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## **CONSENT FOR PLACEMENT AND RESTORATION OF IMPLANTS**

This form is designed to make you familiar with the basic aspects of implants. Before receiving implants and an implant-supported dental prosthesis, it is important to understand the implant process. You should be aware of the treatment options. The general aspects of these options will be covered in Dr. Bridger's website. The following questions are the ones most commonly asked us by patients having implants.

### **1) What are the advantages of implants?**

When a single tooth is missing, an implant can be placed to support a porcelain-gold crown that would replace the missing tooth. The advantage for a single tooth replacement is that the adjacent teeth are not touched and the implant crown is functionally and esthetically like a real tooth.

For patients who have no teeth and wear dentures, implants can be placed to support fixed bridgework or to stabilize loose dentures. This service can provide a new lease on life for patients who have suffered for years with 'problem dentures'.

An implant preserves bone and prevents bone resorption as is seen at the site of a tooth extraction or beneath dentures. The implants stimulate the bone that surrounds them similar to a natural tooth.

### **2) What are the disadvantages of implants?**

- The placement of implants is relatively expensive and is usually not covered by insurance companies.
- Treatment time is long compared to conventional dentistry.
- Although few, there are some surgical risks to the placement of implants.
- Compared to conventional dentistry, there is more time and effort spent by the patient to go through treatment.
- Depending on your own particular situation, the details of time, cost, and inconvenience would be discussed in detail before beginning treatment.

### **3) How many patients have received implants?**

A Swedish Orthopedic surgeon, Dr. P.I. Branemark, developed the osseointegrated implant as we know it today. The first implants he placed 35 years ago are still functioning. There are now over a million patients worldwide who have received osseointegrated implants. Dr. Bridger himself has treated over 500 patients since first working with the Branemark implant in 1986.

A number of different implant systems are offered by many different implant companies. Dr. Bridger primarily works with: the Nobelbiocare Co; (Branemark and Replace); Strauman

(ITI); Astra Tech; and 3I (Implant Innovations Inc.). Systems that Dr. Bridger restores for other implant surgeons include: Endopore; Friadent; Simpler in Practise (Anchor); and Zimmer (formerly Sulzer) (Calcitek-Spline, Paragon, and Core-Vent).

#### **4) Who could benefit from implants?**

Anyone missing teeth is a potential candidate for implants. It is possible to replace one tooth or all the teeth with implants. Ideally, young patients should be finished growing before implant placement, and older patients are limited only by their general health.

#### **5) Am I a good candidate for implants?**

You should be in good general health. Patients with Diabetes for example have a lower success rate. The success rate is also lower for patients who are smokers.

The other main factor is the quality and quantity of bone in the area to receive the implants. X- rays will be required to determine if there is sufficient bone.

#### **6) What if I don't have the Implants?**

You should fully understand your treatment options, with and without implants. You should also understand what are the consequences of not having any treatment at all. Dr. Bridger will review these options for your particular situation, but if nothing is done any of the following could occur: loss of bone, gum tissue inflammation, infection, sensitivity, looseness of teeth followed by necessity of extraction. Also possible are temporomandibular joint and, jaw bone problems. In addition, if nothing is done at the present time, future bone loss may cause the inability to place implant(s) at a later date due to bone resorption.

#### **7) What is the basic procedure to put them in?**

Currently there are a number of different protocols for placement and interim restoration of implants. Traditionally, the implant placement used a 2-stage procedure. Now however, it is possible to place implants immediately into extraction sites and to do flapless surgery, which means less discomfort to the patient.

It is also possible to immediately load implants so patients can enjoy a fixed type of temporary crown or bridge, rather than a removable retainer / partial plate type of prosthesis.

Your implant(s) may be placed by Dr. Bridger or another surgeon. If bone grafting is required this procedure may be provided in a hospital setting with an oral surgeon, or with another specialist in a private clinic setting.

All implants placed by Dr. Bridger are done using local anesthetic (freezing). No I.V. sedation and no general anesthesia is used. The gum tissue may or not be deflected to expose the underlying jawbone. A series of drills is used to provide a hole in the bone to receive the implant(s). Once the implant(s) are inserted, a titanium healing cap will protrude through the gum and sutures may be placed. Now "immediate loading" with a temporary crown or bridge is possible. Dr. Bridger also provides the "teeth in an hour" procedure. After one week the sutures are removed. Freezing (local anesthetic) is not needed to remove the sutures.

The implant(s) are allowed to heal for two to six months during which time the jawbone adapts very closely to the implant(s).

Patients typically do not have to be without temporary replacement teeth and are able to smile the day of placement of the implants.

### **8) Can implants fail? What is the success rate?**

Implants are **not** 100% successful. The success rate in the upper arch is 90% and in the lower arch is 95%. Failure of an implant is usually due to incomplete adaption of the bone to the implant during healing.

If an implant does not integrate successfully to the jawbone, it can be removed allowing the site to heal and fill in with new bone. A new implant can then be placed, or treatment can proceed in a conventional fashion without implants.

### **9) What are the risks and complications?**

The placement of implants has the same risks as other gum and oral surgical procedures. *Be sure to let Dr. Bridger know if you are on blood thinners or taking daily aspirin as these medications will need to be halted for a few days before implant placement.*

The main complication in the lower arch is with molar implants that extend down too far and touch the nerve that gives sensation to the lip. If this occurs, then partial or complete numbness of the lip can occur. This is rare and diagnostic precautions such as X-rays are taken to avoid this occurrence.

Although rare, problems can also happen with the dental prosthesis that Dr. Bridger would place over the implants. Most of the complications happen in those patients who have a grinding habit called bruxism. Teeth may break, screws may loosen or break, and on rare occasions the implants can become non-integrated to the bone in patients who are heavy grinders.

Positioning of the implants may not always be ideal for Dr. Bridger's restorative work. The optimum positioning will be determined and communicated to the implant surgeon in those cases where another dentist is placing the implants. The location and quantity of bone found at the time of surgery however, may force a compromised implant location resulting in an altered restorative treatment plan.

### **10) Any Guarantees? Who is responsible for problems or failures?**

Unfortunately, guarantees are not possible when dealing with a dynamic and complex system such as the mouth. Depending on the problem, Dr. Bridger, the lab, the implant manufacturer, the patient, and the implant surgeon (if not Dr. Bridger), usually share financial responsibility for the correction of problems.

### **11) Can I expect much discomfort?**

Discomfort following the placement of an implant is similar to that experienced after an extraction. If multiple implants are being placed in a hospital setting then of course the post operative recovery is longer than that from the insertion of only one or two implants with local anesthetic within our office. One can expect some swelling and discoloration, and it is not unusual to take a day or so to rest before returning to work or school.

We encourage patients to have a support person pick them up after the implant surgery, however some of our patient's drive themselves home. If you receive an oral relaxant like Ativan beforehand, then *you must get a ride home.*

### **12) Will I be without teeth at any time?**

Nearly all patients receiving implants do not have to be without a smile at any time. The exceptions are those patients having many implants possibly in conjunction with bone grafting in a hospital setting. The oral surgeon in those larger cases will advise us of how long the patient may have to be without teeth.

**13) What about cleaning and long-term maintenance?**

Implant supported teeth must be cleaned and maintained in the same way as natural teeth. We will show you how to clean around the implants, and will arrange a recall-maintenance program for you on a long-term basis.

**14) Will my speech, chewing, or appearance be much different?**

Only with some upper larger cases is the speech affected and then usually for a few weeks only before new speech patterns are learned. Chewing is usually much improved, particularly for denture patients, but again a few weeks are needed to become used to new chewing patterns. Management of esthetics is normally not a problem.

**15) This all sounds like too much for me. Is there someone I can talk to with similar problems who was treated with implants?**

We have many patients who have said they would be willing to discuss their experiences in having received implants and implant-supported teeth. Lorraine, our office co-ordinator, would be happy to arrange this for you. Thank you for taking the time to review this form and sign the consent below. If you have any questions or concerns, please do not hesitate to call the office.

**I have read and understand the above information.**

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_