

Implant Surgery Pre and Post-Operative Instructions

1) 24 Hours Prior to Surgery

- a. Begin taking your prescribed antibiotic. This is very important to help reduce the chance of post-operative infection
- b. Get a good night's rest

2) After Surgery

- a. Ice /Cold Packs - It is very important to ice the surgical site. Apply the ice pack to face in 30 minute intervals on the first day to help combat swelling. The day after surgery, you should use warm, moist heat.
- b. Take your post-operative medications as directed
 - i. Antibiotics
 - ii. Mouth Rinse
 - iii. Medications for Discomfort
- c. Bleeding - It should be minimal and should be easily controlled with 20 min of constant finger pressure. If you continue to bleed for more than 30 min call immediately.
- d. Swelling - It generally does not develop for about 12 to 24 hours and may continue for 4-5 days, gradually reducing in size. If you having increasing swelling associated with pain after 4-5 days, please call our office right away.
- e. Discomfort - Take your post-operative pain medication as directed to control any post-operative discomfort.
- f. Loose Sutures - It is important to keep your tongue away from the sutures or "stitches" as much as possible. Sutures may become loose prior to your post-operative visit. This is not a cause for concern. It is best not to remove them yourself. We will be happy to see you to remove them..
- g. Loose Implant Components- If you feel that the implant seems loose, call our office immediately. Sometimes the healing abutment can come loose. This can have a negative effect on healing. This can happen any time during the healing period.

3) Hygiene/Removable Appliances/Diet

- a. You can use a toothbrush to lightly paint the surgical site with the prescribed antibiotic mouth rinse for the first week. Continue to brush the nonsurgical areas normally.
- b. Removable appliances or partials should only be used for esthetics in the first week and not to eat. **If the appliance does not fit after surgery, the appliance should not be worn.** We don't want the appliance traumatizing the healing implants. Adjustments to the appliance may be needed after the swelling has subsided.
- c. Diet- Soft food (pasta, eggs) - Avoid hard (apples, chips) foods until the sutures are removed. This is especially important for patients that have had soft tissue grafting. Don't use straws.

If you have any concerns not covered on this form or need any other assistance please call our office at (916) 929-5052.

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Informed Consent Discussion for Implant Placement

Patient Name: _____ Date _____

Implant placement and restoration involves two major stages: surgical placement of the implant(s) followed by the restoration (Crown or Bridge) of the implant after osseointegration (the bone grows around the implant) has occurred.

Dr. Szymanowski will be placing the implant(s) which is usually a one stage surgical procedure.

Dr. _____ will be completing the restorative phase and specific questions regarding the prostheses (customized restorations) will be answered during the informed consent discussion.

Almost anybody who is missing teeth can benefit from implant treatment. Those who are experiencing chewing problems and difficulty wearing a removable appliance can look to a restoration anchored to an implant as a possible treatment plan. Those who do not have a disease or condition that interferes with proper healing after implant surgery, i.e. uncontrolled diabetes or radiation/chemotherapy for treating cancer; and who have sufficient bone that is dense enough to secure the implants are possible candidates for an implant therapy.

Patient's
Initials
required

_____ I understand the importance of providing my complete medical history to the dentist(s) who are administering my implant treatment plan. I have reported any known medications, allergies, or prior reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.

_____ I understand that Dr. Szymanowski may decide to cancel the implant surgery once it is underway if I need supplemental bone grafts or other types of grafts to build up the ridge to allow placement, gum closure, and securing of the implant(s). It may even be discovered once the surgery is underway that I am not a candidate for implant treatment.

_____ Proper oral health with sufficient bone mass is required for a successful implant result.

_____ I may require root canals and crowns to be completed or retreated before implants are placed.

_____ I may require bone graft or tissue grafts before, during or after implants are placed.

_____ I understand that the crown on the implant will be placed by my dentist.

Alternative Treatment Plans to Implant Placement

Option 1: No Replacement of Missing Teeth

- _____ a. Risks, not limited to the following: Compromised aesthetics and possible drift of adjacent and/or opposing teeth into the space(s) with the resultant collapse of the arch integrity. I understand that if no treatment is elected an inability to place implants at a later date due to changes in oral or medical conditions could occur. A removable appliance is recommended to maintain the space and tooth positions.
- _____ b. Benefits, not limited to the following: No additional costs at this time.

- _____ c. Consequences if no treatment is administered, not limited to the following: I understand that I can choose to do nothing and my present complaints will continue and may worsen. Subsequent choices for repairs may become more difficult, expensive, or not feasible.

Options 2 & 3: Removable or Fixed Appliances

_____ Removable or fixed appliances without implants have been explained to me by Dr. Szymanowski as an alternative to implant supported restorations. The risks, benefits, and consequences of the two types of appliances were also explained to me and I understand them.

Implant Surgical Treatment

Facts for Consideration

_____ Dental implants are titanium anchors placed into the jawbone, underneath the gum tissue, to support artificial teeth where natural teeth are missing. When the bone attaches itself to the implant, these implants act as tooth root substitutes and form a foundation to stabilize artificial teeth.

_____ I understand that the placement of implants and the making of compatible prostheses are two separate treatments with separate expenses and separate risks and benefits.

_____ I understand that in order for the implants to be placed in my bone my gum tissue may be opened to expose the bone. Implants will be placed by threading them into holes made in the bone.

_____ I understand that healing of 3 to 6 months will be required prior to a restoration.

_____ I understand that I may require a second surgical procedure to expose the dental implant. The overlaying tissues will be opened at the appropriate time, and the stability of the implant will be tested. If the implant appears satisfactory, a healing abutment or cover will be connected to the implant. The restorative phase to create a prosthetic appliance or crown(s) can begin at about 4-6 weeks.

_____ I understand that no specific estimate can be made regarding the period for the longevity and retention of the implant.

_____ I understand if the implant(s) was (were) placed at the time of extraction that the provisional tooth or prosthesis should be stable and not move. If there is any movement of the prosthesis, Dr. Szymanowski should be contacted immediately.

_____ I agree to follow pre- and post-operative instructions.

_____ I understand that dentures or removable prostheses should not be able to be worn during the first one to two weeks of the healing phase. Dr. Szymanowski should be contacted immediately if the appliance is poor fitting or there is pain from the implant site.

_____ I understand that the practice of dentistry is not an exact science; no guarantees or assurances can be made regarding the outcome or the results of treatment or surgery.

_____ Short term effects after surgery: There may be normal side effects that my surgeon will instruct me how to handle at home, such as: swelling, stiffness of the jaw muscles, bruising, occasional bleeding or moderate pain for 24 to 48 hours.

Risks, Benefits and Alternatives

- _____ a. Risks not limited to the following: Though dental implant surgery has a high rate of success, like all surgeries, it carries with it the possibility of complications not limited to the following:
- swelling that worsens after 48 hours
 - discomfort
 - infection
 - permanent loss or alteration of nerve sensation from surgery or local anesthesia resulting in numbness or tingling sensation in the lip, tongue, cheek, chin, gums, or teeth
 - sinus complications
 - excessive or prolonged bleeding
 - jaw fracture
 - adjacent teeth, roots, fillings, or bridgework injuries or damages
 - bone loss around the implant
 - implant failure

_____ I understand that if any of the above occurs I must immediately contact Dr. Szymanowski.

- _____ b. Benefits, not limited to the following: Increased chewing efficiency and improved appearance are the most common benefits. The adjacent natural teeth are preserved intact.

- _____ c. Consequences of implants and prostheses in the mouth: I understand that smoking, chewing hard foods such as ice or hard candy, may result in damage to my implant(s) and can cause them to fail completely.

_____ I understand that an uncontrolled medical condition can compromise implant longevity.

_____ I understand that I must keep my implant(s) and prosthesis clean by daily maintenance, as well as regular checkups and cleanings. The implant health will be checked by Dr. Szymanowski at 1, 2, 5, and 10 years.

_____ I understand that in addition to the risks and complications associated with implants and prosthetics, certain complications may result from the use of anesthetics or sedatives. The risks, benefits, and alternatives regarding anesthesia have been explained to me, and I will disclose any allergies I have and/or any substances or medications I am taking because they may affect my response to the anesthetic.

I have had my questions answered to my satisfaction. I consent to have Dr. Szymanowski perform the oral surgery to place the necessary implant(s). I authorize this dentist to do whatever is deemed necessary and advisable under the circumstances; including not proceeding with the implant procedure once surgery is underway if I am not a candidate for implant treatment.

I refuse to give my consent for the proposed treatment(s) as described above and understand the potential consequences associated with this refusal.

Patient's Signature

Date

I attest that I have discussed the risks, benefits, consequences, and alternatives of implant surgery with _____ (patient's name), who has had the opportunity to ask questions, and I believe my patient understands what has been explained.

Dentist's Signature

Date

Witness' Signature

Date