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DIPLOMATES AMERICAN BOARD OF
ORAL AND MAXILLOFACIAL SURGERY

INFORMATION AND CONSENT FOR IMPLANT SURGERY

PURPOSE OF THIS FORM:

State law requires that all patients sign a consent prior to any treatment. In order to give your consent we feel strongly that you, as the patient, should be given as much information as possible concerning that treatment. This information should include the nature and purpose of treatment, the known risks associated with the treatment, and the possibility of any alternative treatments. We also feel that you should have and opportunity to ask questions and receive satisfactory answers to those questions. We are sending this form to you so that you can carefully read it at your leisure and discuss it with us when you return to the office. Because there are several pages contained in this form and we want to make sure that you read every pit of it, we ask you to sign the bottom of each page. Please bring this with you when you return for treatment. **WE CANNOT DO ANY SURGERY UNLESS YOU BRING THIS PAPER BACK WITH YOU TO THE OFFICE.**

NATURE AND PURPOSE OF THE PROCEDURE:

The purpose of implant surgery is to replace a missing tooth or teeth by means of inserting a man-made structure called an implant into the jawbone to serve as an accord for the dental prosthesis (crown, denture, or bridge).

The prosthesis is attached to the implants only after an appropriate healing time and during that time the patient generally wears a temporary prosthesis. It is important to understand that dental implantology is a relatively new procedure and although it is expected that they will last for many years, there can be no guarantee that they will last in any individual patient for any specific period of time.

Dr. Malouf and his assistants will be doing the surgical part of the treatment only. The surgeons will not complete the final prosthesis because that portion of treatment is the responsibility of the dentist that you have chosen to do the restorative dentistry. -

ALTERNATIVES TO A DENTAL IMPLANT:

There are alternatives to doing a dental implant including doing absolutely nothing at all. Sometimes it is possible to use a conventional prosthesis such as a bridge that connects two of your remaining teeth if they are present or if you are missing teeth, a full denture can be made. At other times, the patient can alter or augment the upper or lower jaw by means of vestibuloplasty (movement of muscle and cheek attachments), skin grafting, or bone grafting. There are obviously advantages and disadvantages to each of these procedures.

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NEED FOR ADDITIONAL TREATMENT:

In order to successfully complete implant surgery, the doctor may have to do other procedures depending on the individual case. These additional treatments may necessitate certain anesthetics (either local or general), as well as the performance of laboratory, radiological (x-ray), and other diagnostic procedures. Generally, it also includes the administration of certain medications such as antibiotics and medications for comfort. It might require the removal of excess of unhealthy bone or soft tissue in the area where the implants are placed, or it may mean the placement of hard tissue or soft tissue grafts around the site to give support to the implant. Other treatments would include such things as alterations of your present prosthesis or fabrication of surgical stents. The doctor will explain each of these things since they will be different for each patient.

DRUG AND ANESTHETIC COMPLICATIONS:

Anytime drugs of any sort, including anesthetic drugs, are used there can be allergies or reactions which can occur and may require treatment.

PROSTHETIC COMPLICATIONS:

Although the surgeons do not place the prosthetics on the implants, we feel it is important for the patient to understand there are certain limitations to the prosthesis that will be constructed by your dentist. A patient that has lost a tooth or teeth is essentially orally impaired and, although, dentists today can greatly help that person, it is impossible to bring things back to a completely normal state. Just as an artificial leg is a tremendous help to an amputee victim, it is certainly not as good as his own leg. We state this in this fashion because it is important to understand that anything man made can suffer mechanical failure, fracture, and would 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 risks of the implants, it is also important to explain what can happen if there is no implant placed. The following may occur:

- Progressive dissolving of the jawbone structure.
 - Increased difficulty wearing conventional dentures.
 - Increased loss of bone support of the face, lips 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

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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 through out the mouth and especially around the implant posts. We also know that smoking, alcohol, improper dietary practices and oral habits, such as, grinding, clenching and tongue thrusting may affect bone and gum healing and may limit the success of the implant prosthesis. It is essential that the patient follows home care and dietary instructions as prescribed.

It is also important that the patient return at regular intervals as specified by the doctor for inspection of the mouth and to maintain long term follow up care just as any patient should do 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 problems.

HARD TISSUE GRAFT:

The previous paragraph mentioned the possibility of using hard tissue grafts. This is so common we are including a paragraph specifically for that. Generally, when people lose teeth, they also lose bone and, indeed, this is one of the main problems that our patients have in attempting to successfully wear conventional dental prostheses. In the past, to replace lost bone, we had to take bone from the patient's hip or rib area, and occasionally still do. Obviously, this adds additional discomfort to the patient and we also know that the patients own bone will continue to shrink just as the patients jaw bone did. We now have several alternatives, including, hydroxylapatite (hereafter referred to as HA), which is a bone graft substitute. This is a ceramic material that as been designed to a similar configuration of natural bone and it has the ability to incorporate new patient bone into its structure. This greatly decreases the shrinkage later on. We also have freeze-dried bovine bone which has been prepared for bone grafting. It passes very rigid bacteriological quality control testing and has been sterilized and preserved by freeze drying.. Quite often we use mixtures of HA, freeze-dried bovine bone, and even some of the patient's own bone to take advantage of the different properties of each of the elements.

POSSIBILITY OF FAILURE:

Although we know from our own experience and from the experience of other surgeons throughout the world that are using these implants that we can achieve a certain percentage of success, we cannot accurately predict for an individual patient what that chance of success is because we cannot accurately predict the bone healing capability of any particular patient. We also recognize that an individual patient may not take proper care of their implant-after all, the reason they are seeking an implant is because they have

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lost their own natural tooth. Therefore, it is impossible to guarantee any implant for any specific patient.

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

RISKS AND COMPLICATIONS ASSOCIATED WITH DENTAL IMPLANTS:

With every type of surgery performed there can be expected postoperative sequelae. Sequelae common to implant surgery would include a certain amount of pain, swelling, bleeding, bruising, stiffness of facial and neck muscles, limited mouth opening and changes in bite, temporary numbness or unusual sensations of the cheeks, mouth, or jaw.

The preceding list can be expected but we also recognize that implant surgery, as all 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, cheek or teeth which may last for an indefinite period and may be permanent. Also possible are, injury to teeth if present, loss of bone, bone fractures, nasal or sinus penetration, chronic pain, bleeding and decreased ability to open the mouth.

If complication 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 that rejection of the implant would necessitate its removal at any time. Generally, if this happens it may be possible to insert another implant after a suitable healing period. If for some reason the doctor feels the implant is not acting properly, the implant would have to be removed, altered, or replaced as needed.

AUTHORIZATION OF THE USE OF DENTAL RECORDS:

During the course of treatment, photographs, x-rays and other information are often done in order to evaluate the healing process. Unless a patient has any objection, often the doctors wish to use these x-rays or pictures for educational purposes. If you have any questions about this, please bring it up at our discussion.

CONSENT:

Obviously this paper is quite comprehensive, but we truly 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 would wish to discuss any further with us

SIGNATURE (patient or guardian)_____

DIAGNOSIS:

I understand the diagnosis of my condition is:

I understand that the planned treatment is:

CONSENT FOR DENAL IMPLANT:

I hereby authorize and direct **Dr. Malouf** and his assistants to perform the above named treatment upon me or the person identified below as the patient for whom I am powered to consent to insert and implant(s) in my upper and or lower jaw.

I also state that I have been given and opportunity to ask questions and that my questions have been answered in a satisfactory manner.

Date: _____