

IMPLANTS Are they for me?

This handout 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. 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 bridge-work 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 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 40 years ago are still functioning. There are now millions of patients world wide who have received osseointegrated implants. Dr. Bridger himself has treated over 500 patients since first working with the Branemark implant in 1986.



BEFORE - Single cuspid tooth missing. Implant is visible.



AFTER - Porcelain crown over implant.

A number of “spin-off” systems from the original Branemark (Nobelpharma) implant have been developed. ITI, Steri-oss, 3-I, and Paragon are some of the other most commonly seen systems in the Vancouver area.

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 most of their 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 is the basic procedure to put them in?

At **Stage I** a guide hole is made in the bone to receive the implant, and the gingiva or gum tissue is then completely covered over the implant. The implants are allowed to heal beneath the gum for three to six months during which time the jaw bone adapts very closely to the implants. At **Stage II** the top of the implant is exposed and a titanium healing cap placed. Two weeks after Stage II, Dr. Bridger will take impressions to make the teeth to fit over the implants. This will take a number of visits customized to your own situation. Lately, Stages I and II are being done at the same time in certain cases.

7. 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 between Stages I and II.

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

8. What are the risks and possible complications?

The placement of implants carries the same risks as other surgical procedures performed in the mouth. The main problem encountered is in the lower jaw where numbness of the lip may follow the placement of the implant(s). Potential complications should be discussed in detail with the implant surgeon.

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



BEFORE: Implant posts at sites of 4 missing teeth.



AFTER: Four porcelain crowns over implant posts.

and screws may loosen or break.

Positioning of the implants by the implant surgeon may not always be ideal for Dr. Bridger's restorative work. The optimum positioning will be communicated to the surgeon, however the location and quantity of bone may force a compromised implant location resulting in an altered restorative treatment plan.

9. 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. Financial responsibility for the correction of problems is usually shared by Dr. Bridger, the lab, the patient, and the surgeon, depending on the problem.

10. 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.

Once the implants have been placed, usually there is no need for pain control for the remaining restorative visits.

11. Will I be without teeth at any time?

Except in rare cases, the implant patient should not have to be without replacement teeth.

12. 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.

13. Will my speech, chewing, or appearance be much different?

Only with some upper larger cases is the speech affected and then 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 is needed to become used to new chewing patterns. Management of esthetics is normally not a problem.

14. 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. Our office co-ordinator, would be happy to arrange this for you.



BEFORE: Fully Edentulous
- five implants.



AFTER: Non-removable, im-
plant-supported denture.