

BChD (UWC), MBChB (UP), PDD (Oral Surgery) (UWC), MChD (Chir.Max-Fac.Med)(UP)



D 021 300 1572 | ⊠ admin@drpetrievdmerwe.co.za
 www.drpetrievdmerwe.co.za
 44 Reitz Street, Somerset West, 7129

HPCSA Nr. DP0099856 | Practice Nr. 1140418

Dental Implant / Zygomatic Implants & Pre-prosthodontic Surgery

(Diagnosis: ICD-10: K08.1)

Tooth loss results in numerous unwanted effects like unwanted tooth movement (due to lack of side to side and vertical contacts), poor chewing function and aesthetic compromise. Dental implants and other forms of pre-prosthodontic surgery can prepare the mouth for dentures or other forms of dental prosthesis.

Dental implants are bio-inert screws that are placed in the jawbone to replace a tooth root. A dentist can use these screws to secure a tooth crown onto it. Dental implants are just one of many ways of replacing a missing tooth. It is, however, not without its limitations. Remember that your Oral Surgeon only insert the implant and your Dentist needs to make the crown that fits onto the implant.

Pre-prosthodontic surgery can increase the bone height, increase the amount of thick gum tissue, or remove soft flabby tissue, all that make denture wear just a little more comfortable.

Complications

Below complications does not constitute an exhaustive list but does highlight some of the most common complications. If you require more information, please ask your Maxillofacial and Oral Surgeon directly.

Implant related complications can largely be categorized as biological vs. mechanical or early vs late.

Early Biological Complications:

1. Infection (1%)

Infections result in pain and swelling, mostly >7-days after surgery but it may develop weeks / months after surgery. We follow the American College of Surgeons Antibiotic prophylaxis protocol. Infections can be local and result in systemic infection with fever. Infections may lead to implant loss.

2. Failure of osteointegration (1%)

Implants may not fuse to the surrounding bone. Failure of osteointegration is more common among smokers, poorly controlled diabetics, bone disease of very thin osteoporotic bone. In some cases, no clear cause can be identified. Multiple failures may necessitate your surgeon doing an allergy test to some of the most common metals in implants.





D 021 300 1572 | ⊠ admin@drpetrievdmerwe.co.za
 www.drpetrievdmerwe.co.za
 44 Reitz Street, Somerset West, 7129

HPCSA Nr. DP0099856 | Practice Nr. 1140418

3. Nerve injury (<1%)

BChD (UWC), MBChB (UP), PDD (Oral Surgery) (UWC), MChD (Chir.Max-Fac.Med)(UP)

The inferior alveolar nerve is at risk of injury during lower jaw implant placement of sulcus deepening surgery. Modern 3D-imaging hugely reduces the risk as correct implant length can more accurately be planned. Such injury may result in loss of feeling of half the lip and chin on the affected side. This could be temporary but in some cases it may be permanent.

4. Sinus complications (5%)

Implant placed in the upper jaw are close to the maxillary sinus. Implants that involve the sinus may result in sinusitis or may even result in implant loosening and subsequent loss.

Late Biological Complications:

1. Periimplantitis

Periimplantitis is a form of gum disease that results in progressive bone loss around dental implants. Patients that have active or previous gum disease are at higher risk than others. Poorly made dental crowns or bridges may contribute to periimplantitis. Poor oral hygiene is a common cause of periimplantitis.

Mechanical Complications:

1. Screw loosening

The screws that hold the crown onto the implant may occasionally become loose. This can easily be treated by your dentist / prosthodontist that can re-tighten the screw. Untreated screw loosening may lead to screw fracture or periimplantitis as the loose crown will irritate the surrounding gum.

2. Hardware failure / implant fractures (Rare)

Very high biting forces, poor crown design or poor implant placement may all contribute to implant fractures. Implants that have fractured need to be removed and replaced.

3. Crown / bride or denture fracture.

How to care for your dental implant(s):

Floss around your implant daily Brush your teeth twice daily Rinse your mouth with a chlorhexidine mouth rinse weekly. Biannual dental checkup visits with your Dentist Annual recall with your Oral Surgeon





D 021 300 1572 | ⊠ admin@drpetrievdmerwe.co.za
 www.drpetrievdmerwe.co.za
 44 Reitz Street, Somerset West, 7129

HPCSA Nr. DP0099856 | Practice Nr. 1140418

Treatment Alternatives

1. Dentures

These are removable plastic teeth, aka "false teeth". They are made to rest on your gums and can improve your chewing and aesthetics. Other metal base dentures are also available. Please discuss this with your Dentist.

2. Dental bridges

Dental bridges are a type of fixed denture that are stuck onto neighbouring teeth (called anchors teeth). For these bridges, the anchor teeth need to be drilled into a particular shape to accommodate the support of the bridge. This is good if the affected teeth have large fillings or tooth decay. If one of the anchor teeth is lost due to tooth decay, infection, or gum disease the whole or part of the bridge will be lost. Please discuss this with your Dentist.

3. No treatment

Patients are entitled to deny any treatment.

CONSENT							
I HAVE BEEN INFORMED OF THE POTENTIAL COMPLICATIONS, TREATMENT ALTERNATIVES AND BENEFITS OF DENTAL, ZYGOMATIC IMPLANT OR PRE-PROSTHODONTIC SURGERY. MY RIGHTS AS A PATIENT ARE CONTAINED (NOT LIMITED TO) IN: SOUTH AFRICAN CONSTITUTION (1996); THE NATIONAL HEALTH ACT 61 OF 2003; CHILDRENS ACT 2010. I ACKNOWLEDGE THAT I REMAIN ULTIMATELY RESPONSIBLE FOR THE COST OF THE ABOVE TREATMENT AS CONTAINED IN THE T&C OF THIS PRACTICE BILLING POLICY.							
I HEREBY GIVE MY CONSENT:			I AM: The patient	The parent/legal guardian			
SURNAME: FULL NAME					 Mr. Mrs. Dr. 	 Miss Prof. Mx. 	
BIRTH DATE:			Sign Here		-		
WITNESS INFORMATION							
SURNAME:		full names:			 Mr. Mrs. Dr. 	MissProf.Mx.	
BIRTH DATE:			Sign Here				