a tight attachment to the implant abutment. During this time the abutment may become visible as the gum shrinks slightly exposing the underlying metal. The final teeth will be made to cover as much of the exposed metallic areas possible improving the final appearance. Impressions will be necessary prior to construction of the final restoration.

APPEARANCE OF THE FINISHED TEETH

Every effort will be made to ensure your final teeth look natural and just the way you
want them to appear. Unfortunately it is no always possible to guarantee the appearance of the gum tissue surrounding the implant teeth. This may be the case if you have had gum disease or been without teeth for many years or have lost jawbone as the result of an accident. In this situation if may be necessary to replace the missing or damaged gum by grafting procedures or the application of gum coloured plastic. Your dentist will discuss these alternatives with you should they be required.

If the implant tooth or crown is biting against natural teeth occasionally it may be necessary to adjust the height or length of the real teeth. This is because natural teeth have a tendency to continue growing out of the gum or over-erupt when they have no corresponding tooth the bit against. As a result the height of the over-erupted tooth may need to be reduced by slight grinding to correct the over-eruption. This tooth adjustment is only minor so a local anaesthetic is not required.

**TREATMENT TIMING**

The total treatment time required will vary with the degree of difficulty and the amount of work needed. It is important to bear in mind that the teeth have to be made individually to suit your specific requirements and mouth. This type of precision work is very time consuming and cannot be rushed, as it must be of the highest quality. Prior to fitting the finished teeth a variable number of visits may be necessary to make fine adjustments to the teeth. Therefore, it is important to keep your dentist informed of any travel arrangements or important engagements you may be planning and to give as much notice as possible.

**WHAT HAPPENS IF THE IMPLANTS DO NOT TAKE**

Fortunately this occurs rarely and the success rate for dental implants is 95%. However, failures are still a possibility and an understanding of this is a prerequisite for proceeding with your treatment. Any potential problems specific to your implant treatment will have been anticipated and discussed with you before treatment starts.

Overall, dental implant failure is low and there are no absolute contraindications to implant placement. However certain conditions have been found to be correlated with an increased risk of failure. If you are over age 60, smoked, had a history of diabetes or head and neck radiation, or were postmenopausal and on hormone replacement therapy there is a significantly increased chance of implant failure compared with healthy patients.

Even in otherwise healthy patients it has also been shown that alcohol and tobacco consumption can reduce the rate of success. These habits also have an effect on the rate of healing and may increase the chances of post-operative infection.

Should an implant fail to take then it is often possible to replace it with a second implant at the same time as the first implant is removed. It will of course be necessary to wait a further six months while the second new implant attaches to the bone. It is not difficult to replace the failed implant at this time, as it will be very loose and is easily removed.
AFTER CARE AND MAINTAINENCE REQUIREMENTS FOR IMPLANTS

Implants are not "Fit and Forget" they need the same care and attention as nature teeth. On completion of treatment it will be necessary for you to attend a number of recall appointments to check the condition of the implants and to adjust the bite if required.

After this, regular six monthly dental check-ups are required to monitor the condition of the implants and any remaining natural teeth. Also regular hygiene maintenance appointments, as a build of plaque will cause gum problems and possible bone loss from around your implants, resulting in their eventual loss.

If you have teeth and implants mixed together it is also very important to maintain the health of the natural teeth. Should the natural teeth become infected or are lost for any reason the remaining implants may be damaged by the extra pressure caused by the addition work load.

IMPLANT SUPPORTED REMOVABLE DENTURES ONLY

If a removable denture has been made to fit over your implants it is important to understand that in addition to the above it will require replacing approximately every three years, depending on the amount of bone loss, which has occurred from your mouth. Failure to compensate for this loss, by adjusting or remaking the denture, will place extra strain on the implants, which could result in their eventual loss or breakage. If the over denture is held onto the implants by mechanical clips, then these too will need to be periodically replaced as a result of wear during to normal function.

ACCEPTANCE FOR TREATMENT

Patients will only be accepted for this treatment if they can demonstrate that they can maintain a high level of plaque control and oral hygiene. There should be no medical conditions that would contraindicate the procedure. It is important to inform the dentist of any changes to your general health or medical condition.

PATIENT STATEMENT OF INFORMED CONSENT TO UNDERGO PROPOSED DENTAL TREATMENT AND IMPLANT THERAPY

Carefully read each paragraph and having read and understood each statement please initial each on the dotted lines that follow each section. In signing the form at the end of this section, you are stating that you have read the introduction to implant treatment, consent form and the following sections on your specific proposed treatment. Although it contains medical/dental terms that you may not completely understand on first reading, you have the opportunity to ask questions and have them answered to your satisfaction, such that you understand the information in this form and letter.
YOUR CURRENT SITUATION

Initials.................................

PROPOSED TREATMENT

Initials.................................

COST OF YOUR TREATMENT AND TERMS OF FEE PAYMENT

The fee is payable in two instalments, half at the start of treatment and the balance when
the implants have attached to your bone, prior to starting construction of the new teeth.
This amount is not refundable in case of any failure during treatment or anytime after
tooth placement or should you decide to withdraw before the completion of your
proposed treatment. A 3% interest rate will be charged per month on outstanding
amounts for late payment of fee.

You total fee will be £ and is payable in two stages as above, £ when the implants are
placed followed by the balance £. This fee also includes your first annual check-
up. After this all check-ups and maintenance will be subject to fees as normal.

Initials.................................

PLEASE REMEMBER TO BEGIN TAKING YOUR ANTIBIOTICS
TWO DAYS BEFORE THE START OF YOUR IMPLANT TREATMENT

If you wish to proceed with the treatment described you will need to complete and sign
all the sections of the enclosed consent form. Please retain one copy and return the other
prior to the start of your treatment.

Forty eight hours notice of cancellation will be required to avoid a charge.
Implant Consent Form

Patients Surname:.............................................................................................................
Forenames: ................................................... Date of Birth: ............................
Sex: (Please Ring) MALE FEMALE

DENTIST (This section to be completed by the dentist).

I confirm that I have explained both verbally and as described in this letter the procedure or treatment, and such appropriate options as are available to the patient in terms which in my judgement are suited to the understanding of the patient.

Signature:......................................................... Date:......./......../........

Mr. S. Harding

PATIENT (This section to be completed by the patient).

1) If there is anything that you do not understand about the explanation, or if you want more information, you should ask the dentist.

2) Please check that all the information on the form is correct. If it is, and you understand the explanation letter, then sign the form. You should also ensure that you have a copy and have read the information leaflet entitled IT DOESN’T HURT TO SMILE.

3) A copy of this consent letter and form will be kept with your medical notes.

I am the patient (Mr./Mrs./Miss).............................................................................................................

I agree to:
· the procedure that has been proposed and explained to me by the dentist named on this form.
· the administration of either a local general or other appropriate anaesthetics
· the terms and conditions of fee payment as stated above

I understand:
· that the procedure may not be completed or carried out by the dentist who has been treating me so far
· and have been fully informed of the nature of the treatment outlined above and of any likely complications of the treatment
· that any procedure in addition to the treatment described in this letter will only be carried out if necessary and in my best interests and can be justified for medical reasons.

I have:
· told the dentist about any additional procedures I would not wish to be carried out without my having the opportunity to consider them first .
· informed the dentist about my existing medical conditions and infectious diseases that are known to me.
· informed the dentist about any previous or current psychiatric conditions or treatment.

Name:...................................................................................................................
Signature........................................................................... Date:..........................

Please retain one copy and return the other to your dentist.