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## DENTAL IMPLANT PLACEMENT CONSENT

**Please note side effects and complications are uncommon to rare and we at Smile Cliniq would hope our rate is even less than the norm, due to the techniques, equipment and materials we use. Also bear in mind the complications are no different to any implants, oral surgery you may have had previously, it's just you are now aware of them.**

It is important that you have received and understood all the stages of your dental implant treatment. Kindly initial each section to confirm that this is the case. If you are in any doubt about an item or would like any further clarification please speak to your dentist.

1. It has been explained to me and I understand the purpose and nature of the procedure for the surgical placement of dental implants and for later reconstruction on the implants.
2. I consent to the use of local anaesthesia/intravenous sedation/general anaesthesia for the surgical procedure\*(Delete as appropriate). I agree not to operate a motor vehicle or similar machinery for the remainder of the day of surgery.
3. I understand although every care will be undertaken in the provision of all aspects of this treatment, as with any surgical procedure, the successful outcome of the treatment cannot be guaranteed. Failure of a dental implant is an infrequent event (1-7%, around 1% over 5 years at Smile Cliniq). In the event of failure of the implant, further implant surgery will be offered if appropriate. Further fees may be payable, £250 in the first year, if for any reason we cannot replace the implant, 50% of the cost of treatment will be refunded back to you.
4. It has been explained to me that, as with all surgical procedures, there are a number of possible complications that may, **occasionally to rarely**, occur following treatment. These complications include, but are not limited to, post-surgical infection, bleeding, swelling and pain, facial discoloration. Transient, but on occasion permanent numbness of the lip, tongue, teeth, chin or gum (1% chance on lower implants), jaw joint injuries, or associated muscle spasm. Transient, but on occasion permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods. Shrinkage of the gum tissue upon healing, resulting in elongation of some teeth and greater spaces between some teeth (black triangle appearance in between implant and implant or implant and tooth) and occasional visibility of the implant. Cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reaction, damage to adjacent teeth, bone fractures, nasal sinus penetrations, delayed healing, and accidental swallowing of foreign matter. The exact duration of any complications cannot be determined, and may be irreversible (i.e. damage to adjacent teeth). Sinus involvement and nose bleeding can occur following surgery to the upper posterior jaw. **Complications occur occasionally to rarely**, but if they occur, further surgery and fees may be needed/applied.
5. I understand where the bone is found to be inadequate to receive an implant, it may be necessary to place a bone graft or a bone substitute to improve the chance of success. Although this can be predicted most of the time using CT scan, it is not always possible to visualise it until the gum is reflected on the day of surgery. Further fees may be payable.



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6. 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 dentist will make a professional judgment of the management of the situation which may mean sometimes we may not be able to place implant.
7. I understand before and after surgery it may be necessary for me to take antibiotics, to counter or reduce the risk of infection. I also agree to refrain from smoking and alcohol consumption and follow any post-operative instructions given by the dentist. It is essential to note that research has shown that smoking more than doubles the rate of implant failure in the short and long term. This is due to a reduced healing capacity of the soft tissues as well as the bone. Therefore, we recommend smoking is stopped completely, otherwise you risk losing your investment. I agree that I have taken this into consideration when I decided on the best treatment option.
8. The likely benefits include the relief of denture problems such as looseness and discomfort and the replacement of missing teeth with fixed crowns and bridges.
9. I understand mechanical failure such as fracture or loosening of the implant retained dentures, crowns or bridges may occur. In this event, further clinical attention will be required (such as reattaching or tightening the implant prosthesis) and further fees may be payable. While implants have a very good long term success rates, we have found the crown or bridge or denture attached to the implant can loosen over time due to occlusal (biting) forces and may need re-attaching or tightening.
10. Alternative methods to dental implants for the replacement of missing teeth have been explained to me (including, dentures, dental bridges and doing nothing).
11. Other complications associated with dental implants involve later bone loss around the titanium implant surfaces (peri-implantitis) due to mechanical failure or bacterial infection and possible change of the position of the implant in the jaw attributed to the development of the bones of the skull (craniofacial development) as we age.

### **Alternatives to dental implant treatment**

#### **Dentures**

##### *Advantages*

1. Treatment is completed in a few weeks.
2. Unlikely to need surgery.
3. These are a low cost option.

##### *Disadvantages*

1. May be unstable, particularly when eating and talking.
2. Sometimes not easy to get on with.
3. They accumulate plaque or food more readily.
4. Do not prevent bone loss.

#### **Fixed bridges**



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*Advantages*

1. Treatment is completed in a few weeks.
2. Unlikely to need surgery.
3. Teeth are fixed and immovable so more secure.

*Disadvantages*

1. May require cutting healthy teeth.
2. If one bridge support is compromised, the entire bridge may need to be discarded and replaced.
3. Can be difficult to keep clean as flossing is not easy.
4. There is a high cost involved.
5. They do not prevent bone loss.
6. There is a greater risk of decay in the teeth that hold up the bridge.

**Adhesive bridges**

*Advantages*

1. Treatment is completed in a few weeks.
2. Unlikely to need surgery.
3. Teeth are fixed so more secure.
4. There is minimal or no teeth cutting required.

*Disadvantages*

1. Can only be used to replace front teeth.
2. Can come off as they are only glued on.
3. Does not prevent bone loss.
4. May require cutting of adjacent healthy teeth
5. Can be difficult to keep clean as flossing is harder.

**Implant supported crowns/ bridges/ dentures**

*Advantages*

1. Implants are fixed and do not move during eating and talking.
2. Implants do not get decayed.
3. Does not require cutting/damaging adjacent teeth.
4. Easier to clean than a bridge when replacing a single tooth.
5. Well documented success and longevity.
6. Prevents further bone loss.

*Disadvantages*

1. Longer treatment time.
2. Requires surgery.
3. Higher cost although lower cost in the long term.
4. Can be difficult to clean if several implants are bridged.

**Doing Nothing**



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### Advantages

1. No treatment, no cost

### Disadvantages

2. Further loss of bone
  3. Difficulty eating
  4. Un-aesthetic appearance
  5. Increased occlusal (biting) force on remaining teeth, which can decrease their survival
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12. I understand that individuals with a history of gum disease have an increased risk of implant failure and complications such as gum infections around implants.
  13. I have provided an accurate report of my medical record including any physical and psychiatric disorders, current medication and allergies.
  14. I understand the success of treatment depends, in part, on the maintenance by me of good oral hygiene around the implants and my remaining teeth. Although implants are made of titanium metal and are therefore resistant to decay, they are still susceptible to gum disease around the implant, peri-implantitis, which can cause the implant to fail if left untreated. They therefore require good on-going hygiene care and regular check-ups. **I undertake to arrange regular (once every six months) dental examinations and X-ray examinations of the implants, attend for dental cleaning as may be suggested, and undertake any other maintenance required. If I fail to do so, I release the dentist of any responsibility for future failure of the implant(s).**
  15. Clinical photographs usually form an integral part of our records system. Occasionally we ask our patients if we may use their photographs in our practice publications (internet) and albums as well as in teaching lectures to post- or undergraduate students. If we would like to use yours for this purpose, we will always seek your permission first, whether you are recognisable from the photograph or not. If you specifically would not like us to use your photograph for any reason, please make that clear to us at the outset and we will abide by your wishes.
  16. The treatment outlined has been estimated to include all likely ancillary items. However, if on commencement of your procedure, it becomes clear that additional treatment is required then we reserve the right to make additional charges. Any additional treatment and associated costs will, of course be discussed with and agreed to by you, prior to commencement.

Please note that we may take photographs of your face, jaws and teeth before, during and after treatment that may be used for dental records, dental education, demonstrations, and professional publications. We may also use the photographs as marketing material for our website, patient education and printed materials (leaflets).

Please note that if your photographs are used for any of the above, your name and other identifying information will be kept confidential.

If you **DO NOT** wish your photographs to be used please tick the box here

**I have been fully informed of the nature of dental implant surgery, the procedure to be utilised, the risks and benefits of the surgery, the alternative treatments available, and the necessity for**



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**follow-up care and self-care. I have the opportunity to ask any questions or concerns I may have in connection with the treatment. I hereby consent to performance of dental implant surgery as presented to me during my consultation/treatment planning visit(s).**

