

ABOI/ID Part II Case Presentation –
Template
Patient # 3

2013

+ Case # 3



- Type of Case:
 - **Case 3: A partially or fully edentulous arch requiring osseous augmentation with implant support of 2 or more root form implants, which must be a minimum of 3.25 mm in diameter.**

+ Implant Surgery

Date of Initial implant surgery:

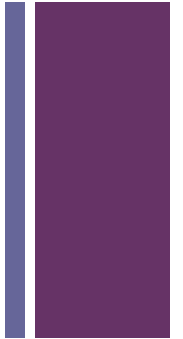
- **Oct /13 /2010**

Number of implants placed and where:

- Implants in positions of #3,14,15

Did this case require pre-implant placement grafting of any kind?

- Yes, socket preservation when extracting #14
- Yes bilateral sinus grafting.





- Date of final prosthesis insertion

3/30/2011

- Type of restoration:

#3 : Single implant metal-ceramic crown / cemented prosthesis

#14,15: Splinted metal-ceramic crowns / cemented prosthesis

- Opposing dentition: Natural dentition

- Current status: Satisfactory function

+ Patient Medical History



- ASA Classification: **ASA III**
- Patient's mental status: **Philosophical**
- Relevant past/and current medical history:
 - 1994: Fractured great right toe joint surgery.
 - 2006 : Prostate cancer treated with deep proton radiation.
- Medications: **none**
- Allergies: **none**

+ Dental History

- Missing teeth: #1,3,15,16,17,24,32
- Periodontal status:

Generalized chronic periodontitis with severe localized periodontitis (#14), under the care of a periodontist.

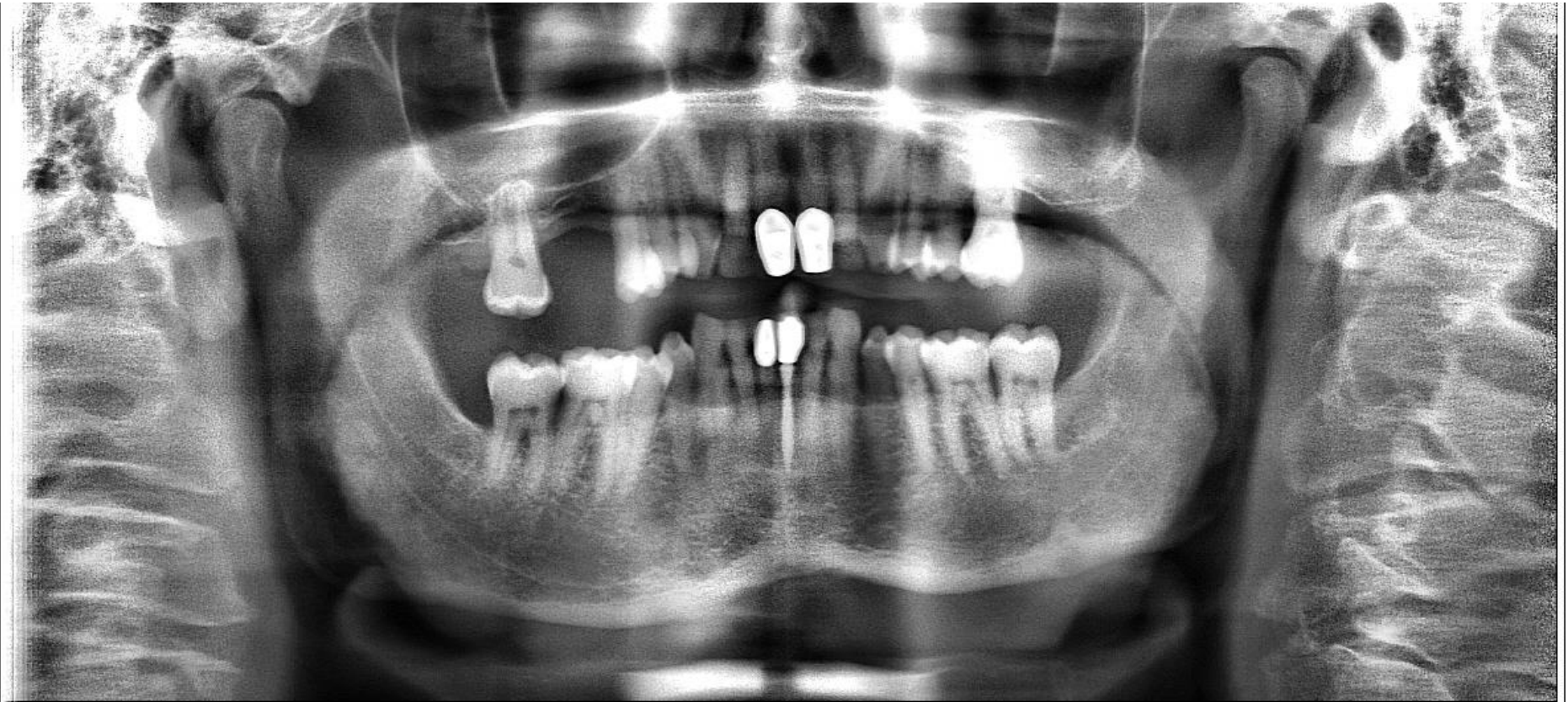
- Occlusion/ Angle Classification:

Canine relationship: Right side class I, Left side class II

Molar relationship: N/A



+ Pre-Surgical X-Ray (2009)



+ Social History



- Smoking: no
- Alcohol: occasionally
- Drug/substance abuse: no

+ Treatment Planning



- Surgical Plan:
- Extraction of #14 and socket preservation (Nov-5-2009)
- After 4-6 weeks bilateral sinus graft surgery (Jan -27-2010)
- After 7-8 months implant placement (Oct-13-2010)
- After 4-5 months restorative phase (Feb 2011)

+ Prosthetic Plan



- Prosthetic plan: Feb-March 2011
- Implant #3 restored with custom abutment and metal-ceramic crown;
- Implant #14,15 restored with custom abutments and splinted metal-ceramic crowns;

+ Informed Consent (insert)

CONSENT FORM FOR IMPLANT TREATMENT

Treatment Information for: J I

I have requested treatment because failure tooth

My doctor has explained the various types of implants used in dentistry and I have been informed of the alternatives to implant surgery for replacement of my missing teeth. I have also been informed of the foreseeable risks of those alternatives. I understand what procedures are necessary to accomplish the placement of the implant(s) under the gum and/or the bone.

I have further been informed that if no treatment is elected to replace the missing teeth or existing dentures, the non-treatment risks include, but are not limited to:

- (A) maintenance of the existing full or partial denture(s) with relines or remakes every 3 to 5 years, or as otherwise may be necessary due to slow, but likely, progressive deterioration of the underlying denture-supporting jaw bone;
- (B) any present discomfort or chewing inefficiency with the existing partial or full denture may persist or worsen in time;
- (C) drifting, tilting and/or extrusion of remaining teeth;
- (D) looseness of teeth, periodontal disease (gum and bone), possibly followed by extraction(s);
- (E) a potential jaw joint problem (TMD) caused by a deficient, collapsed or otherwise improper occlusion (bite).

I am aware that the practice of dentistry and dental surgery is not an exact science and **LACKNOWLEDGE THAT NO GUARANTEES** have been made to me concerning the success of my implant surgery, the associated treatment and procedures, or the post surgical dental procedures. I am further aware that there is a risk that the implant surgery may fail, which might require further corrective surgery associated with the removal. Such a failure and remedial procedures could also involve additional fees being assessed.

J Initial ✓

I understand that implant success is dependent upon a number of variables including, but not limited to: operator experience, individual patient tolerance and health, anatomical variations, patient home care of the implant, and the implant material and design. I also understand that implants are available in a variety of designs and materials and the choice of implant is determined in the professional judgment of my dentist.

J Initial ✓

I have further been informed of the possible risks and complications of implant surgery, anesthesia, and the proposed drugs, including but not limited to: failure of the implant(s), inflammation, swelling, infection, discoloration, numbness (exact extent and duration unknown), inflammation of blood vessels, injury to existing teeth, bone fractures, sinus penetration, delayed healing or allergic reaction to the drugs or medications used. No one has made any promises or given me any guarantee about the outcome of this treatment or these procedures. I understand that these complications can occur even if all dental procedures are done properly.

J Initial ✓

I have been advised that smoking, alcohol or excessive sugar consumption may affect healing and may limit the success of the implant. Because there is no way to accurately predict the gum and the bone healing capabilities of each patient, I know I must follow my dentist's home care instructions and report to my dentist for regular examinations as instructed.

I have also been advised that there is a risk that the implant or associated metal parts may break, which may require additional procedures.

I authorize Doctor perform dental services for me, including implants and other related surgery. I agree to the type of anesthesia that he/she has discussed with me, specifically local, IV sedation or general. I agree not to operate a motor vehicle or hazardous device for at least twenty-four (24) hours or more until fully recovered from the effects of the anesthesia or drugs given for my care.

J Initial ✓

I understand that my surgical procedure will be done under Local Anesthetic anesthesia.

J Initial ✓

+ Informed Consent (insert)

If an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated and I am under general anesthesia or IV sedation, I further authorize and direct or assistants of their choice, to do whatever they deem necessary and advisable under the circumstances, including the decision not to proceed with the implant procedure, and I accept the additional cost of the procedure.

I approve any modifications in designs, materials, or care, if my dentist, in his/her professional judgment, decides it is in my best interest to do so.

To my knowledge, I have given an accurate report of my health history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or bodily diseases, gum or skin reactions, abnormal bleeding or any other condition relating to my health or any problems experienced with any prior medical, dental or other health care and treatment.

I authorize my dentist to make photos, slides, x-rays or any other visual aids of my treatment to be used for the advancement of implant dentistry in any manner my dentist deems appropriate. However, no photographs or other records which identify me will be used without my written consent.

I realize and understand that the purpose of this document is to evidence the fact that I am knowingly consenting to the implant procedures recommended by my dentist and that I understand the risks inherent in doing so.

I AGREE THAT IF I DO NOT FOLLOW MY DENTIST RECOMMENDATIONS AND ADVICE FOR POST-OPERATIVE CARE, MY DENTIST MAY TERMINATE THE DENTIST-PATIENT RELATIONSHIP, REQUIRING ME TO SEEK TREATMENT FROM ANOTHER DENTIST. I REALIZE THAT ONGOING POST-OPERATIVE CARE AND MAINTENANCE TREATMENT IS CRITICAL FOR THE ULTIMATE SUCCESS OF MY DENTAL IMPLANTS.

Questions I have to ask my dentist: _____

I understand that the proposed treatment for my dental problem will involve the following surgical procedure:

Upper: Extraction #14 with
Socket grafting.

Lower: _____

The expected outcome of treatment (prognosis) is:

Upper: Good

Lower: _____

I understand that my dental problem can be alternatively treated by:

Extraction alone
No grafting!

I understand that the recommended treatment has the following advantages over the above alternative(s):

Maintains Better the ridge
/chewing.

I have read this booklet

and I FULLY UNDERSTAND THE ABOVE AUTHORIZATION AND INFORMED CONSENT TO IMPLANT PLACEMENT AND SURGERY AND THAT ALL OF MY QUESTIONS, IF ANY, HAVE BEEN FULLY ANSWERED. I HAVE HAD THE OPPORTUNITY TO REVIEW THIS FORM BEFORE SIGNING IT.

Signature of patient or Guardian

Dated 11-5-2009

Witness

Dated Nov/5/09

Witness

Dated _____

+ Alternative treatment plans discussed with patient



- Alternative treatments discussed:
- Placement and restoration of one implant on maxillary left side #14.
- Maxillary Removable partial denture avoiding sinus and implant surgery.

+ Extraction of tooth #14 and socket preservation procedure



- Operative report of #14 : **Nov 2009**
- BP: 136/84, pulse 68, O2 saturation monitored by pulse oximetry: 98-99%. 2 grams of Amoxicillin administered oral to the patient on the morning of surgery per MD.
- Patient was asked to rinse with Peridex (oral rinse containing 0.12% chlorhexidine gluconate) for 3 min. 1.5 carpules Lidocaine 2% 1/100000 epinephrine by infiltration buccal and palatal. Intrasulcular incision with 15c blade, luxation with elevators and extraction with forceps. Socket curetted and irrigated with saline solution. Hydrated allograft Puros 0.5cc small particles (Zimmer dental) were placed inside the molar socket. A collagen membrane CollaTape® (Zimmer dental) was layer over the graft and tucked sub-gingival around the periphery of the extraction socket.

+ Extraction of tooth #14 and socket preservation procedure



- Operative report of extraction #14 and socket preservation:
- Vicryl suture (Ethicon Inc.) 5.0 used to approximate the gingival margins over with a cross suture. Surgical dressing was also used to protect the site for the following few days. End BP: 140/80. pulse 69, O2 saturation 98%.
- PO instructions reviewed with patient in oral and written form. Patient tolerated the procedure well.

+ Post-Operative Care



- What were your post-operative instructions for this patient?
- Patient was told to continue gentle rinsing with Peridex for the following 2 weeks. Also gentle rinsing with lukewarm salt water will aid the healing process (add one half teaspoon of salt to a 6oz glass of water). Patient was given a soft brush (TePe). Gave her and show her how to use straight and custom bend end tuft brushes and interproximal brushes.
- Patient was advice to continue taking Amoxicillin TID until done 21 capsules. Motrin 800mg was prescribed for pain as needed. Smoking is to be avoided for the time of healing. Avoid alcohol with post operative medications.

+ Post-Operative Care



- Patient was instructed to apply the ice pack that has been given for a period of 20 minutes on and 20 minutes off during the day for the next two days. The application of ice to the outside of the face over the surgical area will minimize swelling.
- Patient was told following surgery to restrict diet to soft diet foods for the first 2 weeks. Also to avoid chewing on the surgical site until the tissue is completely healed. Soft foods such as Jell-O, pudding, mashed potatoes, scrambled eggs and soups are suggested. If having difficulty chewing, try blenderized foods or diet supplements such as Carnation Instant Breakfast and Ensure.

+ Maintenance



- What is your maintenance protocol?
- 24 hour call; 2 weeks suture removal. Follow post-operative instructions. Hygiene procedures by brushing, flossing and rinsing. Next month visit to monitor healing.
- List this patients maintenance history:
 - 24 hour call; 2 weeks suture removal. Follow post operative instructions. Hygiene procedures by brushing, flossing and rinsing. Next month visit to monitor healing.

+ Informed Consent (insert)

CONSENT FORM FOR IMPLANT TREATMENT

Treatment Information for: J

I have requested treatment because Sinus Graft needed.

My doctor has explained the various types of implants used in dentistry and I have been informed of the alternatives to implant surgery for replacement of my missing teeth. I have also been informed of the foreseeable risks of those alternatives. I understand what procedures are necessary to accomplish the placement of the implant(s) under the gum and/or the bone.

I have further been informed that if no treatment is elected to replace the missing teeth or existing dentures, the non-treatment risks include, but are not limited to:

- (A) maintenance of the existing full or partial denture(s) with relines or remakes every 3 to 5 years, or as otherwise may be necessary due to slow, but likely, progressive deterioration of the underlying denture-supporting jaw bone;
- (B) any present discomfort or chewing inefficiency with the existing partial or full denture may persist or worsen in time;
- (C) drifting, tilting and/or extrusion of remaining teeth;
- (D) looseness of teeth, periodontal disease (gum and bone), possibly followed by extraction(s);
- (E) a potential jaw joint problem (TMD) caused by a deficient, collapsed or otherwise improper occlusion (bite).

I am aware that the practice of dentistry and dental surgery is not an exact science and I ACKNOWLEDGE THAT NO GUARANTEES have been made to me concerning the success of my implant surgery, the associated treatment and procedures, or the post surgical dental procedures. I am further aware that there is a risk that the implant surgery may fail, which might require further corrective surgery associated with the removal. Such a failure and remedial procedures could also involve additional fees being assessed.

J Initial

I understand that implant success is dependent upon a number of variables including, but not limited to: operator experience, individual patient tolerance and health, anatomical variations, patient home care of the implant, and the implant material and design. I also understand that implants are available in a variety of designs and materials and the choice of implant is determined in the professional judgment of my dentist.

J Initial

I have further been informed of the possible risks and complications of implant surgery, anesthesia, and the proposed drugs, including but not limited to: failure of the implant(s), inflammation, swelling, infection, discoloration, numbness (exact extent and duration unknown), inflammation of blood vessels, injury to existing teeth, bone fractures, sinus penetration, delayed healing or allergic reaction to the drugs or medications used. No one has made any promises or given me any guarantee about the outcome of this treatment or these procedures. I understand that these complications can occur even if all dental procedures are done properly.

J Initial

I have been advised that smoking, alcohol or excessive sugar consumption may affect healing and may limit the success of the implant. Because there is no way to accurately predict the gum and the bone healing capabilities of each patient, I know I must follow my dentist's home care instructions and report to my dentist for regular examinations as instructed.

I have also been advised that there is a risk that the implant or associated metal parts may break, which may require additional procedures.

I authorize Doctor perform dental services for me, including implants and other related surgery. I agree to the type of anesthesia that he/she has discussed with me, specifically local, IV sedation or general. I agree not to operate a motor vehicle or hazardous device for at least twenty-four (24) hours or more until fully recovered from the effects of the anesthesia or drugs given for my care.

J Initial

I understand that my surgical procedure will be done under local anesthesia.

(No sedation per patient)

J Initial

+ Informed Consent (insert)

If an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated and I am under general anesthesia or IV sedation, I further authorize and direct or assistants of their choice, to do whatever they deem necessary and advisable under the circumstances, including the decision not to proceed with the implant procedure, and I accept the additional cost of the procedure.

X Initial

I approve any modifications in designs, materials, or care, if my dentist, in his/her professional judgment, decides it is in my best interest to do so.

To my knowledge, I have given an accurate report of my health history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or bodily diseases, gum or skin reactions, abnormal bleeding or any other condition relating to my health or any problems experienced with any prior medical, dental or other health care and treatment.

I authorize my dentist to make photos, slides, x-rays or any other visual aids of my treatment to be used for the advancement of implant dentistry in any manner my dentist deems appropriate. However, no photographs or other records which identify me will be used without my written consent.

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Questions I have to ask my dentist: _____

I understand that the proposed treatment for my dental problem will involve the following surgical procedure:

Upper: Grating the maxillary sinus
crests with Bovine and
cadaver Bone.

Lower: _____

The expected outcome of treatment (prognosis) is:

Upper: Good

Lower: _____

I understand that my dental problem can be alternatively treated by:

Removable partial Denture.

I understand that the recommended treatment has the following advantages over the above alternative(s):

in preparation for.
Better esthetics, function, comfort
with a fixed prothesis implant
supported.

I have read this booklet

and I FULLY UNDERSTAND THE ABOVE AUTHORIZATION AND INFORMED CONSENT TO IMPLANT PLACEMENT AND SURGERY AND THAT ALL OF MY QUESTIONS, IF ANY, HAVE BEEN FULLY ANSWERED. I HAVE HAD THE OPPORTUNITY TO REVIEW THIS FORM BEFORE SIGNING IT.

Signature of Patient or Guardian _____ Dated 1-18-10

Witness _____ Dated 1/18/2010

Witness _____ Dated _____

+ Bilateral sinus graft surgery

- Operative report for bilateral sinus graft: **jan-27-2010**
- BP: 139/80, pulse 69, O2 saturation monitored by pulse oximetry: 98-99%. 2 grams of Amoxicillin administered oral to the patient on the morning of surgery per MD.
- **Right side sinus graft:** Patient was asked to rinse with Peridex (oral rinse containing 0.12% chlorhexidine gluconate) for 3 min and his face was swabbed with betadine solution. Patient was fully draped for surgery. Local anesthetic 3 carpules Lido 2% 1/100000 epinephrine was administered as posterior superior alveolar nerve block and greater palatine nerve block. Also infiltration of buccal area of #3 was used. A mid-crestal incision and two vertical releasing incisions were made on the site #3. Full thickness mucoperiosteal flap was reflected and sutured to the cheek mobile mucosa with silk 4.0 to improve retraction and visibility.

+ Bilateral sinus graft surgery



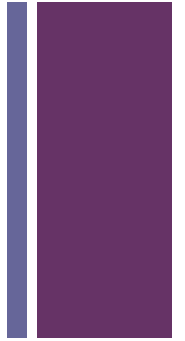
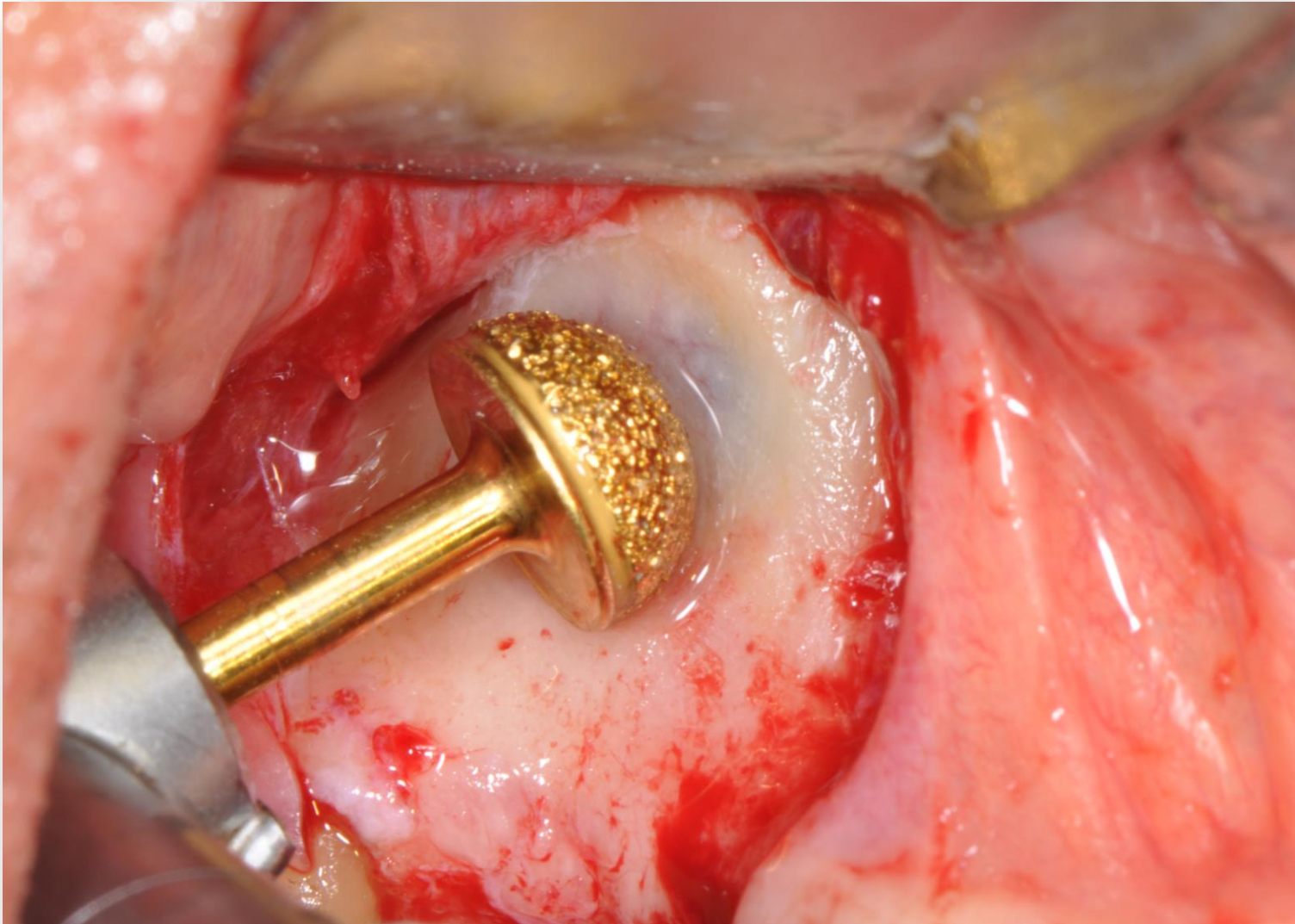
- Dask Sinus Kit (Dentium USA) was used to create the sinus antrostomy and elevate the sinus membrane. A series of specially designed surgical drills and curettes were used. A dome-shaped drill (6 mm in diameter x 4 mm in height) was used to prepare the lateral wall of the maxillary sinus. The drill uses internal and external irrigation for cooling at a speed of 800-1200 rpm. Bone thinning was accomplished using light pressure and rotating strokes under copious irrigation on the lateral aspect of the sinus wall to gradually eliminate the bony thickness until the maxillary sinus membrane was identified by a bluish hue appearing through the thin bone. The curettes were used to detach the membrane from the anterior, inferior, and medial walls of the maxillary sinus cavity.

+ Bilateral sinus graft surgery

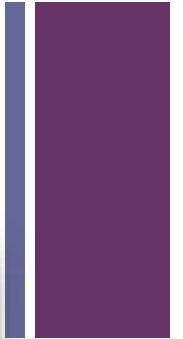
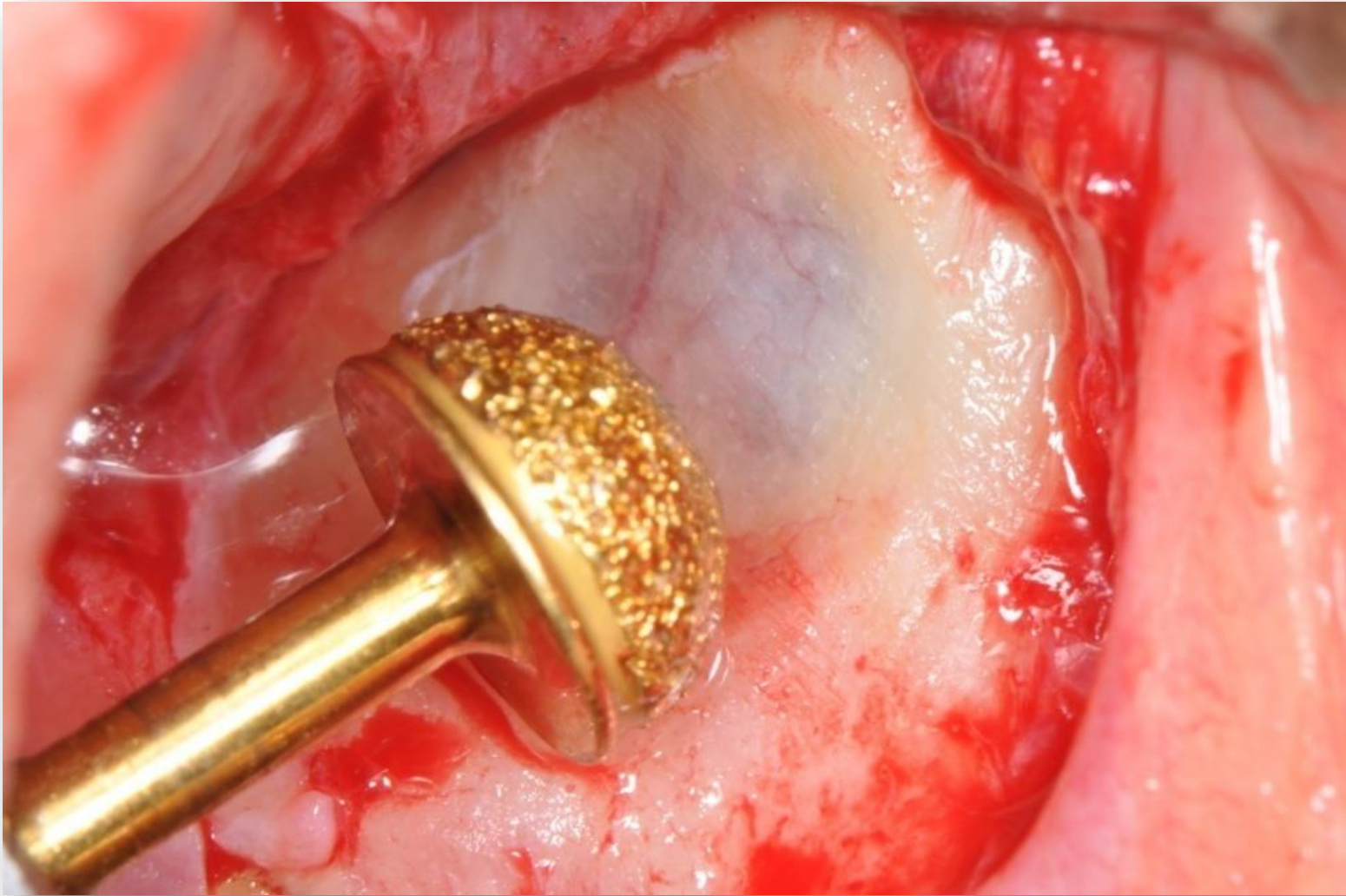


- Upon confirmation of an intact sinus membrane and sufficient superior displacement, the sinus cavity was then grafted with a mixture of hydrated 2cc. of 1.0- to 2.0-mm large particles of allograft Puros (Zimmer dental) and 2cc. of xenograft Bio-Oss[®] (Geistlich). The mucoperiosteal flap was then repositioned and sutured with single interrupted ties (Gore-Tex suture and Chromic gut suture).
- **Left side sinus graft:** The same procedure was accomplished for the opposite side, maintaining the integrity of the maxillary sinus membrane. A postoperative CBCT with the use of radiographic template was made to evaluate the volume of graft material placed in the sinus floor. End BP: 138/83. pulse 67, O2 saturation 98-99%.
- PO instructions reviewed with patient in oral and written form. Patient tolerated the procedure well.

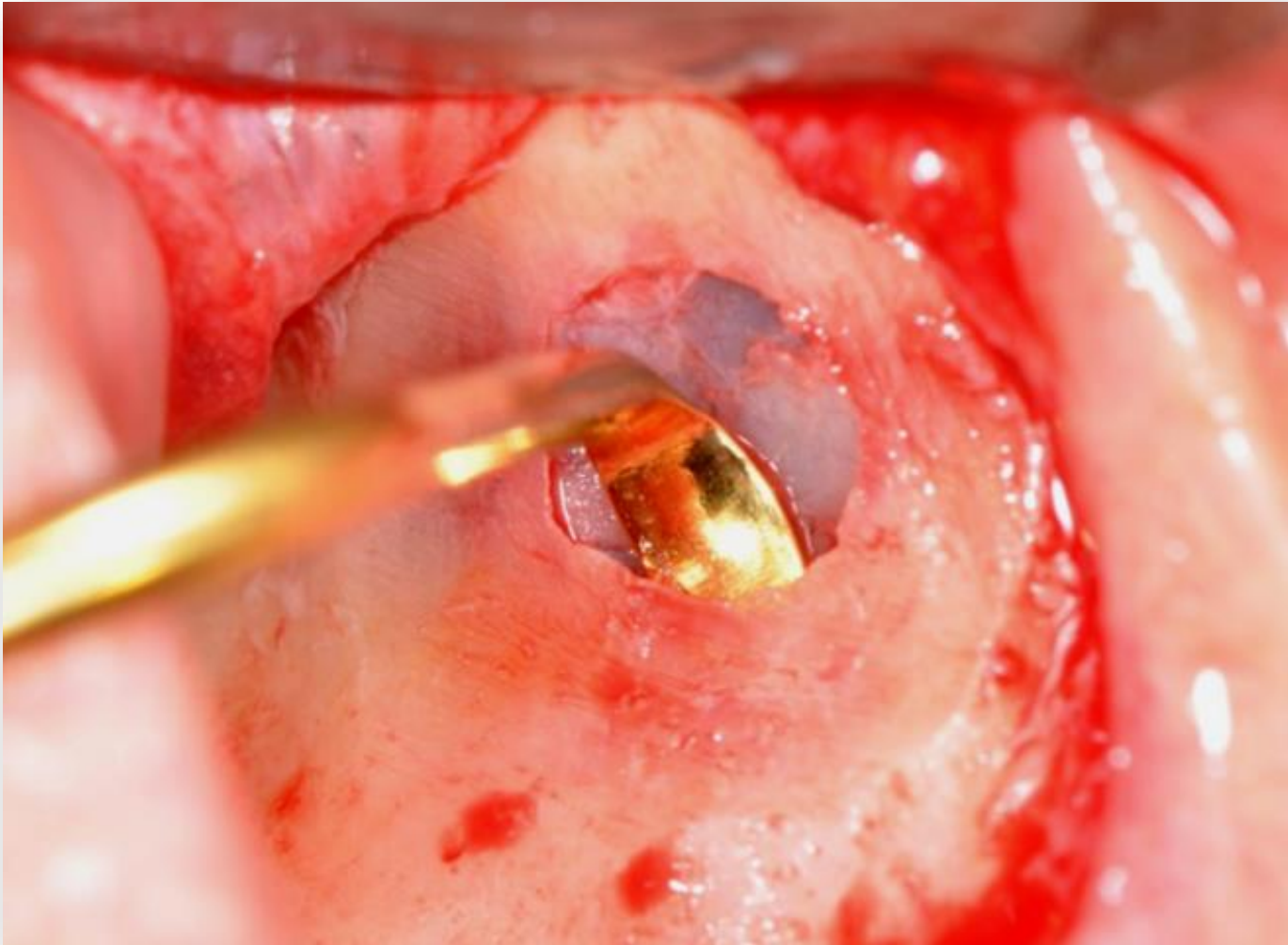
+ Right side sinus graft



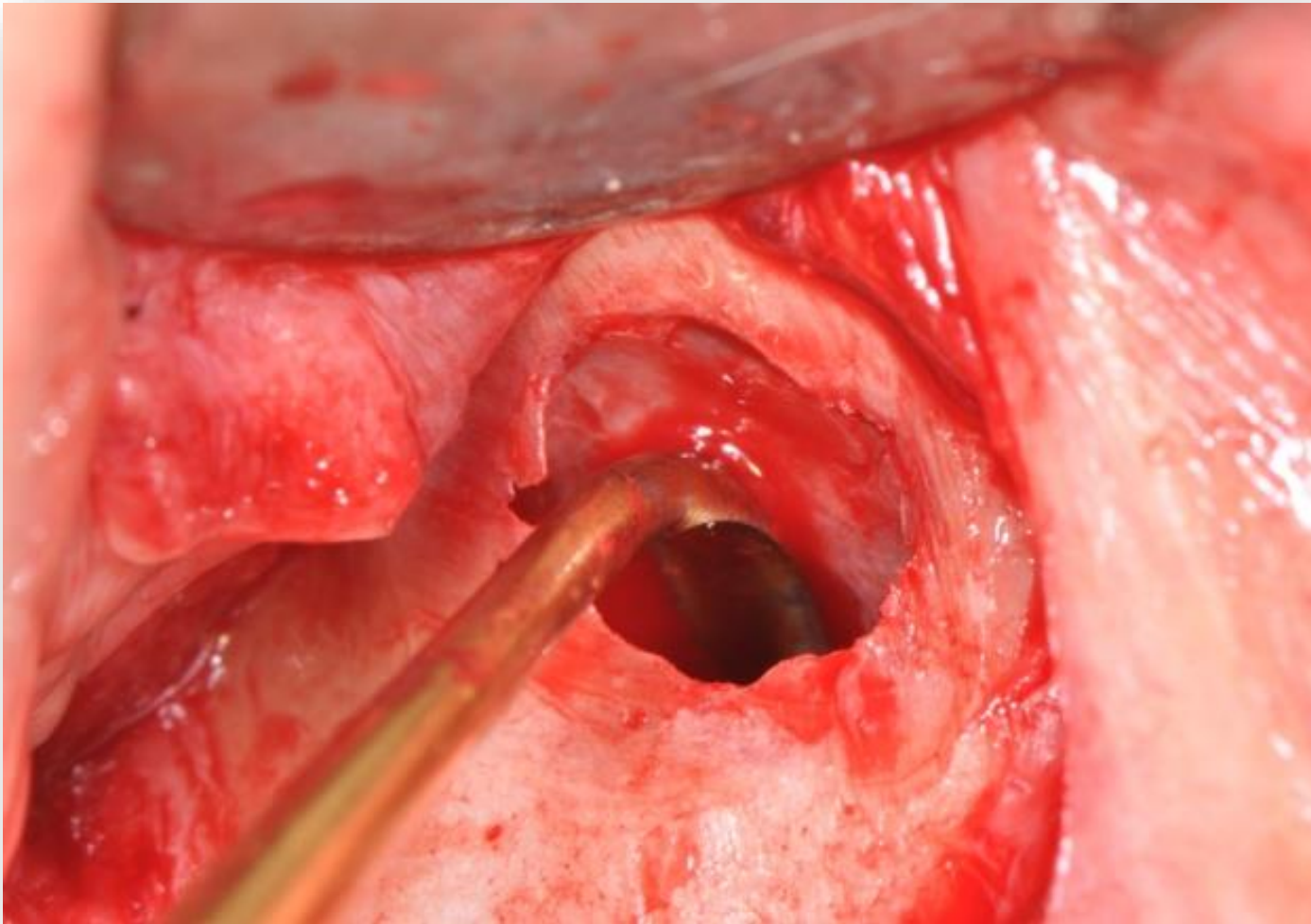
+ Right side sinus graft



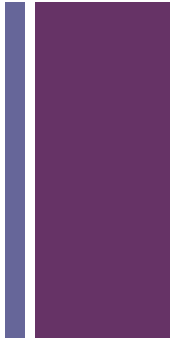
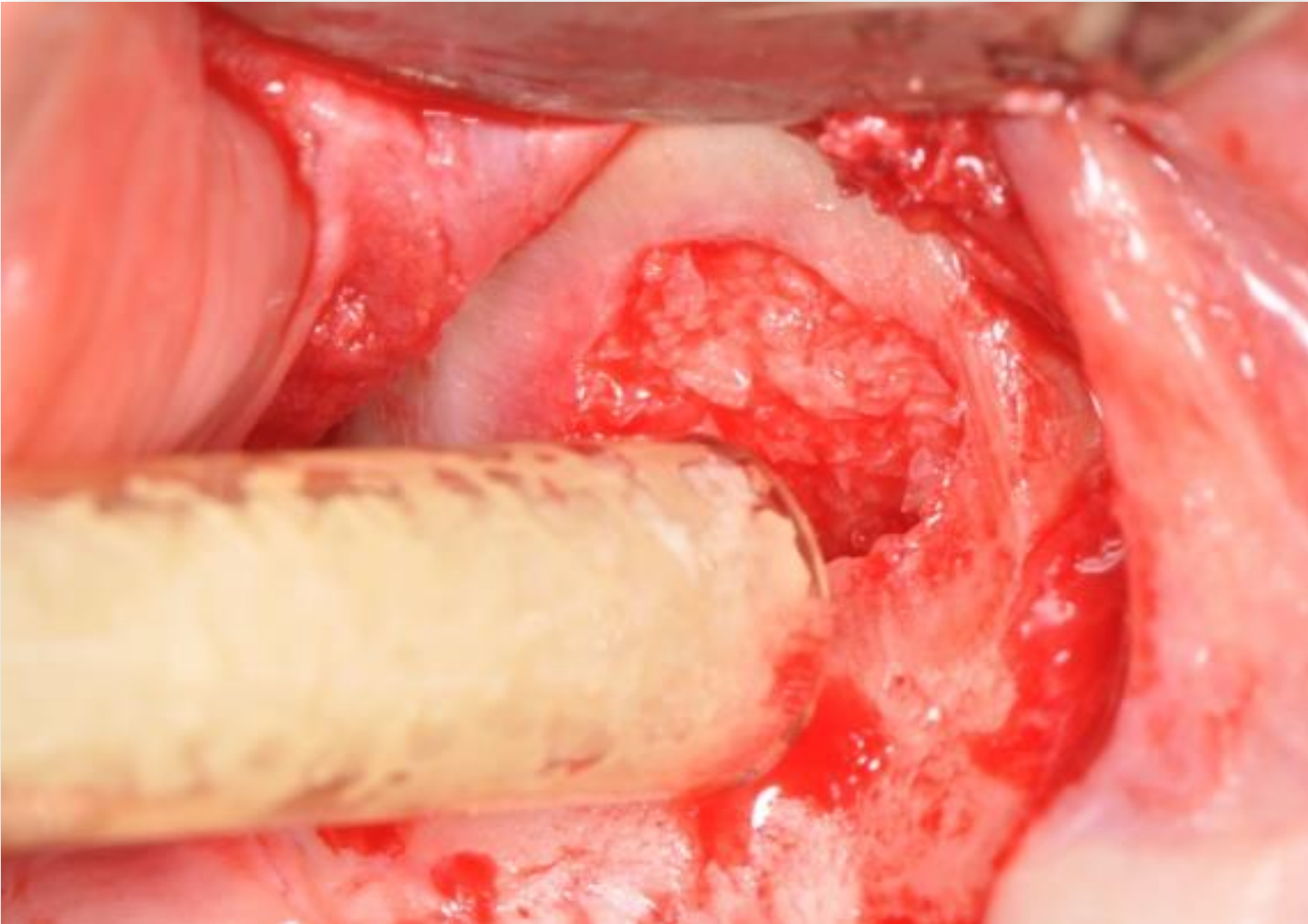
+ Right side sinus graft



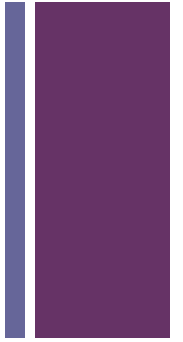
+ Right side sinus graft



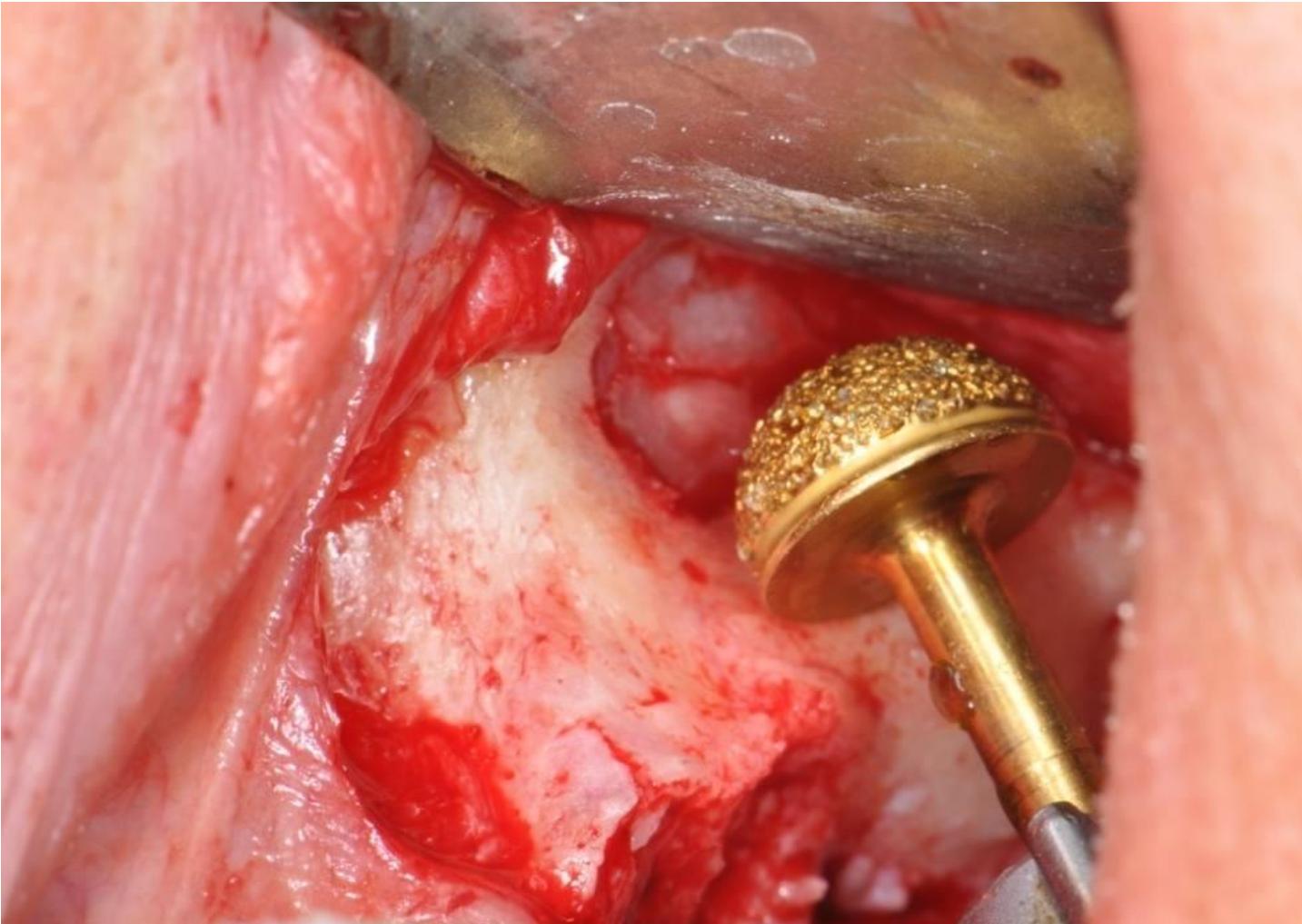
+ Right side sinus graft



+ Right side sinus graft



+ Left side sinus graft



+ Left side sinus graft



+ Left side sinus graft

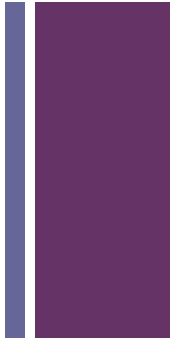


+ Post- Surgical x-ray

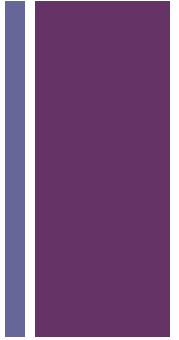


+ Post-Operative Care

- What were your post-operative instructions for this patient?
- Patient was instructed to continue gentle rinsing with Peridex for the following 2 weeks. Also gentle rinsing with lukewarm salt water will aid the healing process (add one half teaspoon of salt to a 6oz glass of water). Avoid the use of a water-pick tooth brush. Vigorous rinsing of the mouth prolongs bleeding by removing the clotting blood, so when rinsing your mouth, do it gently. No drinking through straws. The use of a straw creates negative pressure in the mouth and will tend to loosen the sutures. Patient was given a soft brush to use.
- Patient was advised to continue taking Amoxicillin TID until done 21 capsules. Motrin 800mg was prescribed for pain as needed. Smoking is to be avoided for the time of healing (increases the heat in the surgical site and significantly lowers the body's ability to heal the site). Avoid alcohol with post operative medications.



+ Post-Operative Care



- What were your post-operative instructions for this patient?
- Patient was instructed not to blow nose or sniff vigorously. Do not lift or pull at your lip or cheek to look at the sutures. Do not bend down too often during the first week. Use an extra pillow when sleeping. If he sneeze, to do so with mouth open to avoid any pressure in the sinus area. Patient was told to be aware of some granules in his mouth for the next few days. This is not unusual. A small amount of oozing of blood through the nose is not unusual.
- Patient was instructed to apply the ice pack that has been given for a period of 20 minutes on and 20 minutes off during the day for the next two days. The application of ice to the outside of the face over the surgical area will minimize swelling.

+ Post-Operative Care



- What were your post-operative instructions for this patient?
- Patient was told following surgery to restrict diet to liquid diet foods for the first 2 weeks and soft diet for the following 2 months. Please avoid chewing on the surgical site until the tissue is completely healed. Soft foods such as Jell-O, pudding, mashed potatoes, scrambled eggs and soups are suggested. If having difficulty chewing, try blenderized foods or diet supplements such as Carnation Instant Breakfast and Ensure.

+ Maintenance



- What is your maintenance protocol?
- 24 hour call; 2 weeks suture removal. Follow post-operative instructions. Hygiene procedures by brushing, flossing and rinsing.
- List this patients maintenance history:

24 hour call; 2 weeks suture removal. Follow post operative instructions. Hygiene procedures by brushing, flossing and rinsing. No provisional partial denture was given at this time. 7 months CBCT to continue treatment.

+ Pre- Surgical x-ray



+ Informed Consent (insert)

CONSENT FORM FOR IMPLANT TREATMENT

Treatment Information for: F

I have requested treatment because

Missing teeth need implants.

My doctor has explained the various types of implants used in dentistry and I have been informed of the alternatives to implant surgery for replacement of my missing teeth. I have also been informed of the foreseeable risks of those alternatives. I understand what procedures are necessary to accomplish the placement of the implant(s) under the gum and/or the bone.

I have further been informed that if no treatment is elected to replace the missing teeth or existing dentures, the non-treatment risks include, but are not limited to:

- (A) maintenance of the existing full or partial denture(s) with relines or remakes every 3 to 5 years, or as otherwise may be necessary due to slow, but likely, progressive deterioration of the underlying denture-supporting jaw bone;
- (B) any present discomfort or chewing inefficiency with the existing partial or full denture may persist or worsen in time;
- (C) drifting, tilting and/or extrusion of remaining teeth;
- (D) looseness of teeth, periodontal disease (gum and bone), possibly followed by extraction(s);
- (E) a potential jaw joint problem (TMD) caused by a deficient, collapsed or otherwise improper occlusion (bite).

I am aware that the practice of dentistry and dental surgery is not an exact science and I ACKNOWLEDGE THAT NO GUARANTEES have been made to me concerning the success of my implant surgery, the associated treatment and procedures, or the post surgical dental procedures. I am further aware that there is a risk that the implant surgery may fail, which might require further corrective surgery associated with the removal. Such a failure and remedial procedures could also involve additional fees being assessed.

J Initial

I understand that implant success is dependent upon a number of variables including, but not limited to: operator experience, individual patient tolerance and health, anatomical variations, patient home care of the implant, and the implant material and design. I also understand that implants are available in a variety of designs and materials and the choice of implant is determined in the professional judgment of my dentist.

J Initial

I have further been informed of the possible risks and complications of implant surgery, anesthesia, and the proposed drugs, including but not limited to: failure of the implant(s), inflammation, swelling, infection, discoloration, numbness (exact extent and duration unknown), inflammation of blood vessels, injury to existing teeth, bone fractures, sinus penetration, delayed healing or allergic reaction to the drugs or medications used. No one has made any promises or given me any guarantee about the outcome of this treatment or these procedures. I understand that these complications can occur even if all dental procedures are done properly.

J Initial

I have been advised that smoking, alcohol or excessive sugar consumption may affect healing and may limit the success of the implant. Because there is no way to accurately predict the gum and the bone healing capabilities of each patient, I know I must follow my dentist's home care instructions and report to my dentist for regular examinations as instructed.

I have also been advised that there is a risk that the implant or associated metal parts may break, which may require additional procedures.

I authorize Doctor perform dental services for me, including implants and other related surgery. I agree to the type of anesthesia that he/she has discussed with me, specifically local, IV sedation or general. I agree not to operate a motor vehicle or hazardous device for at least twenty-four (24) hours or more until fully recovered from the effects of the anesthesia or drugs given for my care.

I understand that my surgical procedure will be done under

J Initial

Local

Anesthesia ONLY.

J Initial

+ Informed Consent (insert)

If an unforeseen condition arises in the course of treatment which calls for the performance of procedures in addition to or different from that now contemplated and I am under general anesthesia or IV sedation, I further authorize and direct or assistants of their choice, to do whatever they deem necessary and advisable under the circumstances, including the decision not to proceed with the implant procedure, and I accept the additional cost of the procedure.

J Initial

I approve any modifications in designs, materials, or care, if my dentist, in his/her professional judgment, decides it is in my best interest to do so.

To my knowledge, I have given an accurate report of my health history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or bodily diseases, gum or skin reactions, abnormal bleeding or any other condition relating to my health or any problems experienced with any prior medical, dental or other health care and treatment.

I authorize my dentist to make photos, slides, x-rays or any other visual aids of my treatment to be used for the advancement of implant dentistry in any manner my dentist deems appropriate. However, no photographs or other records which identify me will be used without my written consent.

I realize and understand that the purpose of this document is to evidence the fact that I am knowingly consenting to the implant procedures recommended by my dentist and that I understand the risks inherent in doing so.

I AGREE THAT IF I DO NOT FOLLOW MY DENTIST RECOMMENDATIONS AND ADVICE FOR POST-OPERATIVE CARE, MY DENTIST MAY TERMINATE THE DENTIST-PATIENT RELATIONSHIP, REQUIRING ME TO SEEK TREATMENT FROM ANOTHER DENTIST. I REALIZE THAT ONGOING POST-OPERATIVE CARE AND MAINTENANCE TREATMENT IS CRITICAL FOR THE ULTIMATE SUCCESS OF MY DENTAL IMPLANTS.

Questions I have to ask my dentist: _____

I understand that the proposed treatment for my dental problem will involve the following surgical procedure:

Upper: Placement of 3 implants
one Right and 2 left side.

Lower: _____

The expected outcome of treatment (prognosis) is:

Upper: Good

Lower: _____

I understand that my dental problem can be alternatively treated by:

RPD - Removable denture

I understand that the recommended treatment has the following advantages over the above alternative(s):

Better function + esthetics with
a fixed prosthesis/crown

I have read this booklet and I FULLY UNDERSTAND THE ABOVE AUTHORIZATION AND INFORMED CONSENT TO IMPLANT PLACEMENT AND SURGERY AND THAT ALL OF MY QUESTIONS, IF ANY, HAVE BEEN FULLY ANSWERED. I HAVE HAD THE OPPORTUNITY TO REVIEW THIS FORM BEFORE SIGNING IT.

Signature of Patient or Guardian _____ Dated 9-27-2010

Witness _____ Dated 9/27/2010

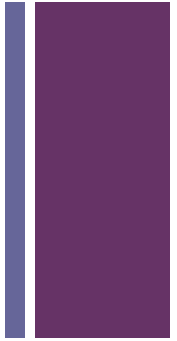
Witness _____ Dated _____

+ Implant Surgery

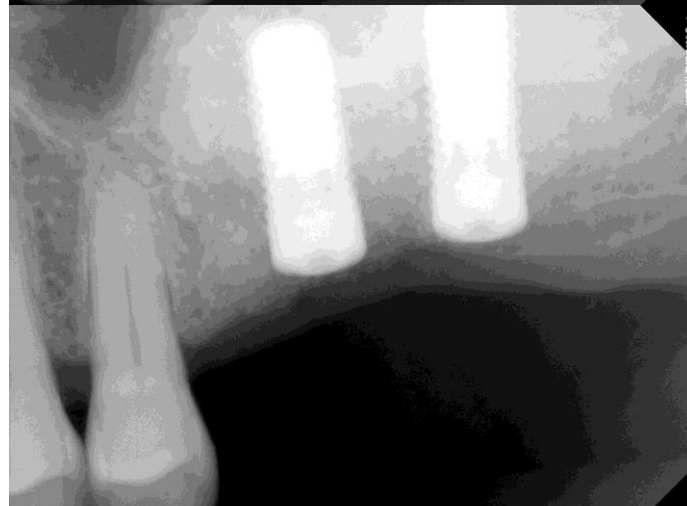
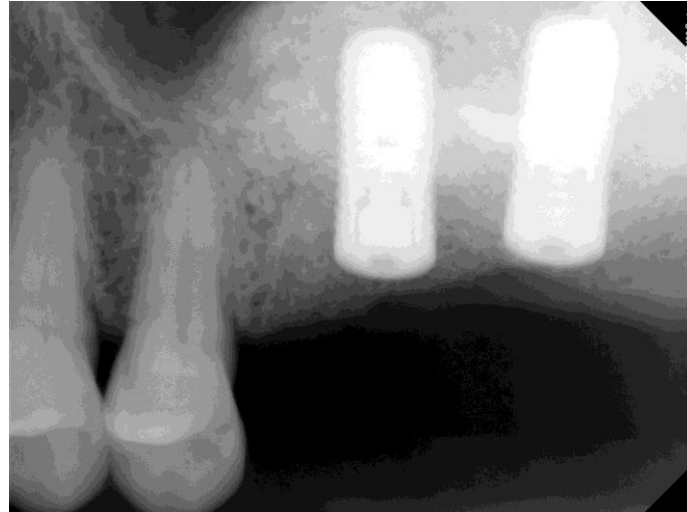
- Operative report of implant surgery: **Oct /13 /2010**
- BP: 135/69, pulse 70, O2 saturation 98-99%.
- 2 grams of Amoxicillin administered to the patient on the morning of surgery. Patient was asked to rinse with Peridex (oral rinse containing 0.12% chlorhexidine gluconate) for 3 min and his face was swabbed with betadine solution. Patient was fully draped for surgery and local anesthetic 2 carpules Lido 2% 1/100000 epinephrine were administered by infiltration buccal and palatal in the maxillary posterior each right and left side.
- A crestal incision in the edentulous area of #3 and #14,15 along with a short vertical releasing posterior left incision was done using 15 blade. Full thickness mucoperiosteal flap reflected and with the use of a surgical template the osteotomy for implant placement in position of #3,14,15 was started.

+ Implant Surgery

- Operative report of implant surgery:
- Straumann Surgical kit was used for the placement of two Straumann Bone Level SLA Active implants with diameter and length of :
 - 4.8mm x 12mm for implants in position #14,15
 - 4.1mm x 12mm for the implant in position #3.
- No profile drill / countersink drill used. Insertion torque 30-35N/cm. Implants were primary stable. Cover screws were used and primary closure obtained using vicryl interrupted sutures.
- End procedure BP: 141/70, pulse 70, O2 saturation 99%.
- PO instructions reviewed with patient in oral and written form. Patient tolerated the procedure well.



+ Post operative radiographs



+ Post-Operative Care



- What were your post-operative instructions for this patient?
- Patient was told to continue gentle rinsing with Peridex for the following 2 weeks. Also gentle rinsing with lukewarm salt water will aid the healing process (add one half teaspoon of salt to a 6oz glass of water). Avoid the use of a water-pick tooth brush. Vigorous rinsing of the mouth prolongs bleeding by removing the clotting blood, so when rinsing your mouth, do it gently. No drinking through straws. The use of a straw creates negative pressure in the mouth and will tend to loosen the sutures. Patient was given a soft brush to use.
- Patient was instructed to continue taking Amoxicillin TID until done 21 capsules. Motrin 800mg was prescribed for pain control. Smoking is to be avoided for the time of healing (increases the heat in the surgical site and significantly lowers the body's ability to heal the site). Avoid alcohol with post operative medications.

+ Post-Operative Care



- What were your post-operative instructions for this patient?
- Patient was instructed to apply the ice pack that has been given for a period of 20 minutes on and 20 minutes off during the day for the next two days. The application of ice to the outside of the face over the surgical area will minimize swelling.
- Patient was told following surgery to restrict diet to soft diet for the following month. Also to avoid chewing on the surgical site until the tissue is completely healed. Soft foods such as Jell-O, pudding, mashed potatoes, scrambled eggs and soups are suggested. If having difficulty chewing, try blenderized foods or diet supplements such as Carnation Instant Breakfast and Ensure.

+ Maintenance



- What is your maintenance protocol?
- 24 hour call; 2 weeks suture removal. Follow post-operative instructions. Hygiene procedures by brushing, flossing and rinsing.
- Periapical radiographs taken once a month to monitor healing.
- List this patients maintenance history:
 - 24 hour call; 2 weeks suture removal. Follow post operative instructions. Hygiene procedures by brushing, flossing and rinsing.
 - Periapical radiographs taken once a month to monitor healing.

+ Prosthetic Restoration



- What type of restoration was placed?
- Implant #3 restored with gold custom abutment and metal-ceramic crown.
- Implant #14,15 restored with gold custom abutments and splinted metal-ceramic crowns.

- Explain:
- Uncovery and placement of healing abutments.

+ Prosthetic Restoration.

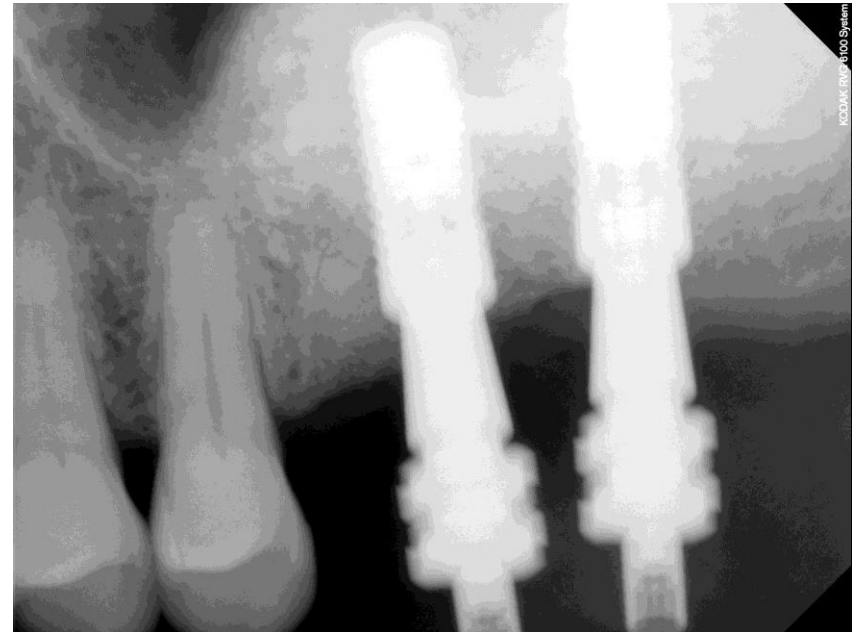
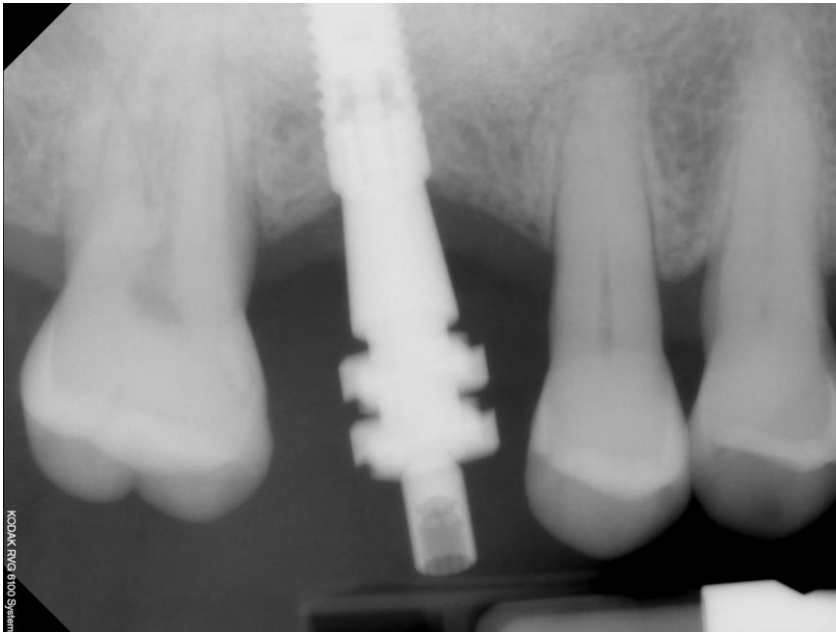


- Explain:
- Maxillary final implant level impression, fabrication of master cast, facebow, jaw relation, mounting in a semi-adjustable articulator .
- Full contour wax pattern.
- Fabrication of provisional restorations and placement.
- Fabrication of custom abutments and metal copings.
- Try in custom abutments and metal copings.
- Fabrication of IMCC, delivery of custom abutments that were torqued at 35N/cm and final restorations.
- Occlusal device, OHI reinforced, hygiene tools given to patient.

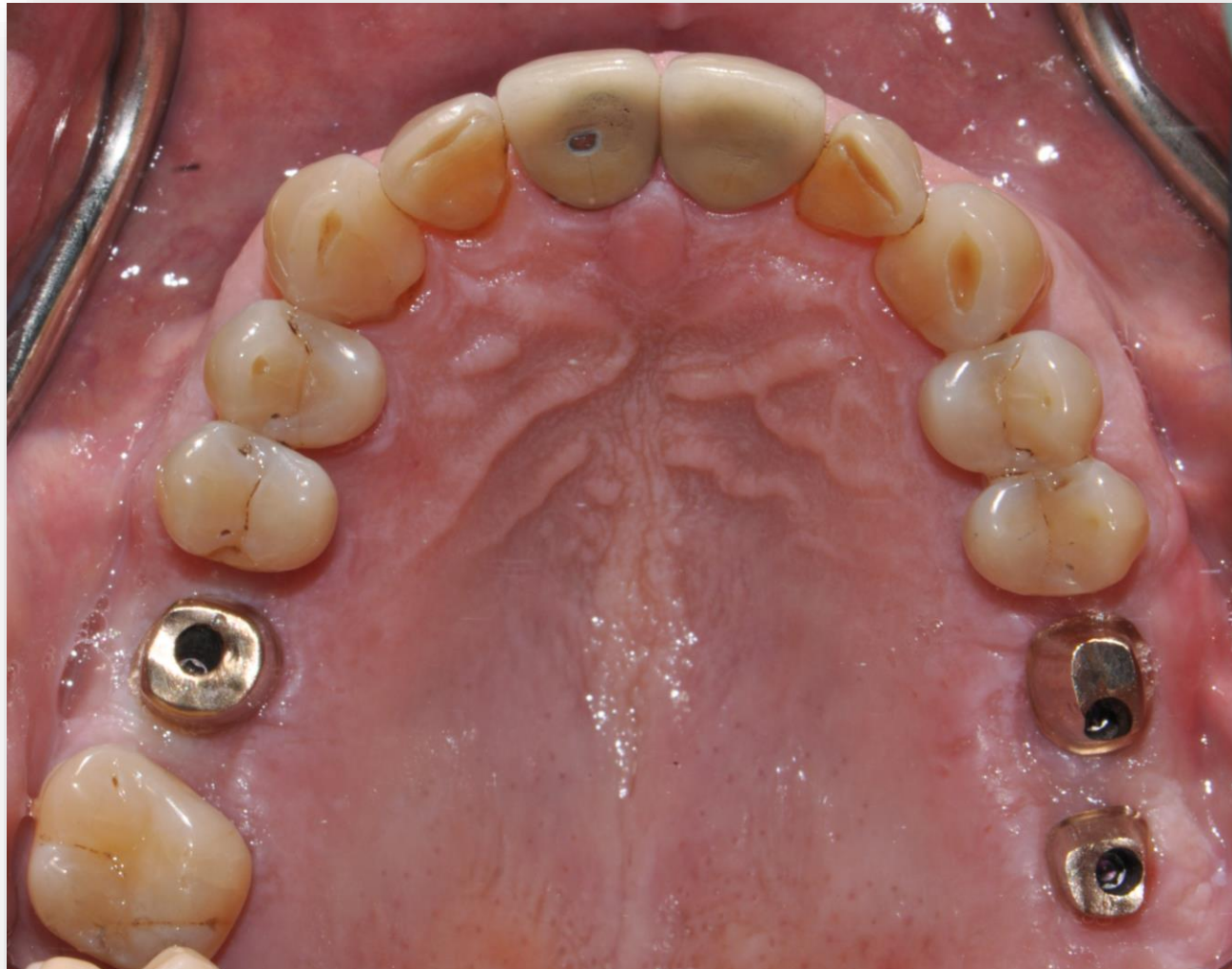
+ Uncovery



+ Implant level maxillary impression,
seating of impression copings



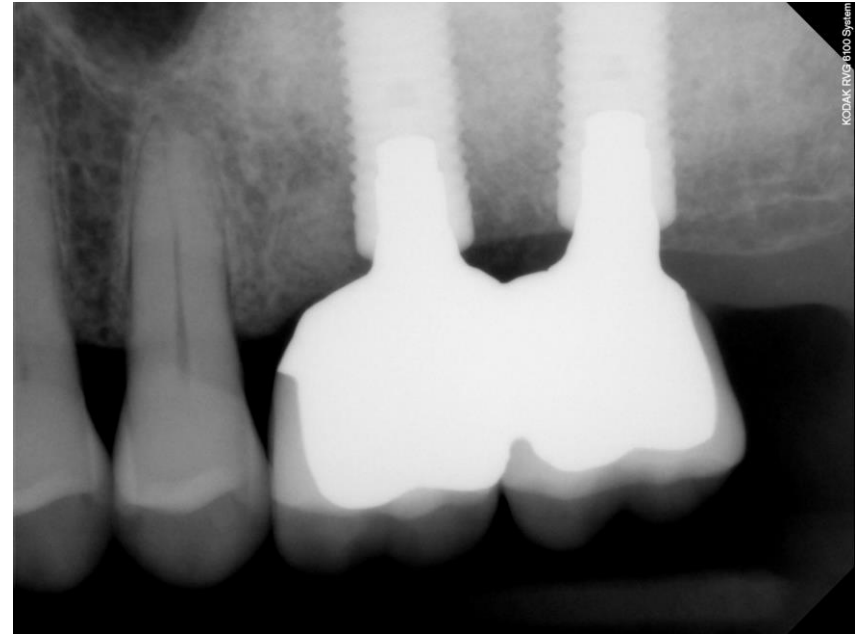
+ Trial placement of gold custom abutments



+ Metal copings trial placement



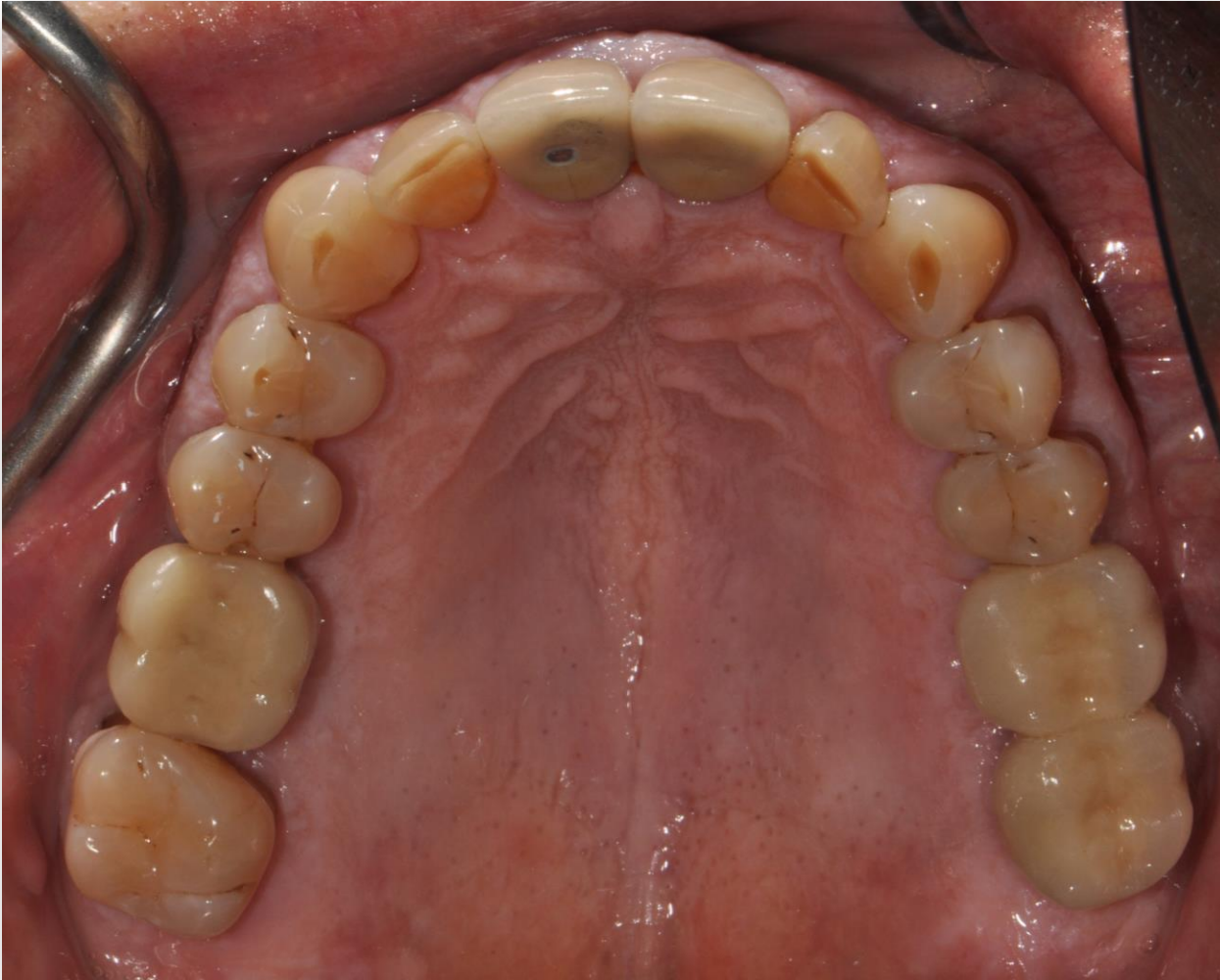
+ Immediate post prosthetic placement x-ray (2011)
Cemented IMCC's # 3,14,15



+ Metal ceramic crowns



+ Occlusal view of maxillary arch (insert)



+ Occlusal view of mandibular arch
(insert)



+ Frontal view in maximum
intercuspatation position (insert)



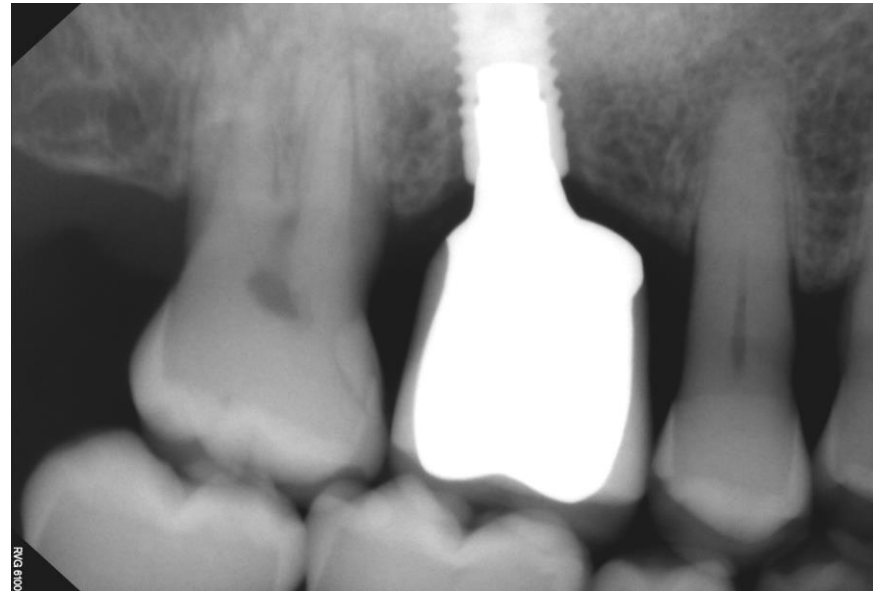
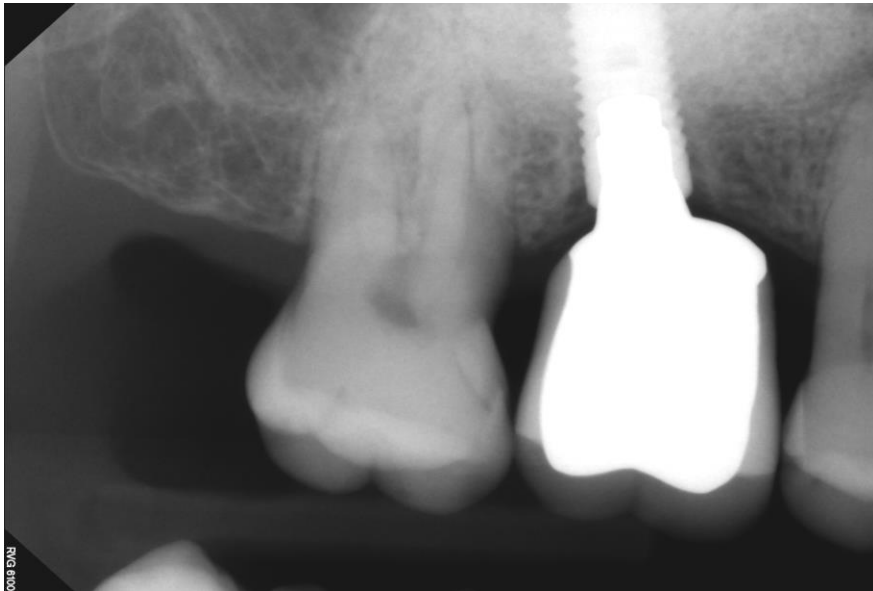
+ Left side (insert)



+ Right side (insert)

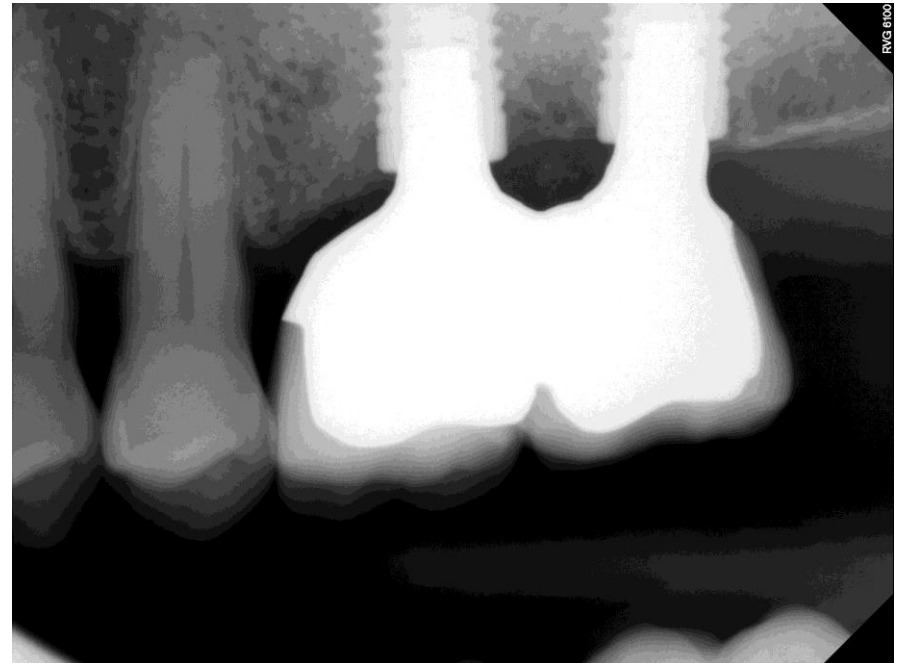
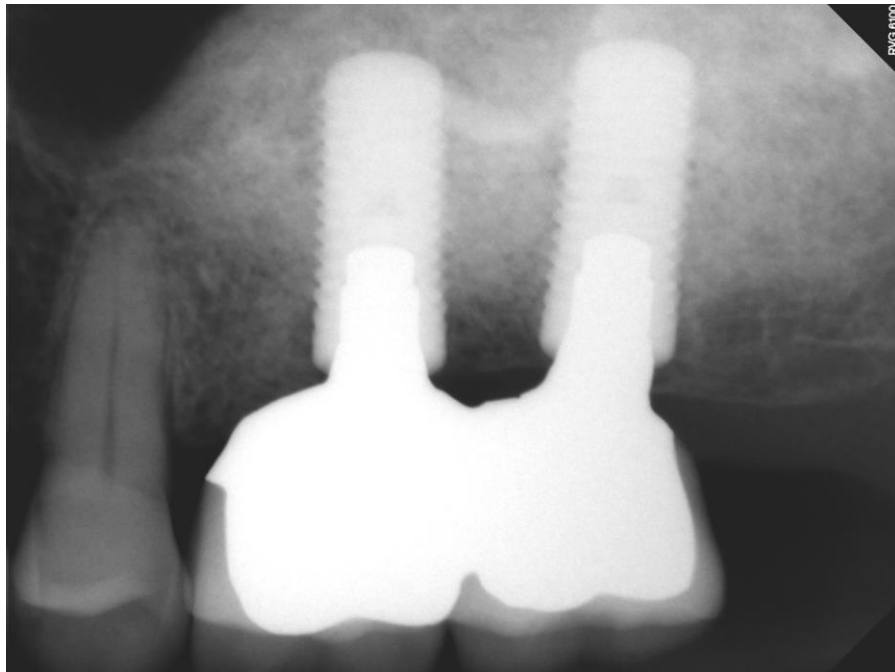


+ One year post prosthetic placement x-ray (2012)
Implant and restoration #3

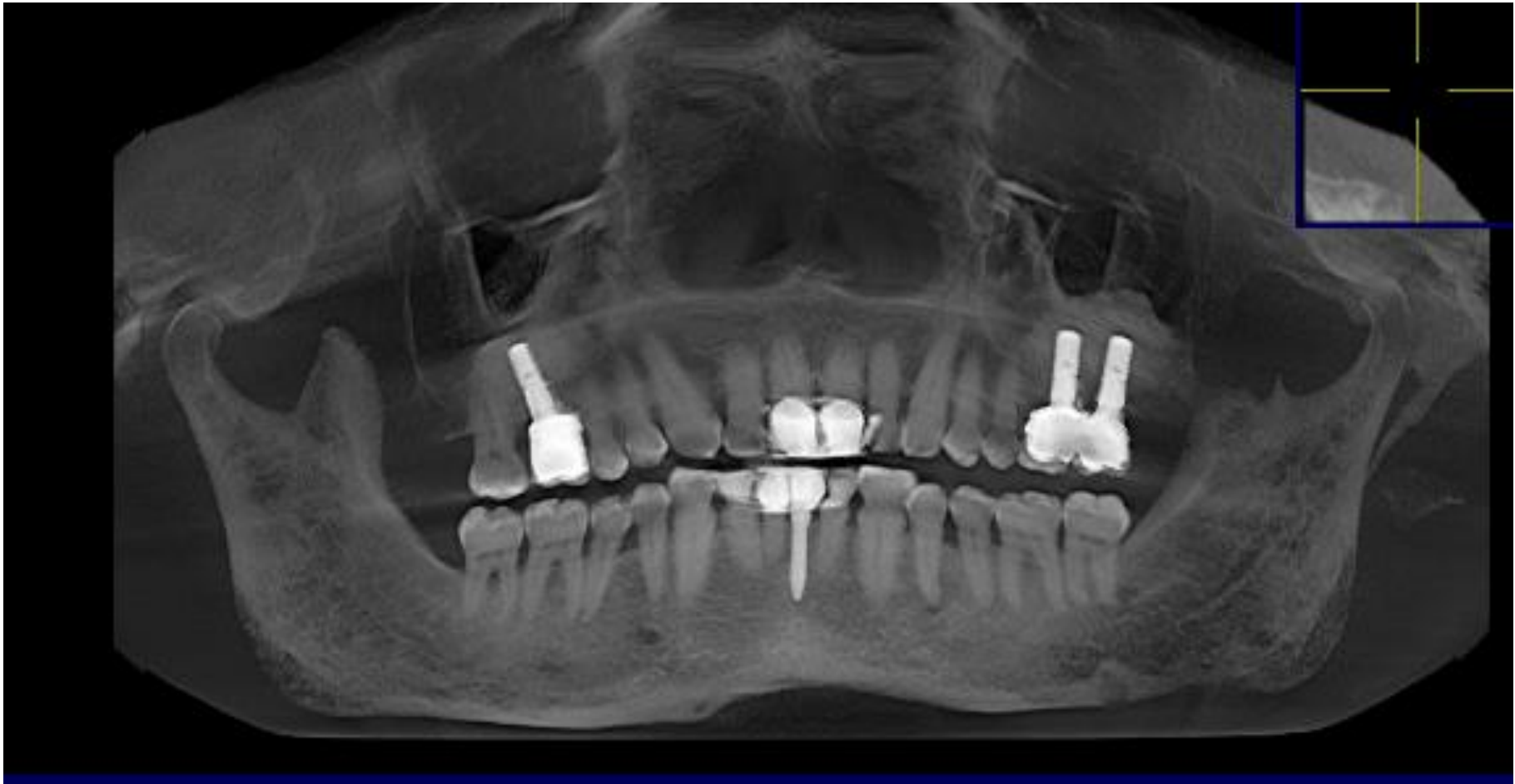


+ One year post prosthetic placement x-ray (2012)

Implants and restorations #14,15



+ One year post prosthetic placement
Implants and restorations # 3,14,15



+ Revision (if necessary)

- No revision surgeries necessary for this patient.

