

Dental Implant Care Guide

Implant placement

The implant placement is a surgical procedure carried out under local anaesthesia. Sedation can also be arranged if you wish if you are anxious about any aspect of the treatment. Please let me know in advance of the surgery so that I can arrange sedation for you. There is a charge for the sedation if you request it.

I will access the implant placement sites by numbing the area fully and making a cut in the gum then use some small drills to create a hole for the implants. I then place the implants into the holes then your gum will be closed using fine sutures. In some situations, it is necessary to use a bone mineral material to replace deficient bone around the implant.

There should be no pain whatsoever during the implant surgery.

You can expect some discomfort for a few days following surgery and this is minimised with the prescribed analgesics. I usually prescribe mouthwash, painkillers and sometimes antibiotics for 1 week following the procedure to help minimise discomfort and the chance of infection.

If you have an objection to the use of any animal derived products, please inform me beforehand to ensure that we have the alternative products available. If you do not voice any concerns, I will assume that you are happy with the products that I choose to use.

Although healing is usually uneventful, we strongly recommend that you do not book this stage immediately prior to going on holiday or just before a special occasion as discomfort, bruising and swelling which will last for several days is common.

Removal of stitches

This is carried out 7-14 days after surgery and only takes a few minutes. In general, there is no need for local anaesthetic during suture removal as it is a quick, simple and painless procedure. If you are unable to attend for this, the stitches will dissolve on their own, but this takes around 4 weeks and they can be a nuisance during that time.

Second stage care

After a period of around 2-4 months, your implants will be ready to restore. However, they may initially need to be exposed if your gum has healed over the top of it. This is a simple procedure carried out under local anaesthetic where a small cut is made in the gum over the implant and an elongated metal cylinder called a healing abutment is screwed onto the implant and allowed to protrude slightly out of the gum. Your gum will then heal around this. The procedure usually only takes 15-30 minutes and there is usually minimal discomfort afterwards.

In many cases now I bypass this stage by fitting the healing abutment at the time of implant placement as long as the bone is solid enough to allow this.

Impression or scan of the fixtures

The final impression of the implants is taken 2-4 weeks after exposing them. This is a very simple procedure, which can usually be done without any local anaesthetic. In the case of large span or full jaw bridges, there will be additional stages where secondary impressions and bite records are taken to ensure that the final work is the ideal shape and size to replace



the missing teeth. We may use either conventional impression materials or an optical scanner depending upon the size of the final bridge.

Design of the bridge

In the case of full jaw bridges, the design will vary according to the shape and volume of bone / gum present. If there is a generous amount of bone / gum volume, it may be possible to fit a bridge that just consists of teeth being replaced. If there is a deficiency of bone / gum volume, then it may be necessary to replace some of the 'pink' by building up the bridge with false gum. If this is necessary, the gum is integral to the bridge and would be made to be cleansable and aesthetic.

In cases where a lot of teeth have to be removed as part of the treatment, we may need to wait for healing and remodelling of the jawbone before deciding if the bridge design requires any pink portion.

In all cases the bridge is designed to be cleansable with an electric or manual toothbrush as well as interdental brushes such as TePe and it is essential for long term success that this is carried out twice daily. Failure to adequately clean the bridge may result in gum infections and bone loss as it would if natural teeth were neglected.

Pain and discomfort related to treatment

During the procedure itself you should not experience any pain at all as I use very effective local anaesthetics to numb the area being worked on which are the same that would be used for extracting a tooth. Post operative pain is related to how invasive the procedure is so we would expect discomfort to be greater for say 4, 5 or 6 implants compared to one or two. Some patients however experience more pain afterwards than others and this may be due to lower pain thresholds or simply just a different response to the procedure. For this reason, I strongly advise that you take painkillers as a matter of course for the first few days regardless.

I provide Ibuprofen or paracetamol to be taken immediately before the surgical procedure and this carries on working for several hours afterwards. In the care pack that you will be given there is more Ibuprofen or paracetamol if needed. Most patients report that one or two tablets are needed for the day of treatment and for up to a week afterwards in the case of multiple implants.

Immediate post-operative care

Plan the implant placement so that you are not going on holiday or have any special occasions immediately afterwards in case you have some swelling or bruising visible. I suggest that you also plan to eat soft foods for 3-4 days afterwards to ensure that the stitches are not disturbed during the very important initial healing time. I suggest that you avoid alcohol and Aspirin for 24 hours afterwards as this can lead to bleeding or bruising.

Risks and potential problems

It must be remembered that dental implants carry the one of the highest success rates of dental treatment and having been around for over 50 years they have been very well researched, so we know how well they last long term.

As with all medical treatments there can be problems but in the case of dental implants these are very unlikely although it is important that you understand potential problems.

Surgical Complications:

1. Pain, swelling and bruising may occur after surgery and this normally lasts for approximately one week.
2. Sutures will have to be placed during surgery and these may or may not be dissolving stitches. If these are not dissolving stitches then they will require to be removed approximately one to two weeks following surgery.
3. It may be difficult opening your mouth and eating in this area for up to one week.
4. You may be unable to wear a denture in the area for at least one week.
5. Failure of the implant placement is possible and if this occurs we are normally able to replace the implant in a relatively short period of time. This will however lead to an increase in treatment time.
6. In general a very high number of implant placements are successful. In a very small percentage of implants which fail to integrate appropriately the implant may have to be removed and await subsequent surgery. If this occurs, generally another implant can be placed in a short period of time and this will not affect the overall chances of the implant being successful, rarely can an implant not be replaced.
7. Surgical implant cases are extensively planned in order to predict the outcome of the surgery in the best possible way. Rarely, during the surgical procedure, we become aware that an implant or implants are unable to be placed despite the thorough planning that has been undertaken. In the rare cases where this occurs, patients do not suffer any detriment as a result of the surgery and are merely closed back together with stitches and have a mild discomfort for a few days following surgery. If this were to occur in your case, this would be explained exhaustively following surgery and any further alternatives would be discussed.
8. You will be required to attend for at least yearly review appointments at the practice to ensure that the implants are in a satisfactory situation and generally these appointments will include an x-ray examination. The frequency of these will be determined by individual levels of disease risk.
9. Numbness of the lower lip and / or side of the tongue on the side of the operation is possible where lower teeth are placed. This is due to the close proximity of a nerve supplying this area and is almost always temporary. In a few cases it may become a permanent problem but for more information on this please discuss your concerns with us.
10. On occasions following implant surgery, the healing process can lead to recession and shrinkage of the gum around the teeth adjacent to the implant site(s) and the gum overlying the implant site(s). The potential discrepancy in the gum margins is also related to the shape and quality of the gum and bone prior to implant treatment. As a result, the implant restoration(s) may appear longer at the neck than the adjacent teeth and there might be loss of the pink gum projections between teeth. This might be visible if you show your gum margins on smiling and if this is at the front of your mouth. Corrective measures can be provided to reduce the impact of this occasional complication.

11. Patients with gum disease are more at risk of implant failure and it is vital to maintain gum health on an on-going basis. Regular visits to your practice to see a dentist and hygienist are essential to avoid possible future complications. The number of visits required will be based on each individual patient's dental disease risk profile.

It is advisable to use Corsodyl four times a day for the day prior to your implant surgery, the day of surgery and for approximately 5 days after surgery as this enables you to disinfect your mouth to the best of your ability, to increase the chances of success.

Loose screws / healing covers

A healing cover is placed onto a dental implant and is there to allow the gum to heal in a shape ready for the final crown. Occasionally these covers can become loose or even unscrew themselves. If this happens DON'T PANIC! It is not a serious problem and will not adversely affect the treatment. Simply call the clinic and book in to have the cover re-fitted but ensure that you brush and clean the area thoroughly whilst awaiting your appointment. This happens in around 1% of implants placed.

Lost Screw Cover Plugs

If the bridge is 'screw retained' rather than a cemented one, a tooth-coloured plug of filling material will hide each screw hole. Very occasionally a plug may be lost, and this may occur if eating a very sticky toffee for example. If this happens, don't panic, it will NOT cause any damage to the implant bridge at all. You simply need to call the practice to have a new plug fitted and this will be done at no cost as part of our guarantee.

Tooth (Prosthetic) Complications

This is a relatively complex procedure and certain problems, although very rare, can arise.

1. Porcelain on crowns and bridgework may fracture.
2. Screws attaching the teeth to the implant may fracture.
3. Perfect colour matching, although very good, may not always be possible where single teeth are placed. To improve the match other teeth may need to be veneered or crowned.
4. Where there is extensive bone loss it can result in longer teeth extending up or down from the gum level. This is only an issue where it shows on smiling but often where the lip hides the longer teeth, it is not an issue. Pink gum like porcelain can be used but this can often be a poor colour match and longer white porcelain teeth can provide a better result. Sadly, when the bone has disappeared vertically we cannot rebuild it and it leaves us with limited options.
5. Bridges will not feel the same as your own natural teeth. They are replacements and will look and act similar but will not be the same. They are joined and need a framework for them to be attached to.
6. Overdentures will need attachments replacing every 12 – 18 months at your own costs.
7. Dentures will require replacement at 7 – 10 years.
8. Crowns have a life span of approximately 10 years at the front and 15 years at the back before replacement (similar to bridgework).



Failure

A dental implant can fail however this occurs in less than 4% of cases nationally and my personal failure rate is below 1%. If an implant fixture fails to integrate with the bone we will usually be able to spot this on an x-ray before the final work is fitted on top. If this happens, the implant is simply removed and then replaced after a few weeks of healing. In general failure is due to poor healing such as in the case of diabetics and heavy smokers however it can occur for unknown reasons in healthy individuals. As I have such a low failure rate, I am happy to provide a replacement implant at no additional cost in non-smokers.

Future bone loss or gum problems

Dental implants act like teeth to stabilize the bone and provide long-term bone health. In some situations, there can be future bone loss and generally this is linked to patients not looking after the implants. Dental implants just like teeth need daily cleaning and brushing. In the case of implant bridgework, the use of a Waterpik or bridge Superfloss helps clean in between the bridge teeth. Although dental implants cannot suffer tooth decay, the gums can become inflamed if not cared for properly.

Peri-implantitis

This is a condition with similarities to the gum disease that occurs around natural teeth and has similar risk factors. There has been knowledge of this disease for over 15 years and currently lots of research is happening to identify ways to eliminate it. It is now well recognised that patients with existing gum disease on their natural teeth are at a very high risk of developing peri-implantitis, but it may not show for some time. For this reason, part of the decision whether implants are offered will be based upon a screening for gum disease. I choose not to place implants in anyone with poor oral hygiene or with pre-existing gum disease that doesn't respond to treatment.

If I notice gum disease in a patient, I will refer them to have this treated, typically by a dental hygienist. If the gum disease is treated and the patient is willing to have long-term prevention, then I may offer implant care. The major risk factors for peri-implantitis are pre-existing gum disease, smoking and poor oral hygiene all of which can be addressed by the patient if they are sufficiently motivated. As peri-implantitis is a patient factor and can occur due to poor implant care I do not offer any guarantee against it occurring but would be able to provide treatment should it occur.

Bite problems

There should not be any problems with the bite being affected when dental implants are placed as I carefully check that the bite is correct during all stages. If a new implant tooth, bridge or denture feels awkward in the bite it should be checked and if necessary adjusted by me. You would know if this were the case early on and after simple adjustments there should never be problems with the bite.

Ongoing Care and Maintenance

To ensure that your implant lasts long-term, it is essential that you have regular review appointments and serial x-rays to check the bone levels around the implant fixture(s) and spot any issues early so that they can be remedied. You will need an annual implant review on or around the anniversary of when your implant treatment was completed. There will be



an examination fee for this which would normally include any review x-rays required at the time. It is also important to maintain optimum oral hygiene around your implant(s) and we advise at least annual hygienist visits (or more frequently if you are at high risk of gum disease). Failure to do so could result in gum infections and bone loss or even failure of the dental implants.

Hygiene Maintenance Phase

Implant success means high level of home oral hygiene and professional maintenance. Failure to follow this can lead to problems with your implant and the cost to repair. This is bespoke package tailored for each individual. This will be re-evaluated at each appointment to provide and maintain optimum oral health ensuring the success of your implants.

We carefully plan to avoid these situations and any of the above complications is usually resolvable.

We recommend the use of an Oral B round head toothbrush following your implant treatment as research has shown the benefits in the use of such toothbrushes, in the maintenance of oral hygiene.