

## Dental Implants Frequently Asked Questions:

### What options do I have to replace a missing tooth?

1. There are five basic options available to treat the spaces created when teeth are lost:  
Accepting the space. This is seldom acceptable for visible front teeth but may be acceptable for teeth towards the back of the mouth.
2. Moving other teeth into the space. For young patients, before a mature adult dentition is established, orthodontic tooth movement with fixed or removable braces may allow the teeth next to the space to be closed up to disguise the space. This is more complex for adult patients, often takes many months to achieve and relies heavily on having the correctly shaped tooth or teeth in the right place to be moved.
3. Dental Implants. These are devices which can replace missing teeth by being set into the bone where the original tooth or teeth were lost. In most cases they permit restoration of spaces without involving the existing natural teeth and form an excellent and secure base on which the cosmetic and functional restoration (be it a single tooth, a bridge replacing several teeth or even a denture) can be built.
4. Dentures. When a tooth or teeth are first lost a simple plastic denture is often provided while the tissues heal. This helps the patient eat and prevents social embarrassment. This simple design is only one of many types of dentures. Dentures are designed to be removed for cleaning and maintenance. Many are clipped to and supported by the remaining teeth instead of the gums.
5. Dental bridgework. This relies on teeth next to, or near, the space to support a cosmetic or functional structure designed to carry the load which would have been carried by the tooth or teeth which are now missing. Bridges are not normally removable and have to be cleaned in the mouth. They usually involve crowning (trimming down) the supporting teeth although in some circumstances they may be bonded to the surfaces of the supporting teeth.

### Which of these options are most suitable for me?

Not all of these options will be applicable in all cases, or indeed in your case. We will advise you which is, or is not, suitable and which in our opinion is the preferred option. In multiple tooth cases, a final decision as to the most suitable longer term option may not be possible at the time when teeth are lost, as gum healing and bone reshaping take up to six months to be completed. It is often necessary therefore to wear a simple denture during this period until the degree of reshaping of the gum and underlying bone can be more accurately assessed.

### Are implants a new form of treatment?

No. Dental implants similar to those used in the Dental and Implantology Unit today have been in use for over 40 years now (since the 1960`s) and many millions have been placed and are in use worldwide. In earlier days, implants were normally used in groups to support extensive dental reconstruction including complete upper or lower dental arches. More recently they have also been used to support restorations for small groups of teeth and single teeth. This biotechnology can also be used to support facial prosthesis, artificial limbs and hearing aids.

### Can my health affect my suitability for implant treatment?

Yes it can. Disorders such as severe osteoporosis (a condition which makes the bone thinner and more fragile) or conditions which affect the body`s ability to heal, or resist infections (such as uncontrolled diabetes or some immune diseases) are contra-indications to implants. This is because an implant requires healthy bone healing to secure it in place to enable it to act as a foundation for a dental restoration. Any condition which adversely affects this healing ability can lead to implant failure.

### I am fit and healthy; does that mean I will be suitable for implants?

No, unfortunately this is not always the case. Many local factors must also be considered. Implants require good quality bone in sufficient quantity and in the correct place to hold and support the implant/s. The space between the remaining teeth is important, as is the load the implant/s will be subjected to. These must be carefully assessed and controlled and there must be enough space for the restoration to be completed. We are here to advise you whether or not these, or any other factors, may

mean the implants may not be the most suitable form of treatment for you. You must also be maintaining excellent oral cleanliness and not be suffering from established gum disease.

### **Can missing bone be replaced or existing bone quantity be added to?**

Yes, in most circumstances this is feasible. However, this may require more surgery than would otherwise be the case. If required, we will discuss all the various options available.

In some cases it is also feasible to use specially designed implants to avoid bone grafting, such as short implants or zygomatic implants (extra long implants).

### **What are implants made of?**

Most of the current generation of dental implants, including those systems in use here at the 'Dental and Implantology Unit', are made of commercially pure Titanium (with or without a surface coating designed to assist healing in to the bone).

### **Which type of implant would be most suitable for me?**

We shall be pleased to advise you which is most suitable for your needs. Most implants are from 10 to 18 mm long and either cylindrical or slightly tapered in shape. As part of implant assessment, radiographs (X-rays) are taken and models are made from impressions of your teeth to assist us to select which type, design and make is best suited to your individual needs.

### **Who carries our implant treatment?**

Implant treatment in the 'Dental and Implantology Unit' is only carried out by qualified specialists who have undertaken appropriate postgraduate training. The Unit has a role in teaching – occasionally running courses for overseas dentists. Patients may be offered the chance to have their treatment performed on a course and should they agree postgraduate dentists may therefore be present at some stage during your treatment to observe and to discuss the procedures involved.

### **How is an implant placed? How long does it take and what type of anaesthetic is used?**

Placing a single implant normally takes in the region of 45 minutes, whilst larger numbers take longer. Preparing the channel to receive the implant must be done slowly to avoid damage to bone, which is a living tissue. The bone must remain undamaged to be able to heal well around the implant and to make it secure enough to support the final restoration. Normally local anaesthesia (injections in the mouth like those used for normal dental procedures) is used to place up to 2 implants. For larger number of implants, or if more complex bone surgery is required, intravenous sedation is normally offered and rarely a general anaesthetic (a short stay in hospital may be appropriate). Please ask and we will recommend which is more suited to your needs.

### **I have a lot of commitments. Will having an implant placed be inconvenient and disruptive?**

We will try to make your appointment for implant placement as convenient as possible for you. Placing dental implants involves bone surgery, which may be accompanied by a short period of post operative discomfort and swelling at the side. You are advised therefore not to arrange any important social or work events in the 48 hours immediately following implant placement. Where possible your existing denture will be adjusted to enable you to wear it as soon as possible after the implant is placed. However, if the tissue is swollen around the surgical site, it may have to be left out for some days to avoid pressure from the denture disturbing the gum and / or the underlying implant. This is especially important when bone / gum grafting has been undertaken. This period is usually no more than 48 hours for single teeth but may be up to 2-3 weeks if many teeth are being placed. We will advise you what will be required in your own case. Modified or adjusted dentures may be weaker than they were before modification and care in eating will be required during the implant healing period to avoid breaking your denture.

### **How long will the treatment normally take overall and how many visits will be required?**

Your implant/s normally requires 3 to 6 months undisturbed healing below the gum in the upper jaw and at least 3 months in the lower jaws before they are uncovered. At uncovering, a local anaesthetic is required and a minor surgical procedure is undertaken to place additional implant components. Your denture will require further adjustment at this stage to fit over these new components. After uncovering, a metal or plastic attachment or screw will be visible on the surface of the gum when your denture is removed. This component enables the cosmetic and functional part of your restoration to be attached

during the restorative phase of treatment. Newer implants have been developed to speed up bone healing and this has allowed us to reduce healing time before fitting the temporary or final prosthesis. However, as many implant patients do require a small amount of bone grafting, we strongly advocate waiting for this bone to heal before challenging it with a functional implant.

Overall, your treatment will take between six months to one year to complete- most of which time is spent waiting for the bone to heal around the implant and for the gum to settle down. On average, in our experience, you should allow for six visits for single implants and about ten to twelve visits during the year for a large number of implants, commencing on the date your implant/s are placed. Please note however that these will not be evenly spaced but will be grouped according to the stage of treatment as treatment proceeds.

### **Is it possible to insert and load implants immediately?**

Yes, it is occasionally possible to place implants into bone and have them immediately loaded with a fixed bridge / crown / denture. This sort of treatment is growing in popularity and should this be suitable for you it will be discussed further during the consultation appointment. Many companies advertise this fact, giving the impression that this is norm.

### **Are there any risks attached to the surgery?**

There is a small risk of damage to adjacent teeth or other anatomical structures e. g. nerves, when an implant or implants are placed. In most cases this risk is very small but, were you to require an implant in a position where one of these risks might be of greater concern or more likely to occur, this will be discussed in detail with you and your views both noted and acted upon before your treatment proceeds.

### **How successful is implant surgery?**

As with most forms of medical and dental treatment, success cannot be guaranteed. Some implants do fail for reasons which cannot be anticipated or planned for in advance. Long term success rates in a healthy individual are around 95 - 98% in the lower jaw and slightly lower at around 90 - 95% in the upper jaw where the bone is less dense.

### **What will maintaining my implant/s involve?**

As with any other form of dental care, regular checks (ideally 6 monthly) are very important to detect any problems early and provide corrective treatment if required. You will be given detailed instruction on the cleaning and day-to-day care of your implant but only you can look after the implant/s on a daily basis. The implant will be at risk if you fail to keep it, the restoration and the surrounding gum very clean and free from both dental plaque and gum disease. This may require regular use of dental floss, tape and possibly more specialised cleaning aids. Your mouth must be kept in as healthy a condition as possible. This will of course also benefit any remaining natural teeth.

### **Are there any potential problems in the longer term?**

You should be aware, particularly with single tooth implants, that the degree of bone loss and gum reshaping at the time of the previous tooth being lost may mean that the gum level around the implant supported tooth may differ slightly from that around the adjacent natural tooth or teeth. Some alteration of the gum margin (gum recession) may also occur spontaneously around the implant-supported tooth in the period after the restoration.

### **Are there any predisposing factors for failure?**

Some factors are known to contribute to implant failure. Existing gum disease at or near the implant sites and failing to maintain good gum health after the implants are placed, increases the risk of implant failure. Success rates for patients who continue to smoke after their implants have been placed have been shown to fall by 10%. Thus, a high standard of oral hygiene and avoiding smoking are essential in maintaining the health of your implant/s.

### **If my implant/s failed soon after the placement what would happen?**

In our experience this is unlikely to happen. However, we are normally able to offer a ten year warranty on the implant components used within the 'Dental and Implantology Unit' provided certain criteria are met. You would normally be offered the opportunity of a second procedure, after an appropriate healing period, to replace the failed implant – if this is possible.

**What happens if I change my mind having considered the matter?**

We will respect your decision of course. If you would care to inform us why you have decided against implants, this information would of course remain confidential but may assist us in advising others who find themselves in this position. We reserve the right to advise you not to proceed if our investigations reveal any factor which may lessen the chances of implant treatment being successful in your case.