



ETOBICOKE PERIODONTICS & IMPLANT CLINIC

INFORMED CONSENT FOR IMPLANT PLACEMENT

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PLEASE ASK IF YOU HAVE ANY QUESTIONS BEFORE SIGNING THIS DOCUMENT

PLACEMENT LOCATIONS AND AUXILLARY PROCEDURE:

1. IMPLANT SUCCESS. It has been explained to me that implants are not 100% successful and that there is no method to predict healing capabilities in each patient. I understand that the success or failure of my implant(s) will determine the final design of the restoration(s) placed in my mouth, and whether the restoration(s) will be permanently fixed to the implants or will be removable by me. I also understand that smoking may decrease the chances of implant success and that I must follow the home care instructions I am given at each stage of treatment.

2. TREATMENT. After an initial healing period of 3 to 4 months following implant placement, a second surgical procedure may need to be performed to expose the implants and attach extensions onto them called abutments. The prosthodontic (restorative) phase of my treatment will take place over a series of several appointments after the second stage surgery. (If applicable, I understand that I will have to avoid wearing my denture(s) for 1-2 weeks after implants are first placed and then use them carefully for several weeks until healing is complete).

I consent to photographic or video recording of any aspect of my implant treatment or follow-up care and I understand that these records may be used in dental publications and seminars for scientific purposes and to document the progress of my care.

3. ALTERNATIVES TO IMPLANTS. I have considered the following alternatives to implant treatment:

- 1) No treatment.

- 2) Construction of conventional complete or partial denture(s).
- 3) Tooth replacement with conventional bridgework using my remaining teeth (if possible)

4. RISKS OF IMPLANT TREATMENT. I have been informed and I understand that the risks of no treatment include, but are not limited to, continuing use of removable complete or partial dentures with associated potential for discomfort and shrinkage of the jawbones which would necessitate periodic relining or remaking of the denture(s); periodontal disease and/or infection which could lead to the loss of teeth if not treated; and tooth decay, which could also lead to the loss of teeth if not treated.

I understand that surgical risks include, but are not limited to, pain, swelling, bruising, infection, bleeding, injury to teeth present, adverse drug reactions, discomfort, damage (temporary or permanent) to the nerve that gives feeling to the lower lip which could result in numbness or tingling or other sensations in the lower lip, bone fracture, jaw joint injury, delayed healing, injury to the sinus, ongoing risk of jaw fracture after final restorations are placed in very thin jaws, or loss of one or more implants.

I also understand that my body may react adversely to the stress of a surgical procedure, with cardiac arrest being the most serious, but remote, possibility.

I understand that prosthodontic risks include, but are not limited to, failure of an implant (may be immediate or delayed), fracture of the restoration(s) and/or implant components, wear of the restoration requiring remake, difficulties with speech and/or chewing, compromised esthetic or functional outcome as a result of implant loss or less than ideal angulation or position of the implant(s). Unusual angulation or positioning of the implants may necessitate either more complex and therefore, more expensive, prosthodontic treatment than what has been planned or, possibly, result in one or more of the implants not being used to retain the prosthesis.

I understand that failing implants would require surgical removal and may require additional prosthodontic procedures or the subsequent placement of additional implant(s).

5. NO GUARANTEE. No guarantee or warranty has been made to me that the proposed implant treatment will be 100% successful or that the final restoration(s) will be totally successful from a functional or appearance standpoint.

I understand that no medical or dental treatment is totally predictable and that this includes treatment with dental implants. I understand that because of unknown or unforeseen factors, further surgical or prosthodontic procedures beyond those described to me might be necessary and that the final fee for treatment may therefore be different from the estimate I have been given.

I also understand that the long-term success of my proposed implant treatment requires that I perform the necessary hygiene procedures as directed and that I return for scheduled follow-up and recall appointments. I understand that there will be additional ongoing fees for these required procedures to maintain the health and function of my implant restoration(s).

6. RETREATMENT. I understand that, provided I have attended for prescribed follow-up appointments and followed the home care instructions given to me following placement of implants,

any retreatment which is considered appropriate by Dr. Chang due to implant or prosthodontic

failure within 2 years of placement will be handled at the Etobicoke Periodontics and Implant Clinic as follows:

- **I will NOT be charged for clinical services fee to replace the same number of implants and/or repair or replace the same type of prosthesis (only if the prosthesis is made by Dr. Chang)**
- **If a different dentist/denturist place a prosthesis (crowns, bridges, or dentures) – “the 2-year no fee surgical replacement” will be voided**
- **I will still have to pay for components and laboratory costs, and I will be given an estimate of the anticipated charges before retreatment begins.**

I understand that this does not constitute a warranty but rather a statement of services, and that failure to attend prescribed follow-up appointments or to follow home care instructions following placement of the implant prosthesis means that I will assume all costs for any retreatment required.

I will also assume all costs for any necessary retreatment due to implant or prosthodontic failure that occurs beyond this initial two-year period. I further understand that this statement of services applies only to treatment provided at the Etobicoke Periodontics and Implant Clinic and does not apply should I pursue treatment elsewhere.

7. SUMMARY. To my knowledge, I have given an accurate report of my physical and mental health history and current condition. I have reported any allergies, illnesses, diseases, and any other considerations related to my health.

I read and understand English and I have read and understand all of the foregoing information.

I have had the opportunity to read this form, ask questions, and have my questions answered to my satisfaction. I hereby consent to the surgical and prosthodontic procedures for placing and restoring my implant(s).

By signing below, I acknowledge that I have read the entire completed Informed Consent form and agree that the responses recorded are a true and accurate representation of my responses.

By signing below, I authorize the Etobicoke Periodontics and Implant Clinic to perform the treatment(s) set out in this Informed Consent form.

DATE:

PATIENT NAME:

SIGNATURE

POST OPERATIVE INSTRUCTIONS FOLLOWING IMPLANT SURGERY

1. Following periodontal surgery, you are likely to experience discomfort as the local anesthetic wears off. Please take the **pain relief medication** as prescribed.
2. Immediately following your operation, you should apply an **ice pack** to the surgical side of your face at 10-15-minute intervals for the first 24 hours. Afterwards, 15 min in every hour will help healing uneventfully.
3. **Abstaining from smoking** for 6 weeks following surgery will dramatically improve healing, post-operative convalescence and improve your surgical result. Smoking exerts profound negative effects on tooth survivability!
4. Please limit yourself to a **soft diet** initially and avoid hot foods for 2 weeks. As healing progresses, you may then eat any non-irritating foods.
5. For a few hours after you leave the office, you may notice that your saliva is slightly pink in color.
6. The day of surgery please **avoid**:
 - Smoking
 - Sucking on the area
 - Excessively hot drinks
 - Alcohol for 48 hours
 - Do not use a straw (suction) as this may stimulate bleeding
7. The periodontal dressing, if placed, should not be disturbed. If the dressing falls off after the first 24 hours this is not a cause for concern. Simply continue with the post-operative protocol as recommended.
8. **Absolutely NO brush the surgical site for 2 weeks after surgery.** After 2 weeks, you may gently and carefully brush only the top portion of the teeth (NEVER gum area). Also, you can use a cotton tip dipping into the chlorhexidine rinse (if prescribed) or warm salt water and gently clean the teeth surface and where the gum meets the teeth minimally.
9. The roots of the teeth were uncovered during surgery. You may experience temporary sensitivity to hot and cold, to tooth brushing and to certain foods. Should these symptoms

develop, please notify our office so that and a desensitizing treatment can be arranged and/or desensitizing medications prescribed.

Once the sutures are removed, it is essential to keep the surgical site clean with very gently brushing with soft-bristle brush. Bacterial plaque if allowed to remain on your teeth and gums will increase your sensitivity and the risk of developing infection. Failure to adhere to the recommended oral hygiene regime may cause your sensitivity to worsen rather than improve.

10. If a Chlorhexidine rinse (Peridex®) has been prescribed, rinse or swab the surgical site 3 times daily in the morning, midday and evening for 2 weeks following surgery.
10. The teeth in the area of the surgery may seem looser initially. Once complete healing is achieved, mobility should return to pre-surgical levels. Try to ignore the feeling of looseness and avoid developing the habit of moving the loose teeth with your tongue, fingers or gritting or grinding your teeth. It is possible to cause further loosening of your teeth with such habits.

Should any issues or concerns arise, please call the office.
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