Appointment Summary for Implant Procedures

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In all phases of Implant Dentistry, it is important that dentist-patient communication remains fluent. This document was designed to answer some of the questions you may have about implants.

Phase I – Preoperative Treatment Planning

It may be necessary to take x-ray images and study models of your teeth to analyze the anatomy of the bone and the surrounding tissues. This helps us to carefully plan optimum implant placement. Once treatment has been proposed, a document of consent will be explained to the patient and signed in the presence of a witness. At this time, prescriptions for medications may be dispensed including: analgesics to minimize post operation discomfort, antibiotics for protective coverage during bone healing, and anti-anxiety medication if needed –(transportation and consent form required if anxiety-reducing medication is used).

Phase II—Implant surgery

Appointment one—Surgical Placement of implant body

Bone grafting material may be needed with the inclusion of a barrier membrane for proper tissue mending and anchorage of the implant. In some instances, this can only be determined at the time of surgery. An antiseptic rinse will be provided.

Post Operative Follow up— Monitoring the healing of gum tissue, Suture removal, retrieval of barrier membrane (if used for Regeneration 2-3 weeks post-surgery), adjustments/ reline to partials or dentures (if applicable).

Phase III—Healing

(The fusion of the implant body-- "a titanium root"-- to the bone)

This process requires a variable amount of time which may range from 4 months to beyond 6 months. Factors which determine the healing time include: the

density of bone, stabilization of the implant, grafting, patient's individual healing response, etc. A typical healing time is 4 months, and in rare instances, an implant may be loaded to function immediately after being placed. During healing, the implant may be capped with a polished metal cuff that emerges through the gumline called a healing collar. Also, it may be decided to leave the implant covered by the gumline; thus, requiring exposure at a later date to connect with the implant (this involves a very minor and painless 2nd surgery to access the implant).

Special care may be needed to manage the healing of implants placed in the "smile profile" area of the mouth which is cosmetic and highly visible. In some instances, a temporary acrylic partial may be needed to fill a "tooth" into unsightly voids, and to aid in stable healing of the neighboring teeth and gum tissues. Esthetic expectations must be realistic, due to the fact that implants will have a narrower base than natural teeth, and gum tissue and bone contours around neighboring teeth may shrink during healing. All efforts will be made to yield a tooth replacement that looks natural and has ideal function.

Phase IV---Restoration

Designing and attaching the post (Abutment) and tooth (Crown) to the root (Implant).

After healing is complete, it will be time to take an impression mould of the mouth, so that a laboratory can design the final tooth restoration. An abutment will be connected into the implant, and the final crown will be cemented after evaluation of proper form and fit. In special cases, it may be necessary for the lab to create a customized abutment to meet esthetic demands or in cases of challenging bite angles. Customized cases require additional work and materials and yield a higher fee from the laboratory. Cases where this becomes relevant include the desire for white, transparent natural-looking front teeth on implants, or cases where the bone grows at an angle, and the implant is slanted to emerge at an odd angle.

Our consultation process is arranged to predict as best as possible what treatment options best match the patient's needs. Afterwards, options can be presented properly.