



PROCEDURE FOR IMPLANT SUPPORTED RESTORATIONS

Part One: Surgical placement of the implant

- Done by a specialist (oral surgeon or periodontist)
- Additional x-rays or tests may need to be done to properly prepare for the placement of the implant
- Can be done with local anaesthetic (“freezing”) or with sedation
- Needs adequate bone support – some areas may need a bone graft prior to implant placement. This likely where a tooth has been missing for a lengthy amount of time or infection has been present around a tooth which eroded the bone level. A bone graft may lengthen the implant process by needing to allow time for the bone graft to heal prior to placing an implant.
- Fees for the specialist’s services are separate and to be quoted by the specialist.
- There is a waiting period (usually of minimum 4 months) after the implant is placed for the bone to grow around the implant and make it firm. This is called “osseointegration”.

Part Two: Restoration of the implant (after we have confirmation that the implant has osseointegrated)

- Done by your dentist in our office
- Based on the number of teeth being replaced with implants, different options exist:

Single tooth replacement

- replaced with a porcelain or porcelain / metal crown that is firmly connected to implant by one of 2 ways
- Screwed as “one piece” directly to the implant or a “two piece” system where a post (“abutment”) is screwed to the implant and the crown is connected with a dental adhesive
- Both systems have advantages and disadvantages. There are clinical factors which may affect which style is chosen. This is to be discussed with your restoring dentist

Multiple teeth replacement (fixed attachment)

- with either one crown per implant splinted together or using 2 or more implants to hold a “bridge” replacement more than just the number of implant teeth

Multiple teeth replacement (removable)

- a removable denture is made to “clip” or “snap” onto the implants by using a precise attachment mechanism

Details for SINGLE implant retained crown:

Appointment sequence:

If there is any interest in “whitening” adjacent teeth, this will need to be completed before starting the implant impression. Please discuss this with your dentist to assess if you are a candidate for whitening.

1. Preliminary impressions

This appointment is to prepare for the implant restoration and to order the correctly sized components for the next visit.

2. Implant impression appointment:

This appointment may or may not require local anaesthetic (“dental freezing”) for tissue comfort and access. This will be determined at the time of treatment.

Expected procedure is to removed the healing abutment (stub covering the implant) and connect a custom piece to take an impression of the implant position. The healing abutment will be returned back onto the implant.

Colour selection of porcelain will be done at this appointment. It is important to understand that porcelain and natural teeth may not look identical. However, in order to obtain the best appearance possible, a referral to the porcelain technician at the dental laboratory can be made to do a custom colour selection. This will incur another \$80 charge to the fee for this service.

3. Implant Crown insert appointment, booked after a 2-week period

This appointment may or may not require local anaesthetic (“dental freezing”) for tissue comfort and access. This will be determined at the time of treatment.

The temporary healing abutment will be removed and the implant crown will be “tried in” for fit, contacts and bite (occlusion).

It will then be inserted and “torqued” into place. If the crown is a “screw-in” type, the access to the screw will be sealed with a permanent composite resin. Due to differences in materials, there may be an esthetic difference in colour between the porcelain and the white resin material with the impression of looking like a “filling”.

Long term risks and consequences of Implant Crowns:

Potential problems with long-term health around an implant crown may include (but not limited to): periodontal (gum) disease, porcelain fractures, occlusal (bite) changes, colour changes, food impaction, decay on adjacent teeth, excessive wear due to grinding and bruxing and temporomandibular joint dysfunction (TMJ)

There will be progressive loss of bone height around the implant over the lifetime of the implant and this may ultimately affect the prosthesis (implant crown)

It is essential to maintain excellent oral hygiene around the implant which will require a commitment. Both regular home cleaning and periodic professional dental hygiene visits are needed. Due to the position of this implant, there may be “natural” triangular gaps near the gum tissue in the front and back of the new crown.

The patient may need to wear a protective occlusal appliance (bite guard) to help reduce stresses on my implant and the abutment screw. The patient will need to present for checking of occlusion (“bite”) on recommended intervals (usually once / yr) and there is a fee to check and adjust the bite if needed.

The abutment screw may loosen due to chewing forces. The implant crown may require re-enter and “tightening” of the screw or even “replacement” of the screw. The costs of parts and dentist’s time as part of the maintenance is the patient’s responsibility.

Smoking, excessive alcohol consumption, chewing hard foods such as ice or hard candy, may result in damage to the implant and cause it to fail completely. A medical condition can also compromise the longevity of an implant.

There may be a feeling of awkwardness initially with the new implant crown. There will be a period of adjustment needed for both comfort of tongue, cheek and speech.