

Stage 1 | Assessment and treatment planning

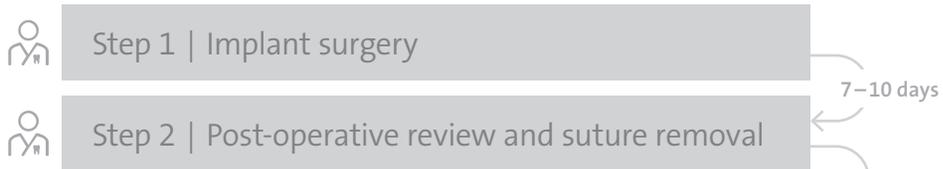
# Step 3 Consultation and consent



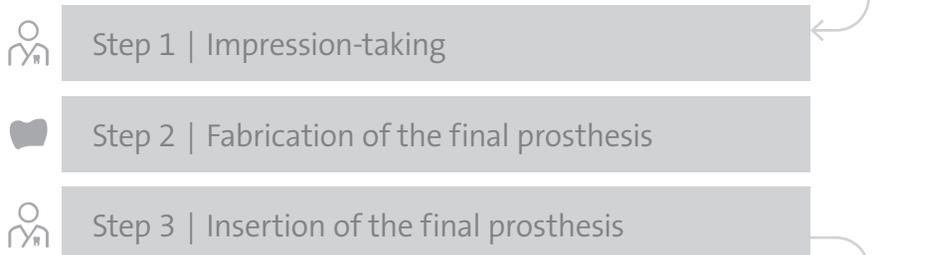
## Assessment and treatment planning



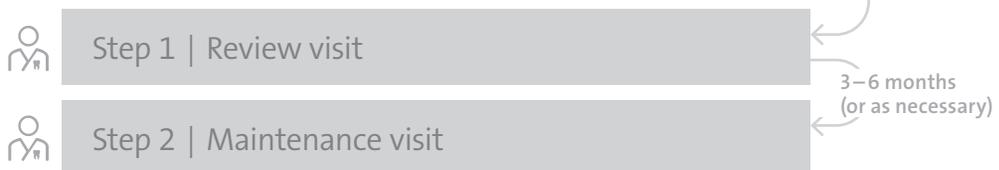
## Surgical procedures



## Prosthetic procedures



## Aftercare and maintenance



In clinic with patient    Office / Lab work



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## Introduction



After you have thoroughly evaluated the findings from the history, examination and treatment planning steps in your office, this module guides you in preparing a comprehensive discussion, in order to gain the patient's acceptance for treatment. This discussion is an important stage of communication with your patient

and a key factor for a successful treatment outcome. It is also essential for patient motivation and compliance. Although the information and documentation, such as a signed consent\*, in this step are highly relevant, this consultation should serve as more than just a legal step in the patient's treatment. Successful practice building also relies on this important step.

Be prepared for a comprehensive discussion with the patient to gain acceptance of implant treatment.

## Learning objectives

-  Be able to discuss the ideal treatment plan with the patient along with risks, benefits and alternatives.
-  Use the detailed information provided to obtain informed consent from the patient before the start of implant treatment.

\*Statutory provisions may vary between countries



## 1. Recommendations for discussion with the patient

- Do not provide too much information at a time and only focus on what is essential
- Avoid medical and technical terminology
- Use paraphrases, pictures and drawings
- Hand out information in written form
- Do not provide important information that requires making a decision immediately prior to the surgical procedure
- Calculate enough time to answer questions

How to structure your discussion with the patient for a successful consultation.



## 2. Checklist of information for the patient

- [📄 General patient information on dental implants](#)
- Overall treatment time: Total treatment time generally takes 3 to 4 months for a straightforward case from placing the implants until the first aftercare appointment
- Number, frequency and duration of appointments
- Type of implant and material to be used
- Type of restoration that will be delivered (screw- vs. cement-retained)
- Expected esthetic outcome of the implant treatment
- Expected discomfort from the procedures
- Treatment costs
- Limitations of treatment
- Consequences of not performing any treatment (e.g., continued bone loss, compromised esthetics, overeruption of opposing teeth)
- Possible alternative treatment options
- [📄 Post-operative care and medications \(Checklist implant surgery\)](#)
- Expectations for patient's compliance and information on long-term care:
  - Maintenance schedule
  - Consequences of not returning for follow-up
  - Importance of oral hygiene maintenance at home
  - Information that biological complications could occur and that dentists are not liable for these cases
- Financial management of failure
  - What kind of failures will be covered by the dentist
  - What costs will the patient be responsible for

The kind of information you should provide to your patient.



### 3. Risks and complications associated with dental implants

Generally, 95 % of implants supporting a fixed dental prosthesis (FDP) are successful after a period of 5 years<sup>1</sup> (if oral hygiene is adequate and no risk factors exist). It is important to note that such research figures cannot be considered as a guarantee for any particular implant case. Nevertheless, you should:

Very high success rates of 95 % have been recorded for implants supporting an FDP.

→ Be informed about the expected survival and complication rates of implant- and tooth-supported prostheses (Tables 1 & 2)

Tables for reference

→ Be able to discuss examples of some long-term complications associated with implants (Table 3)

- A Soft tissue dehiscence
- B Peri-implantitis
- C Crown/abutment loosening or de-cementation of the restoration
- D Chipping or fracture of the veneering ceramic, abutment or implant





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3. Risks and complications



Your patient should be informed about side-effects, interactions, precautions and complications.

Immediately after the insertion of dental implants, your patient should avoid any physical exertion.

### The patient may experience some temporary symptoms such as:

- Pain
- Bleeding
- Swelling or gingival inflammation
- Bruising
- Difficulties in normal mouth opening affecting speech or eating

Warn your patient about temporary post-operative symptoms.

### More persistent symptoms that could occur:

- Chronic pain in connection with the dental implant(s)
- Nerve damage leading to transient or permanent anesthesia, paresthesia or dysesthesia
- Localized or systemic infection
- Difficulty in wound healing
- Loss of maxillary or mandibular ridge bone
- Injury or damage to inferior alveolar nerve or lingual nerve: Transient but sometimes permanent numbness of the lip, tongue, teeth, chin, or gum
- Irreversible damage to adjacent teeth
- Fracture of implant, jaw, bone or prosthesis
- Oroantral or oronasal fistula
- Esthetic problems
- Non-osseointegration of implants

Inform your patient about other possible post-operative symptoms and complications.



## 4. Obtaining informed consent from the patient

As oral and **written consent** are legally acceptable in most situations, you should ask the patient to sign an informed consent preferably 24 hours prior to any treatment. We advise you to keep a record of the nature of the conversation with your patient, the information provided and the patient's decision.

A signed, written informed consent can serve as evidence should any legal issues arise. The structure and content of the consent form may depend on the law in individual countries. You should individualize the consent form for each patient according to the specific requirements of the case.

Make certain that the patient understands what has been explained and that he or she has consented to the procedure.

The written informed consent should include:

- **Diagnosis**
- **Recommended treatment**
- **Surgical and prosthetic phases of procedures**
- **Benefits and alternatives**
- **Common risks and limitations**
- **Consequences of not performing the treatment**

Here is an example of a  [Surgical Consent Form for Dental Implantation](#) used in standard situations.

Get your patient's written and signed consent when he or she is fully informed and accepts the procedure and its risks and benefits.

Example of a surgical consent form for dental implantation.



## 5. Final steps during patient consultation

1. Agree on the expected outcome of the treatment in order to set the basis for the chosen treatment procedure.
2. Send study models for the [fabrication of the surgical drill template](#) to the [dental technician](#).

Plan the fabrication of a surgical drill template with your dental technician.

**Table 1**

Comparison of survival and complication rates of implant- and tooth-supported prostheses

	Survival of prosthesis		Survival of implant		Overall complication rate
	5 years	10 years	5 years	10 years	5 years
Implant-supported <b>Single crown</b> (PFM) <sup>2</sup>	96.3%	89.4%	97.2%	95.2%	
<b>Single crown</b>					
Metal (PFM) <sup>3</sup>	94.7%				
All ceramic <sup>4</sup>	93.3%				
Lithium disilicate <sup>3</sup>	96.6%				
Implant-supported <b>3-unit FDP</b> (PFM) <sup>1</sup>	95.4% (96.4% without acrylic)	80.1% (93.9% without acrylic)	95.6% (97.2% for rough surfaces)	93.1%	38.7% (predominantly technical complications such as fracture of ceramic veneer, abutment and screw loosening)
Implants with cantilever restorations <sup>5</sup>	97.1%		98.9%		
Combined tooth-implant-supported FPD <sup>6</sup>	94.1%	77.8%	90.1%	82.1%	
<b>3-unit FDPs</b>					15.7% (predominantly biological complications: caries, loss of tooth vitality)
Conv. FDP (PFM) <sup>7,8</sup>	94.4%	89%			
Zirconia <sup>7</sup>	90.4%				
Resin-bonded bridge (RBB) <sup>9</sup>	87.7%	65%			
Removable partial denture (RPD) <sup>10</sup>	75%	50%			

**Table 2**5- and 10-year complication rates of **tooth-supported** single crowns and FDPs

	Single crowns		Fixed dental prosthesis		
	5 years <sup>4</sup>		5 years <sup>11</sup>		10 years <sup>8</sup>
<b>Biological complications</b>	MC	AC	MC	AC	MC/AC
Caries	3.2%	1.8%	4.8%	1.8%	9.5%
Loss due to caries	0.7%	0.2%	1.6%	1.7%	2.6%
Loss of vitality	2.1%	2.1%	6.1%	4.1%	10%
Loss due to periodontitis	0.6%	0%	0.4%	0%	0.5%
Loss due to abutment failure	0.9%	0.4%	1%	1.2%	2.1%
<b>Technical complications</b>	MC	AC	MC	AC	MC/AC
Chipping	5.7%	3.7%	2.9%	13.6%	6.4%
De-cementation	0.7%	2.8%	3.3%	2.3%	6.4%
Framework fracture	5.7%	5.7%	1.6%	6.5%	6.4%

**AC:** All ceramic**FDP:** Fixed dental prosthesis**FPD:** Fixed partial denture**MC:** Metal ceramic**RPD:** Removable partial denture**RBB:** Resin-bonded bridge**PFM:** Porcelain-fused to metal**SC:** Single crown

**Table 3**

Comparison of types of complications of **implant-supported** restorations after 5 years<sup>1,2</sup>

	Single crowns	Fixed dental prosthesis
<b>Biological complications</b>		
Soft tissue complications	7%	8.5%
Bone loss >2 mm	5.2%	
<b>Technical complications</b>		
Chippings	3.5%	13.5%
Abutment screw loosening	4.1%	5.3%
De-cementation	3.5%	4.7%
Loss of access hole closure	0%	5.4%
Abutment or screw fracture	0%	1.3%
Implant fracture	0%	0.5%



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