Dr. A. M. H. Braganza Periodontist
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Consent for Implant Surgery

Diagnosis

After careful oral examination and study of my dental condition. My periodontist has advised me that my missing tooth or teeth may be replaced with artificial teeth supported by an implant.

Recommended treatment

In order to treat my condition, my periodontist has recommended the use of dental implants. I understand that the procedure for root form dental implants involves placing implants into the jawbone. This procedure has a surgical phase followed by a prosthetic phase.

Surgical Phase of the Procedure.

I understand that sedation may be used and that a local anesthetic will be administered as part of the treatment. My gum tissue will be opened to expose the bone. Implants will then be placed by tapping of threading them into the holes that have been drilled in my jawbone. The implants will have to be snugly fitted and held in place during the healing phase.

The gum and soft tissue will be stitched closed over or around the implants. Healing will be allowed to proceed for a period of four to six months. I understand that dentures usually cannot be worn during the first one to two weeks of the healing phase.

I further understand that if clinical conditions turn out to be unfavorable for the use of this implant system or prevent the placement of implants, my periodontist will make a professional judgment on the management of the situation. The procedure may also involve supplemental bone grafts or other type of grafts to build up ridge of my jaw and thereby assist in the placement, closure, and security of my implants.

For implants requiring a second surgical procedure, the overlying tissues will be opened at the appropriate time, and the stability of the implant will be verified. If the implant appears satisfactory, an attachment will be connected to the implant. Plans and procedures to create an implant prosthetic appliance can then begin.

Prosthetic Phase of Treatment

I understand that at this point I will be referred back to my dentist or to a prosthodontist. This phase is just as important as the surgical phase for the ling term success of the oral reconstruction. During this phase, an implant prosthetic device will be attached to the implant. This procedure should be performed by a person trained in the prosthetic protocol for the root form implant system.

Expected Benefits.

The purpose of dental implants is to allow me to have more functional artificial teeth. The implants provide support, anchorage and retention for these teeth.

Principal Risks and Complications.

I understand that some patients do not respond successfully to dental implants and in such cases, the implant may be lost. Implant surgery may not be successful in providing artificial teeth. Because each patient’s condition is unique, long-term success may not occur.

I understand that excessive smoking, alcohol, or blood sugar may affect gum healing and may limit the success of the implant, I agree to follow my periodontist’s home care

instructions. I agree to report to my doctor for regular examinations as instructed
I understand that complications may result from implant surgery, drugs and anesthetics. These complications include, but are not limited to:
post surgical infection, • bleeding

• swelling
• pain
• facial discoloration
• transient but on occasion permanent numbness of the lips, teeth, tongue, chin, gum, jaw joint injuries or associated muscle spasm
• transient but on occasion permanent increased tooth looseness, tooth sensitivity to hot and cold, sweet or acidic food
• shrinkage of the gums upon healing resulting in elongation of the teeth

• cracking or bruising of the corners of the mouth
• restricted ability to open the mouth for several days or weeks
• impact on speech
• allergic reactions
• injury to teeth, bone fractures
• nasal sinus penetration
• delayed healing
• accidental swallowing of foreign matter

The exact duration of any complications cannot be determined, and they may be irreversible.
I understand that the design and structure of the prosthetic appliance can be a substantial factor in the success or the failure of the implant. I further understand that alterations made on the artificial appliance or the implant may lead loss of the appliance or implant. This loss would be the sole responsibility of the persons making such alterations. I am advised that the connection between the implant and the tissue may fail and that it may become necessary to remove the implant. This can happen at the preliminary stage, during the initial integration of the implant to the bone, or at any time thereafter.

Alternative to Suggested Treatment

Alternative treatments for missing teeth include no treatment, new removable appliances, and other procedures depending on the circumstances. However, continued wearing of ill-fitting and loose removable appliances can result in further damage to the bone and soft tissue of my mouth.

Necessary Follow-up Care and Self Care

I understand that it is important for me to continue to see my periodontist or dentist. Implants, natural teeth and appliances have to be maintained in a clean hygienic manner. Implants and appliances must also be examined periodically and may need to be adjusted. I understand that it is important for me to abide by the specific prescriptions and instructions given by my periodontist.

No Warranty or Guarantee

I hereby acknowledge that no guarantee, warranty, or assurance has been given to me that the proposed treatment will be successful. Due to individual patient differences, a

periodontist cannot predict certainty of success. There exists the risks of failure, relapse, additional treatment, or worsening of my present condition, including the possible loss of certain teeth, despite the best of care.

Publication of Records

I authorize photos, slides, or any other viewing of my care and treatment during or after its completion to be used for the advancement of dentistry and reimbursement purposed. My identity will not be revealed to the general public however, without my permission.
I certify that I have read and fully understand this document.

Printed name of patient, parent/guardian

Date

Signature of patient, parent/guardian

Signature of witness

Date