INFORMATION AND CONSENT FOR IMPLANT SURGERY

NAME OF PATIENT: _________________________________________________

TREATING DOCTOR:  John Largey

PURPOSE OF THIS PAPER:
State law requires all patients to sign a consent form prior to any treatment. In order to give your consent for treatment, you should be given as much information as possible. The information should include the nature, purpose, known risks and the possibility of any alternative treatments. You should also have an opportunity to ask questions and receive satisfactory answers. We are giving this form to you so that you can read it at your leisure and discuss it with us when returning to the office. Since there are several pages contained in this consent form, we ask you to sign the bottom of each page to insure that you have read each section completely. When you return for treatment, please give this document to the receptionist. Surgery cannot be performed unless each page is signed and given to the receptionist.

NATURE AND PURPOSE OF THE PROCEDURE:
Dental implants replace a missing tooth or teeth. The implant is a titanium fixture that is placed into the jawbone. It acts as an anchor for a dental prosthesis such as a crown, bridge or denture.

After an appropriate healing time, a prosthesis is attached to the implant. During the healing time, the patients generally wear a temporary prosthesis. It is important to understand that modern dental implantology is approximately a thirty year old procedure, and although it is expected that the implant will last for many years, there can be no guarantee for any specific period of time.

The doctor and his assistants will be performing the surgical part of the treatment only. The dentist you have chosen for your restorative dentistry will fabricate the prosthesis.

ALTERNATIVES TO A DENTAL IMPLANT:
One alternative to dental implants is to do nothing at all. Other options would be to have a conventional prosthesis, such as a bridge or full denture made depending upon your situation. The conventional bridge requires healthy adjacent teeth to be cut down to bridge the span of the edentulous space. At other times, the patient may alter or augment the upper or lower jaw by means of a vestibuloplasty (movement of muscle and cheek attachments), skin grafting, or bone grafting. There are advantages and disadvantages to each of the procedures.

NEED FOR ADDITIONAL TREATMENTS:
In order to successfully complete implant surgery, the doctor may have to perform other procedures. Additional treatments may necessitate certain anesthetics, either local or general, as well as the performance of laboratory and radiological (x-ray) procedures. Generally these other procedures include the administration of antibiotics and other medications for comfort. Examples of other procedures include the removal of excess or unhealthy bone or soft tissue in the area where the implants are placed. Hard tissue or soft tissue grafts may be needed around the site to give support to the implant. Prosthetically, adjustments may have to be made to your existing prosthesis. The doctor can explain each procedure, since they will be different for each patient.

Patient/Guardian Signature: ___________________________________________ Date: __________
HARD TISSUE GRAFT:
The previous paragraph talked about the possibility of using hard tissue grafts. Although it is an uncommon procedure, we are including a paragraph specifically for it. Generally, when people lose teeth, they also lose bone. Loss of bone is one of the main problems patients have in attempting to wear a conventional dental prosthesis successfully. In the past, lost bone was replaced by grafting bone from the patient’s hip or rib area. Obviously, this adds additional discomfort to the patient, and most often the bone will continue to diminish just as the jawbone did originally.

There are now several alternatives to grafting form the hip. One such option is the use of hydroxylapatite (hereafter referred to as HA), which is a bone graft substitute. HA is a ceramic material that has similar configuration to natural bone and has the ability to incorporate a patient’s bone into its structure. It greatly decreases the resorption of bone later on. Another option is freeze-dried bovine bone, and some of the patient’s own bone to take advantage of the different properties of each of the elements.

POSSIBILITIES OF FAILURE:
Although we know from our own experience and from that of other surgeons throughout the world that we can achieve a certain percentage of success; we cannot accurately predict for an individual patient what that chance of success will be. The reason for this is that we cannot accurately predict the bone healing capability of any particular patient. We also recognize that a patient may not take proper care of their implant. Therefore, it is not possible to guarantee an implant for any specific patient.

Furthermore, there are certain medical conditions and medications such as diabetes, excessive alcohol use, excessive smoking, blood diseases and anemia, immune deficiencies, steroids and radiation therapy that may reduce the success of an implant.

RISKS AND COMPLICATIONS ASSOCIATED WITH DENTAL IMPLANTS:
With every type of surgery performed there can be expected post-operative sequelae, common to implant surgery, would include a certain amount of pain, swelling, bleeding, bruising, stiffness of facial and neck muscles, limited mouth opening, changes in bite, temporary numbness or unusual sensations of the cheeks, mouth, or jaw.

The preceding list can be expected, but also recognize that implant surgery, just as any surgery, can have complications. These include, but are not limited to, infection, tissue discoloration, alteration in taste and/or numbness, tingling, increased or decreased sensitivity of lips, tongue, chin, cheeks, or teeth. There may also be alteration in your speech. These situations may last for an indefinite period or may be permanent. Also possible are injury to teeth, if present, loss of bone, bone fractures, nasal or sinus penetration, and chronic pain.

If complications occur, treatment of these complications may necessitate additional medical, dental or surgical treatment, and it may even require an additional period of recuperation at home or in the hospital. It may be possible that after the surgery has begun the underlying bone may be in such a condition that it would prevent placement of the implant. It is also possible to insert another implant after a suitable healing period. If for some reason the doctor feels the implant is not reacting correctly, the implant would have to be removed, altered, or replaced as needed.

DRUG AND ANESTHETIC COMPLICATIONS:
Any time drugs of any sort, including anesthetic drugs are used, there can be allergic reactions that can occur and may require treatment.

Patient/Guardian Signature: ______________________________________ Date: __________
PROSTHETIC COMPLICATIONS:
It is important for the patient to understand there are certain limitations to the prostheses that will be constructed with the implants. A patient who has lost a tooth (or teeth) is essentially orally impaired, and although dentists can greatly help that person, it is impossible to bring their oral state back to what it originally was. Just as an artificial leg is a tremendous help to an amputee, it is still compromise. We state this in this fashion, because it is important to understand that anything man-made can suffer mechanical failure, fracture, and could possibly require replacement as wear and attrition become significant. Cosmetic compromises may be necessary with some types of implant prosthetic treatment.

RISKS ASSOCIATED WITH NO TREATMENT:
Just as we try to explain both the advantages and the risks of the implant, it is also important to explain what can happen if there is no implant procedure. Without treatment, the following may occur:

- Progressive resorption of the jawbone structure
- Increased difficulty wearing conventional dentures
- Increased loss of bony support of the face, lips and cheeks
- Increased difficulty in chewing
- Potential fracture of a very thin jawbone and increased pain
- Numbness of the lip
- Jaw joint (TMJ) problems
- Drifting or tilting of the remaining teeth
- Inflammation, ulcerations, abnormal tissue growth associated with ill-fitting dentures or bridges

THE IMPORTANCE OF PATIENT COMPLIANCE:
It is also important that the patient realize that the degree of success of any dental treatment, including implant dentistry, is directly related to the cooperation of the patient. This depends on maintaining meticulous oral hygiene especially around the implant post. We also know that smoking, alcohol, improper dietary practices, and oral habits, such as grinding, clenching, and tongue thrusting may effect bone and gum healing, and may limit the success of the implant prosthesis. It is essential that the patient follow home care and dietary instructions, as prescribed.

It is also important that the patient return at regular intervals for inspection of the mouth and to maintain long-term follow-up care. The same standard should be used just as one would for their natural teeth.

The patient should report immediately any evidence of pain swelling, or inflammation around the implants, or any problems with the attachments, or change in bite. A reasonable office fee is usually charged for these visits, just as they would for any other dental problem.

AUTHORIZATION AND CONSENT FOR IMPLANT SURGERY:
During the course of treatment photographs, radiographs, videos and other information are often taken in order to evaluate the healing process. Unless a patient has an objection, the doctor uses these photographs, radiographs, and videos for educational and promotional purposes. It is also common for visiting doctors to observe the treatment of our patients. If you have any questions about this, please feel free to discuss it with us.

Patient/Guardian Signature:__________________________ Date:______________
CONSENT:
This paper is comprehensive, but we have learned over many years that the well-informed patient is our best patient and we want to be sure you have every opportunity to ask questions and receive answers. As you read this paper at home, check off any particular areas that you wish to discuss further with us.

**DIAGNOSIS:**

**TREATMENT:**

**CONSENT FOR DENTAL IMPLANT:**
I hereby authorize and direct the doctor and his assistants, to perform the above named treatment upon me (or the person identified below as the patient for whom I am empowered to consent) to insert an implant(s) in my upper and/or lower jaw.

I also state that I have been given an opportunity to ask questions and that my questions have been answered to my complete satisfaction.

Patient/Guardian Signature: ____________________________ Date: __________
Witness Signature: ____________________________ Date: __________
Physician Signature: ____________________________ Date: __________