



Implant Facts

Patient Advice and Post-Operative Instructions

Implant supported restorations should look and function like natural teeth but lack of a periodontal ligament. This a layer of tissue between your natural teeth and the jaw bone. It acts as a shock absorber and the nerve fibres give feed-back on how hard you are biting. Without this ligament the implants will feel more solid than natural teeth

Osseointegration Dental Implants are constructed from specially prepared titanium. They join to the jaw bones in a process called osseointegration or integration for short. In some circumstances this integration can fail due to a number of factors including infection, excess movement, and trauma. Dentistry is not an exact science, no absolute guarantees or assurances as to the outcome of the treatment can be made. Our results follow many published studies indicating a success rate of around 96% of implants successfully integrating into the bone

Factors that Increase Failure Rate Smoking, alcoholism and excessive pressure above or below the implants cause a significant increase in this failure rate. One study showed that the success rate of implants in non-smokers is 98% compared with 84% in smokers. When the consumption of cigarettes is more than 20 per day, the relative risk of implant loss is higher. Excessive pressure can result from an uncontrolled denture placed over the implants or inappropriate biting pressure on a temporary restoration soon after implant placement. Once the implants have integrated normal biting pressures can be applied to the final restoration. Biphosphonate drugs, commonly prescribed for osteoporosis, adversely affect the structure of the jaw bones with regard to implant placement. These drugs can also have an adverse effect if taken after treatment has completed, please consult with your doctor with regard to these issues.

Implant Placement Considerations Implants have to be placed into the jaw bones and every effort will be made prior to implant surgery to establish the bone volume and quality. Implants in the back of the lower jaw are placed above the dental nerve. There is always a small risk of damage to this nerve resulting in temporary or permanent loss of sensation to this part of the jaw. Implants in the upper molar regions have to be placed into or in close proximity to the maxillary sinuses. In all cases the specific risks and possibilities of a complication arising will be explained to you.

Augmentation In some cases it is necessary or beneficial to the final appearance of the restoration to augment the bone with a graft material. The Clinic will use 'Bio-Oss' for this purpose which is very highly regarded but bovine in origin. 'Bio-Oss' poses no known health risks and is extensively used in US, European, Clinics and universities. A further information sheet is available.

If Implants Fail To Integrate In the unlikely event that the implant did not integrate, a denture could be constructed or following a period of healing further implants are placed. Implants will usually fail to integrate in the initial six months. In most cases where implants are lost they can be replaced without further charge however the Practice reserves the right to charge up to £1000 for each further implant if you fail to disclose information that would have affected the prognosis or you fail to observe instructions for healing. Implant loss could result in the reduction in surrounding bone which will affect replacement.

Placement of Restorations The time required prior to the implants being capable of supporting replacement teeth will vary according to many factors, such as bone quality, bone quantity, biting pressures, position of the implant and the condition of other teeth. Early or immediate restorations are often possible but a final decision cannot be made until the implant is placed. When a restoration is placed very soon after implant placement, extra care must be taken. Normal function will only be possible once the implant is integrated, typically after three months. You may be asked to temporarily refrain from wearing a restoration or denture after implant placement, in which case specific instructions will be given.

Long Term Care Once Implants have integrated they have a good lifespan, with few indications for removal or replacement. Proper hygiene is critical to the future success of the implants and must be maintained. Like natural teeth, implants may be affected by lack of hygiene and can actually be lost due to its neglect. It will be expected that you have regular examinations and dental hygienist treatment. Bisphosphonates (osteoporosis) drugs can have an adverse effect even if taken after treatment has been completed, please consult with your doctor and dentist with regard to these issues.

Appointments and Fees Due to the high running costs of the practice, appointments that are cancelled with inadequate notice or failed without notice may be charged at the full rate for the time unused. If the Practice has to alter appointments we would not be liable for consequential loss. A deposit will be required prior to placement of implants. It is not possible to extend payments dates on which fees are due.

Drug Regimes It is usual practice to give antibiotics, steroids and anti-inflammatories to aid post-operative healing and aid pain control. Current agents can include Dexamethosone 4mg (steroid); Voltorol 75mg (anti-inflammatory); Phenoxymethylpenicillin tablets 500mg (antibiotic); and Ibuprofen tablets 400mg (pain control). Local anaesthetic will be given in the mouth.

Please advise the clinic of allergies, anti-diabetic drugs, warfarin use, heart drugs, and bisphosphonates.



POST-OPERATIVE INSTRUCTIONS FOR IMPLANTS

- Patient response to implant surgery is variable, some patients will experience little or no discomfort, whilst others experience moderate amounts. Any discomfort should be short lasting and is perhaps comparable with a tooth extraction. Every effort is made to be as considerate as possible and the drug regime is designed to speed your recovery. We will normally supply you with antibiotics and painkillers. It is sometimes a good idea to take painkillers like Ibuprofen (Cuprofen) before the anaesthetic wears off as they can work better at preventing soreness rather than relieving it. Avoid aspirin based painkillers and check your suitability for any drugs
- You should not rinse out for at least 24 hours following surgery. This can wash away blood clots and lead to further bleeding or delayed healing. You can eat or drink carefully once the anaesthetic has completely worn off, which normally takes 2 to 3 hours. If you eat prior to this there is a risk of biting your lip or burning your cheek. It is best to start with soft foods and work round to firmer or spicy foods. Avoid smoking or smoke as little as possible as this delays healing and increases the likelihood of infection. Do not drink alcohol or engage in strenuous exercise as it can lead to bleeding and delayed healing.
- On the following days you should rinse with a hot salt-water mouthwash. To prepare this; Take a teaspoon of salt and place into a cup of warm water. Take a sip and gently bathe the site. Spit out and repeat until the water is finished. This should be performed after every meal and if soreness occurs until healing is complete. You can use 'Corsodyl' or 'Retardex' Mouthwash as an effective alternative. Healing is quicker the cleaner the site. The areas adjacent to the implants or restorations should be cleaned. It may be necessary to soften your toothbrush with warm water initially and electric toothbrushes can be used carefully. No material or plaque should cover the implants.
- Bleeding should not occur after implant placement. If a small amount of bleeding occurs initially, bite on a cotton flannel or a hankie rolled into a ball placed over the site. Firm consistent pressure over the bleeding site for up to 15 minutes will stop bleeding. Keep the pack in place without disturbing or checking it. Contact your dentist if you have any bleeding from your nose or outside your mouth which may indicate a sinus involvement.
- If sutures are placed they will be expected to remain for about seven days. They are often made of a monofilament material that can remain prickly. You should not worry if a suture becomes loose or is displaced. If advised do not wear your denture until it has been modified and returned to you by the dentist

Specific Instructions For Implant Retained Restorations Placed Soon after Implant Placement

- When a restoration is placed very soon after implant placement, extra care must be taken. Normal function will only be possible once the implant is integrated, typically after three months. During this period the restoration will be primarily for improved appearance. It may also help the gums to heal around the restorations.
- Specifically you will not be able to eat a full range of foods that require a higher biting pressure, i.e. crusty bread, barbecued food, corn-on-the-cob. As the implant integrates into the bone a full range of foods will be possible. Initial restorations will be typically made from temporary materials and are not the same strength or appearance as permanent restorations.
- Check Implant abutments, temporaries and restorations each day for tightness by gently grasping with your fingers. If there is movement or a fracture contact the clinic as soon as possible. The gums will grow at a fantastic rate and may completely obscure the implant once an un-replaced restoration or temporary is lost, further surgery may then be necessary to replace the temporary.
- Continuing pain or movement of a restoration is a sign that all may not be well with an implant. The clinic should be contacted as soon as possible if this were to occur. Alternatively in these circumstances it is possible to contact the relevant dentist on the numbers given to you.