

GENERAL INFORMATION REGARDING IMPLANTS

This information is written as a guide to patients of our Practice. Specific information/instructions will be given individually when required during appointments.

What are implants?

Missing teeth can often be replaced by implants. Implants act like roots of teeth. After they have been fitted and have healed in place, dentures or crowns may be attached to them. When dentures are held in place by implants they do not slip around. If crowns are fitted on implants they act like normal teeth.

There are various types of implants, however, the most commonly placed throughout the world are often described as root-form or endosseous implants. These generally have a cylindrical form and may be threaded on the outer surface to assist placement. Other designs such as blades or subperiosteal whilst in use by some practitioners are not the focus of this information. The success and rapid growth in popularity of the root-form implant is largely due to its predictable behaviour when trying to achieve a rigid fixation with the surrounding bone and the maintenance of this state throughout many years of function.

Implants can only be placed if there is enough bone present in the jaw. When teeth are lost the bone around the teeth gradually disappears. If too much bone has been lost it is sometimes possible to grow bone in its place.

What are the alternatives?

For people who have **NO** remaining teeth the alternatives are:

- Complete dentures
- Implants which secure their dentures in place
- Implants which support crowns and bridges

For people who have **SOME** of their own teeth the alternatives are:

- Crowns and bridges supported by implants and/or teeth
- Partial dentures secured by implants and/or teeth
- Partial dentures supported by teeth
- Bridges supported by teeth

The initial evaluation and additional diagnostic material

To Plan the most suitable treatment certain information is helpful – for example photographs, x-rays, models of your teeth and jaws. In some circumstances, a more comprehensive Three-dimensional x-ray evaluation using a CT Scan may be requested to give greater detail of the shape of your jaws.

What is a CT Scan?

The conventional x-ray views most familiar to patients are only 2-dimensional and subject to varying degrees of distortion and inaccuracy. Where important anatomical structures must be avoided, the information they provide may therefore be inadequate. The CT scan in contrast can provide life-sized 3-d information of all regions of the upper and/or lower jaw from which precise measurements can be taken for pre-operative treatment planning. In some cases the CT scan may also be used to evaluate the results of bone grafting procedures prior to placing implants.

*Sometimes
Treatment
is needed
before you
are ready for
Implants.*

Having a healthy mouth

Implants survive best in a healthy environment. Any tooth decay or gum problems need to be corrected before implants are placed to give the best chance of success.

Gum Health: This may involve the use of special brushing methods, flossing, tooth picks and small "bottle" brushes. Some gum treatment may be necessary. We will require you to see the hygienist some days before implant placement to ensure that your oral health/hygiene is at optimum level.

Removal of Unsavable Teeth: Despite advances in modern dentistry, some teeth may have reached a stage when no treatment can save them. It is often better to remove them at an early stage, particularly if you are thinking of having implants so as to prevent further bone loss.

*Treatment or
Removal of all
Pre-existing
Oral infection
wherever
possible*

Treatment of existing or potential oral infections

The success of implant therapy can be seriously affected by infections resulting from failed gum or root canal treatments or untreated gum disease or nerve problems in sites adjacent to implants. Long-standing infections of the soft tissues beneath dentures can also adversely affect healing at the various surgical stages. Your treatment may be delayed whilst these areas are resolved.

Although gum infections arising in opposite jaws have no clearly proven link with problems around implants, there is at least the theoretical risk of bacterial transmission, therefore for the meantime it would be considered prudent to assume that there is a risk. Your mouth should be treated as a whole and not simply as unrelated regions.

How many implants?

As a general principle, as many implants as possible should be used. This allows the stresses of biting to be spread over the maximum number of implants, thus diminishing the load on each particular one.

*Some
people find
it more
convenient
to proceed
in stages*

Upgrading

It is sometimes possible to have two or three implants placed, use them for a while and some time later, add more implants to improve the treatment plan. This is not an approach which is feasible in all situations and is probably most suited for treatment of the lower jaw where no teeth are present.

An example of this might be the patient with no teeth in the lower jaw who has two or more implants placed in the first instance. By stabilising their denture using the implants, it can be held more firmly in place. Later on, if they have sufficient bone, more implants can be added and eventually fixed-teeth placed on the implants eliminating the denture altogether. A number of the implant systems available today could support this approach; however the feasibility of upgrading should be confirmed by all parties rather than assumed.

*Before and
After
Implants
are placed*

What is it like having implants fitted?

Generally speaking, having implants fitted is not at all painful. For apprehensive patients, a sedation can be given making the procedure quite comfortable.

What is it like after having the implants placed?

The after-effects of having implants placed are usually mild and may include slight bruising, dull ache, and swelling, the amount of which will vary dependent upon the number of implants placed and the difficulty of the surgical procedures.

When choosing a date for implant placement avoid significant social engagements and work commitments for at least a week after. This is just to be on the safe side. Taking time off work is not usually necessary.

Creating

more bone

Additional procedures before implant placement

It is a natural phenomenon that after teeth have been removed the bone that once supported them slowly resorbs away. This occurs faster when prolonged gum problems have been present or poorly fitting dentures are being worn. The result is that there is sometimes not enough bone to support implants.

When there is not enough bone present, it may be necessary to create new bone to fill in missing areas allowing implants to be fitted. A variety of techniques are available to do this and these are referred to as “**bone grafting**”.

The bone used in these situations may be specially treated donor material from a ‘Bone Bank’, a synthetic or animal derived (bovine or porcine) substitute, or taken from areas in the mouth where there is some spare. In special cases where larger amounts of bone are needed it is possible to move bone from other places such as the hip or shin to the deficient area of the mouth. The area from which the bone is taken will regrow.

Bone-grafting

and duration

of implant

treatment

Where the clinical conditions indicate that bone grafting is required to increase the amount of bone into which implants are placed it will generally increase the time taken to complete treatment. Under routine circumstances where no bone grafting is required the implants are commonly ready to begin functioning between 3 and 6 months later. If the bone grafting can be undertaken at the same time that implants are placed, treatment is more likely to take 6 weeks – 12 months. Where implant placement must be delayed until after maturation of the bone graft, overall treatment may take 12 to 18 months.

Guided tissue

Regeneration

A technique called ‘**guided tissue regeneration**’ has also shown considerable success where the amount of bone at the intended implant site is less than ideal.

When a tooth is removed a hole in the gum and bone remains for the first few weeks. Anyone who has lost a tooth or had an extraction knows that this generally heals uneventfully, and eventually you cannot tell where the tooth was. The basic principle behind ‘guided tissue regeneration’ is that placing a special membrane over the extraction socket creates a layer above which the fast growing soft tissue cells are prevented from entering the bony socket. This allows bone cells present beneath the membrane the extra time they need to fill the socket without competition from soft tissues to occupy the same space.

The purpose

of sinus

augmentation

Sinus Augmentation

It is very common to find that the softer bone in the area above the upper back teeth (molars and sometimes premolars) is very shallow and not suitable for normal implant procedures. To solve this problem a procedure known as a ‘sinus augmentation’ or ‘sinus lift’ was developed.

Bone may be successfully grown in the sinus spaces above your upper back teeth allowing implants to be placed. Specially treated donor bone from a ‘Bone Bank’, synthetic bone substitutes, or bone from other areas of the

mouth or body is placed into these empty areas. Over a period of time this is replaced by new bone thus providing a bed into which implants can be fixed.

Implant

If the amount of bone overlying the sinus is adequate, some surgeons prefer to place the

Placement and

implants at the same time as the grafting procedures. Whatever type of bone is added to the

Bone grafting

sinus it must be left to mature before implants are placed or brought into function. If the implants are placed as a secondary procedure, (depending on the amount of bone being grown and the nature of the graft material used), they can be inserted after four to nine months before a denture or crown and bridgework is fitted. However, all bone grafting is unique to each individual and this information is for guidance only.

Additional

Additional procedures at the time of implant placement

Despite the thoroughness of the planning, extra procedures may be required during treatment

Procedures

to produce the best results. It is important that in this event you accept that appropriate alternative treatment is performed at the time of treatment although it may be different to that already planned.

Fee

During treatment fees may vary due to:

Variations

- Alternative procedures required due to changes in the treatment plan.
- New treatments becoming available in the course of your treatment.
- Treatment extending over a longer period of time than expected.

If for some reason it is not possible to proceed with the planned procedure at the treatment appointment, the time spent will be charged at the normal hourly rate. An alternative treatment may be performed if considered appropriate.

Bone loss

After implant placement

Sometimes bone may be lost around an implant. There are techniques available to treat

After

these problems if the cause can be identified. In some situations however, progressive bone

Implant

loss might result in the loss of the implant.

Placement

New Advances

New

Implantology is a rapidly advancing science. We may take advantage of some of the new

techniques

procedures of materials as they become available if they promise to significantly improve

and materials

the outcome. Alterations to your original plan may therefore be made during your treatment.

How long does the treatment take to complete?

This depends on the complexity of the treatment. Initially there is a treatment planning stage

How long	which may last a month or so. Then there may be some time spent on such preparatory
does treatment take?	procedures as improving gum health, removing any unsavable teeth and growing bone. This may take anything from a few weeks to many months.
	After the implants are placed they are left to settle in place from six weeks to six months. The final fitting of crowns or bridges or the attaching of dentures to the implants take a month or two. The time depends on your individual situation.
	Special medication will be prescribed for you to help healing and produce minimal discomfort. To gain the most benefit please follow the instructions given.
	Do not rush your treatment It is important that neither the patient nor the implant provider attempt to rush the treatment or to try to advance the various stages faster than the time required for complete healing and maturation of bone and soft-tissues. Even treatment that is well planned and executed can fail as a result of moving too quickly from stage to stage. If you do not have the time available, then it may be more sensible to consider conventional forms of dentistry which can be completed more rapidly.
Respect Nature	Your implant provider may suggest that procedures to grow bone are undertaken separately from placing the implants, even though under certain conditions it is possible to combine these stages.
Wearing Dentures	Precautions for denture wearers Denture wearers may require their to be modified or be asked to leave them out for a period of time to prevent them resting on newly placed implants. During settling-in stages, metal framework dentures may need to be replaced with a plastic set as they are adjustable. The fitting surface can then be altered when the implants are placed.
Immediately After surgery?	
	Reporting problems and queries If anything arises that you are concerned about telephone immediately. Usually there is nothing to worry about, but no matter how apparently trivial, it is always better to check.
	The finished teeth - Aftercare Unlike teeth, implants cannot get tooth decay. However, like teeth, they can suffer from gum problems. Teeth with untreated gum problems can become loose and be lost. This is also true of implants. You must continue with hygienist care (8-12 weekly).
	Thorough daily cleaning is as important with implants as it is with teeth.
Routine	Follow-Up Appointments and Regular Check Ups To ensure that any problems are detected early, regular maintenance check ups are

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Maintenance

advisable. Problems are more easily treated if detected early. Check ups may be recommended three, four or six monthly. In most cases review appointments will be more frequent during the first year that the implants are in function. **Regular check ups are every bit as important as they are with natural teeth, if not more so!**

Regular visits to the hygienist (8-12) weekly are recommended.

Problems

to natural teeth. **That can**

Arise

Some examples of problems that can arise

Porcelain crowns attached to implants can break as they can when attached to natural teeth. However, removal of crowns from implants for repair is usually easier than from natural

teeth. Implant supported bridges that become loose should be re-tightened immediately to reduce the likelihood of further unnecessary damage.

Should it be discovered during a routine maintenance visit that an implant has failed or is failing, appropriate remedial action will be planned accordingly. Implants that become loose will not retighten and should be removed at the earliest opportunity. Should you notice any areas of soreness, discharging or pain on chewing nearby any implant or tooth you must immediately report this to the dentist responsible for your maintenance.

Implant

of them. **success and**

longer today as awareness of the need for looking **to long term** accepted. However, there would not be a need for implants if **maintenance?**

Successful Treatment

Success depends on your body's reaction to implants and your personal care of them. Implants can fail due to gum disease just as teeth do. Success is constantly improving due to **your commitment** improved techniques. Natural teeth last after them becomes more teeth were totally successful.

“Success rates for implants now compare very favourably with all other forms of dentistry”

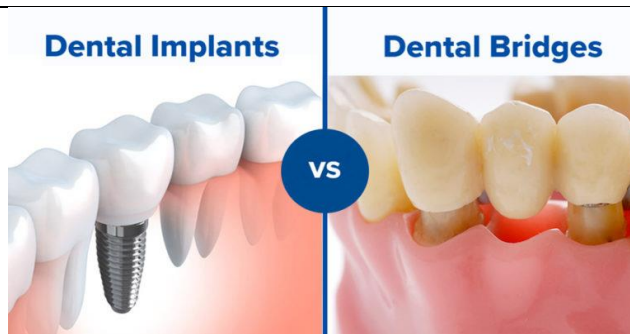
For success notes refer to our leaflet “Guide to Survival of Restorations”.

Smoking and Alcohol Consumption

Both smoking and heavy alcohol consumption reduce the survival of implants (and teeth). If you think that either of these two habits could be a problem for you and your implants, it may be advisable to avoid this form of dental treatment or accept the higher risk of implant failure.

We hope we have answered many of your questions. If you need any further information, please ask Dr Vasant or his staff at your appointment. Additional and specific information will also be given out to you during your appointments

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Further resources:
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