

## Paula Scull

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I graduated from University College Hospital London in 1989 and worked for a year in General Practice before returning to hold hospital Oral Surgery posts, including a Locum Consultant post for 5 years.

I obtained my Fellowship in Dental Surgery (Oral and Maxillofacial) in 1992.

Since 1999 I have been on the Specialist List for Oral Surgery.

I completed a Masters of Science in Implant Dentistry from Guys Hospital London in 2003.

In 1998 I started a referral practice for surgery and implant dentistry and now have over 100 referring local Practitioners.

All my implant cases are monitored and reviewed to ensure a long term stability and success of the work undertaken and the results are continually audited.

I work with a very experienced team and for further details on this please visit the website [www.averillscull.com](http://www.averillscull.com).

Although I am trained in several systems I mainly use the Straumann system. This has over 30 years of proven clinical research behind it with a constant flow of independent scientific publications making it one of the most extensively documented clinically validated and practice proven systems used.

# Patient implant and after care information

**This information is to help you make an informed decision about having implant treatment. You should take as much time as you wish to make the decision in relation to signing any consent form. You are encouraged to ask questions, and have the questions answered to your satisfaction before you give permission for the treatment to be carried out.**

Below is described your proposed dental implant treatment and the formal terms and conditions of my engagement. I apologise for the large amount of information contained in this document but it is important that you should understand and read it carefully. Please keep this in a safe place as the treatment described is long-term and it can often be difficult to remember the exact details several months later.

During the course of the implant treatment it is important that you keep me informed of any changes to your general medical condition and of any other additional treatment you may be receiving from a doctor. Failure to keep the dentist informed may adversely affect or delay your treatment.

It is also important that you keep your appointments and do not miss any stages, as this could adversely affect treatment and delay placement of the new tooth/teeth.

Surgical implant cases at the practice 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 the procedure is stopped and stitches are placed. You may have 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.

# Why are implants needed?

Once teeth are lost, the bone in which they are embedded may gradually disappear as it is no longer required to support the teeth. The teeth and lost bone can be replaced by removable dentures or fixed bridges to restore appearance, speech and chewing. Dentures may reduce chewing efficiency and can suffer from poor retention. On the other hand, bridges involve cutting away healthy teeth in order to provide support.

An alternative method of tooth replacement is to insert implants into the jawbone to support the false tooth or teeth. Such implants may become firmly attached or integrated with the bone. If an implant is placed immediately or soon after a tooth is extracted, jawbone may be preserved and its further loss reduced. However, even after considerable bone loss has occurred, it may still be possible to place an implant although additional bone grafting techniques may be required.

It may be necessary to place a small bone graft at the time of implant placement or as a separate procedure. My preferred materials of choice for bone grafting is preferably by using the patients own bone harvested from elsewhere within the mouth and often harvested from when the little site is cut within the jaw bone in order to put the implant in. This bone is harvested in a disposable plastic bone filter which is obviously single use for each individual patient only. This may be mixed with Biooss which is of bovine origin, or, donor bone from a human bone bank. If a bone graft is placed it may be necessary to protect it using a small collagen membrane and the origin of the collagen used in production of this membrane is from pigs and is something called Bioguide. All these materials have been used in dental surgery for many years with good clinical evidence to support their use both in medical and dental fields.

## The Procedure

The condition of the jaws will be assessed for suitability and the treatment planned using X-ray films, photographs and models of the teeth. It may be necessary to take a 3D Scan to check the amount and position of the available bone. The final decision whether or not to proceed with implant placement will be made at the time of surgery and will be determined by the quality and quantity of the bone.

## Type of anaesthetic

The procedure is usually performed under a local anaesthetic, with sedation if required. Sedation is given by a medical anaesthetist.

## After implant placement

After the procedure there will be some discomfort and swelling. The degree of swelling will depend upon the number of implants placed and whether or not additional surgical procedures were carried out. Occasionally along with the swelling there may also be slight bruising of the skin overlying the area which may fade after a week. If you are a smoker or have a pre-existing medical condition which affects soft tissue healing, the amount of swelling may be greater. The gum tissue in the region where the implants have been placed may change appearance or colour and take on a white appearance for a short time (normally two weeks) after surgery.

After 6-10 days once the soft tissue has healed sufficiently the stitches may be removed if dissolving stitches have been used this may not be necessary. After this stage the implants will be left undisturbed for at least 8 weeks to attach to the jawbone. During this period the top of the implant may show through the gum slightly and metal may become visible.

## Making the new teeth

After a minimum 8 weeks period a second surgical procedure may be necessary to expose the implant and check for firm bony attachment. During this time the metal top may become visible as the gum shrinks slightly exposing the underlying metal. The final teeth will be made to cover as much of the exposed metallic areas possible improving the final appearance. Impressions will be necessary prior to construction of the final restoration.

## Appearance of the finished teeth

Every effort will be made to ensure that your final tooth look natural and just the way you want them to appear. Unfortunately it is not always possible to guarantee the appearance of the gum tissue surrounding the implant teeth. When teeth are lost, so is gum tissue and bone. It is not always possible to replace this as it was originally.

If the implant tooth or crown is biting against natural teeth occasionally it may be necessary to adjust the height or length of the real teeth.

## Treatment timing

The total treatment time required will vary with the degree of difficulty and the amount of work needed. It is important to bear in mind that the tooth has to be made individually to suit your specific requirements and mouth. This type of precision work is very time consuming and cannot be rushed, as it must be of the highest quality. Prior to fitting the finished tooth, a variable number of visits may be necessary to make fine adjustments to the teeth. This stage may involve the laboratory technician. Therefore, it is important to keep me informed of any travel arrangements or important engagements you may be planning and to give as much notice as possible.

## What happens if the implants do not take?

Fortunately this occurs rarely and the success rate for dental implants is high. However, failures are still a possibility and an understanding of this is a prerequisite for proceeding with your treatment. Any potential problems specific to your implant treatment will have been anticipated and discussed with you before treatment starts. Should an implant fail to take then it is often possible to replace it with a second implant at the same time as the first implant is removed. It has been shown that alcohol and tobacco consumption can reduce the rate of success. These habits also have an effect on the rate of healing and may increase the chances of post-operative infection.

# After care and maintenance requirements for implants

Implants are not “fit and forget” they need the same care and attention as natural teeth. On completion of treatment it will be necessary for you to attend a number of recall appointments to check the condition of the implant and to adjust the bite if required.

After this, regular six monthly dental check-ups are required to monitor the condition of the implant and any remaining natural teeth. Also regular hygiene maintenance appointments, as a build of plaque will cause gum problems and possible bone loss from around your implant, resulting in their eventual loss. On occasion there is a need to change the crowns or service the denture. The chance of this is higher in patients who grind their teeth, and would be the same for implants as for all dental restorations.

## Patient statement of informed consent to undergo proposed dental treatment and implant therapy

In signing the consent form given to you on the day of the procedure, you are stating that you have read the introduction to implant treatment, consent form and the following sections on your specific proposed treatment. Although it contains medical/dental terms that you may not completely understand on first reading, you have the opportunity to ask questions and have them answered to your satisfaction, such that you understand the information in this form and letter.

## Acceptance for treatment

Patients will only be accepted for this treatment if they can demonstrate that they can maintain a high level of plaque control and oral hygiene. There should be no medical conditions that would contraindicate the procedure. It is important to inform the dentist of any changes to your general health or medical condition.

## Implant lifespan expectancy

Implants are placed within a biological situation. Although the success rates of dental implants are very high, there is always the risk of failure at some point in time. I aim for many years of success of your treatment, however if failure does occur this will be dealt with appropriately.

The crown on top of the implant may well need changing as would a conventional crown. Patients who wear dentures need to appreciate that these have a high service requirement of the implant retention elements. On a yearly basis it is likely that the denture base may need relining and the implant components within the denture base changing. This is especially so if your denture is opposed by natural teeth which can exert very high forces.

I will explain this in more detail for each individual case.