

DENTAL IMPLANTS BONE GRAFTING FOR IMPLANTS SINUS LIFT SITE PRESERVATION

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BONE GRAFTING
SINUS LIFT
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- ✓ **GENERAL DESCRIPTION: DENTAL IMPLANTS**

Dental implants actually replace the roots of teeth. On top of the metallic roots or dental implants the dentist constructs the crown. There are actually parts to the dental implant: the IMPLANT proper which goes in the bone and is the anchor, the ABUTMENT which is a connecting piece that goes into the implant and the crown that is secured to the ABUTMENT. The dental implant is best performed as a team with your surgeon placing the implant and your dentist making the crown. Many times, an implant cannot be placed because it needs additional bone. A **BONE GRAFT** may be required. In this case, Dr. Heffez uses special techniques to restore the bone and gum to its preexisting levels before implants are placed.

✓ **GENERAL DESCRIPTION: BONE GRAFTING FOR DENTAL IMPLANTS**

✓ **GENERAL DESCRIPTION: SINUS LIFT PROCEDURE**

When the bone height (vertical) is insufficient for an implant in the upper jaw, bone is added under the sinus. This can be done by opening a trap door under your sinus (EXTERNAL Sinus Lift) or if only a little extra height is needed it can be done through the same hole the implant will be placed (INTERNAL Sinus Lift).

✓ **GENERAL DESCRIPTION: SITE PRESERVATION**

SITE PRESERVATION is a bone graft performed after your extraction or within 1-2 months after the extraction if there is a gross infection noted with the extraction. The reasons for performing a site preservation or **SOCKET BONE GRAFT** are to:

1. **PRESERVE** the existing bone **WIDTH** and **HEIGHT** and decrease the chance for a bone graft at the time of implant or bridge OR
2. Decrease the likelihood of a large bone graft to the area prior to your implant or bridge

The **INDICATIONS** for a site preservation are:

- **Thin alveolar bone remaining after the extraction**
- **Bone resorption is expected to occur after the extraction, which will leave an inadequate amount of bone to support an implant.**

A bone graft material is placed into the extraction site to help preserve your jawbone in preparation for implant placement of the extracted tooth. Dr. Heffez prefers to use cow (BOVINE). This bone has been used for many years successfully to restore the jaw bone.

✓ **FAQ: DENTAL IMPLANTS**

WHAT ARE DENTAL IMPLANTS?

Dental implants are like screws that go into wood or dry wall. Except in your case they are going into your bone. They are replacing the ROOTS of the teeth. These screws are special because they are internally threaded. This means that another screw can be screwed into them. That screw pokes out of the gum and it is on top of that screw that the dentist makes the crown or bridge is called the ABUTMENT. On top of the abutment the dentist either screws or glues a crown.

HOW MANY DO IMPLANTS DO I NEED TO HAVE?

Every tooth does not need to be replaced by an implant. So, if you are missing all your UPPER teeth you can have 4 implants if you want a denture (REMOVABLE SOLUTION) to snap over the implants. If you are looking to have teeth that you cannot remove (FIXED SOLUTION) you will probably will need 6-8 implants.

A LOWER denture can be made over only two implants. The main limiting factor to placing implants in the lower jaw is the position of the nerve that gives sensation to your lower lip, chin, and gums.

CAN I HAVE "TEETH IN A DAY"?

This procedure is typically performed when you are losing all your teeth. When the bone has sufficient quantity and good quality, implants can be placed and restored in one day. The restoration is temporary. When the healing is completed, the final bridge, crown or denture can be fabricated. This requires coordination between the surgeon, laboratory and dentist.

SHOULD I GET A BRIDGE OR AN IMPLANT?

Both are good solutions. There are pro's and cons to each solution. Let's take a look at each one.

BRIDGE: In a bridge, teeth on either side of the missing tooth or teeth bridge the space. The teeth that support the bridge are called ABUTMENTS. The tooth or teeth that are being replaced are called PONTIC(S). Sometimes, you will have a 3-unit bridge or 4-unit bridge etc... depending on the number of ABUTMENTS and PONTICS there are. Just add the total number of ABUTMENTS and PONTICS to get the total number of units. Your dentist evaluates the minimum number of units needed in the bridge for you to handle all the biting force (LOADING).

A CROWN fits over an existing tooth. Some people call it a cap. A 3-unit BRIDGE has two CROWNS or caps and an attached PONTIC.

Pros

- Been around for years
- If either tooth on either side, the bridge fails, and it needs to be replaced. You will incur the price of a new bridge if it can be remade. If the bridge fails it often means adding another tooth or teeth to the bridge to secure it. Sometimes, it means extracting one of the teeth that was used for support in the bridge.
- Price it out with your dentist. The cost may be the same as an implant solution.

- Usually can be started as soon as one month after the extraction and finished about two months later.

Cons

- Often need to be replaced after 8-10 years because the gums recede with time.
- Does not mean that. A bone or gum graft may not be required to make the bridge more cosmetic and easier to clean.
- IT might mean cutting down an existing healthy tooth so that a crown can fit over it. In this situation, an implant is more desirable, because it does not involve sacrificing an adjacent tooth.
- Bridges are not guaranteed.

IMPLANT:

Pros

- Been around for years
- Independent of each adjacent tooth: if the tooth next to it fails it usually does not interfere with the implant
- Excellent success in areas of good bone
- Does not touch existing, healthy teeth

Cons

- Its loss may mean that bone grafting will be required to be able to place another implant. This means additional expenses will be incurred.
- Implants can fail immediately. This means the bone does not heal to the implant. The implant can usually be replaced and allowed to heal for another 4-6 months.
- Implants can lose bone slowly around them causing gum recession, gum swelling, localized infection. In a cosmetic site, it may be better to remove this implant and replace it with another before additional bone loss occurs. In a non-cosmetic site, localized gum surgery can help to slow down the process of bone loss. **JUST BECAUSE YOU LOSE SOME BONE AROUND. AN IMPLANT DOES NOT NECESSARILY AND USUALLY DOES NOT BECOME MOBILE.**
- Implants are not guaranteed.

HOW LONG DO I NEED TO ALLOW IMPLANTS TO HEAL BEFORE I CAN GET MY TEETH?

The healing time is the time required for the bone to heal to the implant. When the bone has healed to the implant and the implant is ready to be used we say the implant is OSSEOINTEGRATED.

The time for OSSEOINTEGRATION depends on the quality of the bone. The quality of the bone is best assessed at the time of surgery.

Dr. Heffez Usually recommends that implants heal 4-6months for OSSEOINTEGRATION.

WHO SHOULD DO MY IMPLANTS?

A dentist who is trained and has the experience of placing implants should surgically place and restore an implant.

USUALLY, a team is used. A surgeon working closely with the dentist places the implant and the dentist restores the implant. The surgeon may be an oral and maxillofacial surgeon or a

periodontist or a general dentist.

HOW LONG DO IMPLANTS LAST?

Implants are not guaranteed. However, implants can fail but do not commonly fail. If they fail it is usually due to poor bone healing to the implant. If the implant fails before they are used, the implant is replaced for only the charge for placing the implant.

DO I NEED A BONE GRAFT?

You might need a bone graft if you do not have enough:

Bone height

Bone width

You need enough bone to fit the implant diameter (WIDTH) selected for that site and then some. Remember there has to be enough bone all around the implant. A 4mm implant will require, at a minimum, 1mm of bone all around it. So, for a 4mm bone the minimum amount of bone needed is 6mm.

Sometimes a CAT scan (CBCT) is used to estimate the amount of bone available.

You need enough bone to fit the implant LENGTH selected for that site. Usually we seek to have an implant of 10-11mm. In some cases, a 6-8 mm implant is acceptable.

Bone height is more difficult to create than bone width.

Bone height may be created by lifting the sinus membrane (SINUS LIFT PROCEDURE) if the sinus dips down into the bone.

If you show your gums or the entire tooth on smiling, you want to make sure that the gum and bone are re-created to the original level. Otherwise, your restored tooth will look too long for your mouth, you will show metal of the implant upon smiling or the dentist will need to make gum tissue attached to the crown to simulate the lost gum.

Dr. Heffez uses two special techniques to create bone height: DISTRACTION OSTEOGENESIS and SANDWICH GRAFTING.

DISTRACTION OSTEOGENESIS is a technique in which Dr. Heffez stretches the bone to create new bone.

SANDWICH GRAFTING is a technique in which Dr. Heffez splits the bone, creating a box of bone. He then lifts it up and tucks a bone graft in between.

For additional information check out [**FAQ BONE GRAFTING FOR BONE GRAFTING FOR IMPLANTS**](#)

WHAT IS A SINUS LIFT PROCEDURE?

It is a surgical technique for increasing the height of bone available under the sinuses. Hence, it is a procedure done in the upper jaw (MAXILLA).

The procedure can be done INTERNALLY and EXTERNALLY.

INTERNAL SINUS LIFT is done at the time of placing the implant and can be used to increase the height by no more than 4 mm.

EXTERNAL SINUS LIFT is a technique in which a window is opened on the outside aspect of

the sinus and the membrane is lifted over a wide area. Dr. Heffez can gain additional heights of over 10mm with this technique. You can read more about **SINUS LIFT** under the SINUS LIFT TAB or see photos in the photo gallery under **SHOW ME**.

WHAT IS A STENT?

It is a piece of 'plastic' made off a model of your teeth to guide the location of the implant. It is used during surgery and can be made by your dentist or the surgeon depending on the dentist's preference.

MY DENTIST SAYS I CAN'T HAVE IMPLANTS BECAUSE I DON'T HAVE ENOUGH BONE.

In most cases, your jaw can be grafted with your own bone and bone substitutes in order to eventually have implants.

WHICH BONE GRAFT MATERIAL IS THE BEST FOR ME?

In most cases, your own from the lower jaw is the best source of bone. It does not tend to resorb (disappear) quickly. This bone is often supplemented over the edges with granules of Biooss (cow bone).

For the SINUS LIFT PROCEDURE, Dr. Heffez has found that *Bio-Oss* (cow bone) works the best. He has used this bone for over 20 years with great success.

In some cases, a chemical is used to stimulate your own bone to form bone. This is called Bone Morphogenic Protein (BMP).

HOW LONG DO I HAVE TO WAIT FOR THE BONE TO HEAL?

Typically, 5-6 months is required.

IS COW BONE OR HUMAN BONE DANGEROUS TO USE?

Dr. Heffez only uses bone substitutes from a reputable source. There has never been any report of mad disease being contracted from the use of cow bone.

I'VE NOTICED THAT WITH TIME I AM SEEING A METAL COLLAR NEAR THE GUM OF MY IMPLANT CROWN. WHAT DO I DO?

Your gum is receding, as it can occur around your teeth. It is not possible to reliably gain gum tissue to cover the metal showing. If it bothers the patient, the crown can be remade to include some gum colored plastic. One could also opt to remove the implant and start with anew implant that would be buried under the gum. Remember, the removal of an implant may mean that a bone graft may be required. You will need to wait the waiting period for bone healing (4-6 months) and for implant osseointegration (4-6 months).

I HAVE VERY BAD SINUS DISEASE SHOULD I GET UPPER IMPLANTS?

You can. However, the implants should be placed to avoid the sinuses.

✓ **FAQ: SINUS LIFT PROCEDURE**

I noticed blood coming from my nose. Is this serious?

This is normal. Because the surgery involves lifting the sinus membrane, bleeding will occur in your sinus. The sinus is connected to the nose. Do not be alarmed, you are not actually having a nosebleed. Bending your head forward will make you leak more from your nose. For any persistent bleeding, contact Dr. Heffez.

Can I sneeze?

Sneeze with your mouth open and do NOT pinch your nose. BE IMPOLITE. Pinching your nose will cause excessive pressure to be submitted via your nose to your sinuses. This may disturb your bone graft.

I'm getting a bruise under my eye. Is this normal?

Yes. This may occasionally occur because the dissection to do the surgery is high on your upper jaw. DO not be alarmed. It's OK to use make-up to cover up any blue, green or yellow discoloring, which will fade with time.

✓ FAQ: SITE PRESERVATION

WHEN I RINSE MY MOUTH, I SEE SMALL PARTICLES FALLING OUT. IS THIS A PROBLEM?

Frequently small particles will fall out of the socket. They will look like grains of salt. In the first two weeks after the procedure you should not be rinsing vigorously.

WILL SITE PRESERVATION GUARANTEE THAT I CAN HAVE THE IMPLANT AFTERWARDS?

NO. The site preservation procedure is performed to preserve the bone you have. Some bone loss may occur but hopefully it will be stemmed. The implant site will be evaluated 5-6 months after the site preservation procedure to determine if you need another implant.

DO I HAVE TO WAIT 5-6 MONTHS BEFORE I CAN HAVE AN IMPLANT?

Yes. Unfortunately, it takes that long for the new bone to become integrated into the existing surrounding bone.

WHAT TYPE OF BONE WORKS BEST FOR THE SITE PRESERVATION?

It turns out that the best bone to use is bone that comes in a bottle, that is synthetic, human bone from a bone bank or bone from another animal. Dr. Heffez has been using cow bone for over 2 years. Though he has used human and synthetic bone, he has found the best result to occur with cow bone.

✓ CONSENT FORM

You have the right to be given pertinent information about your proposed implant treatment so that you have sufficient information to make the decision as to whether or not to proceed with surgery and subsequent restoration of the implants. What you are being asked to sign is a confirmation that we have discussed the nature of the proposed treatment, the known risks associated with it and the feasible alternative treatments.

Patient: _____

Date:

PLEASE INITIAL EACH PARAGRAPH AFTER READING. IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR BEFORE INITIALING.

_____ 1. I hereby authorize Dr.(s) _____, and any other agents, assistants, or employees selected by him/them to perform the surgical and restorative treatment that appears indicated by the diagnostic studies and/or evaluations previously performed.

_____ 2. The procedure necessary to treat the condition has been explained to me and I understand the nature of the procedure to be:

_____ 3. I understand incisions will be made inside my mouth for the purpose of placing one or more endosteal root form structures (implant) in my jaw to serve as anchors for a missing tooth or teeth or to stabilize crown (cap), bridge or denture. I acknowledge that the doctor has explained the procedure, including the number and location of the incisions and the type of implant to be used. I understand that the crown, bridge or denture that will later be attached to this implant will be made and attached by Dr. _____ and that a separate charge will be made for that work.

_____ 4. I understand that the implant must remain covered by gum tissue for at least 3-12 months before it can be used and that a second surgical procedure is required to uncover the top of the implant. No guarantee can be or has been given that the implant(s) will last for a specific time period. I also understand that there will be no refund of fees in the event of failure, but if possible the surgical procedure may be redone at cost. It has also been explained to me that once the implant is inserted, the entire treatment plan must be followed and completed on schedule. If this schedule is not carried out, the implant may fail.

_____ 5. Placement of an implant may require additional surgical procedures performed simultaneously with the implant surgery or after the surgery.

These procedures include:

- _____ Bone grafting using a synthetic material _____ (name of material).
- _____ Bone grafting using autogenous (your own) bone taken from _____ (site).
- _____ Bone grafting using freeze dried bone.
- _____ Gingival (gum) surgery.
- _____ Placement of a membrane to promote bone healing.
- _____ Removal of a membrane to promote bone healing.

_____ 6. Alternatives to implant surgery and the implant prostheses have been explained to me, including their risks. I have tried or considered these alternative treatment methods and their risks, but I desire an implant and an implant prosthesis to help replace my missing teeth. Alternatives to an implant supported prosthesis include: Conventional crown or bridge, Resin bonded bridge, Removal partial denture, Complete denture and No treatment.

_____ 7. My doctor has explained to me that there are certain inherent and potential risks and side effects in any surgical procedure and in this specific instance such risks include, but are not limited to, the following:

_____ A. Postoperative discomfort and swelling that may require several days of at-home recuperation.

_____ B. Prolonged or heavy bleeding that may require additional treatment.

_____ C. Injury or damage to adjacent teeth or roots of adjacent teeth.

_____ D. Postoperative infection of bone, gums or sinuses that may require additional treatment.

_____ E. Stretching of the corners of the mouth that may cause cracking and bruising, and may heal slowly.

_____ F. Restricted mouth opening for several days, sometimes related to swelling and muscle soreness and sometimes related to stress on the jaw joints (TMJ).

_____ G. Injury to the nerve branches in the jaw resulting in numbness or tingling of the chin, lips, nose, cheek, gums or tongue on the operated side. This may persist for several weeks, months or, in rare instances, permanently. In some cases the implant may need to be removed.

_____ H. Opening into the sinus (a normal chamber above the upper back teeth) requiring additional treatment.

_____ I. If the sinus is intentionally entered (sinus lift procedure with grafting) certain medications and additional recovery time will be required.

_____ J. Fracture of the jaw.

_____ K. Inability to complete the surgical procedure due to anatomical limitations.

_____ L. Premature removal of Implant, Bone graft or Membrane material.

_____ M. Other

_____ 8. As with any dental prosthesis, there are possible complications that have been explained to me. These include, but are not limited to the following:

_____ A. Risk of improper fitting bridge work;

_____ B. Risk of improper occlusion;

_____ C. Risk of prosthetic and/or material failure;

_____ D. Loss of permanent teeth;

- _____ E. Loss of the prosthesis and/or implant if dental disease develops due to improper home care or other reasons;
- _____ F. Loss of the implant and/or prosthesis if systemic disease develops;
- _____ G. Wear or breakage of the implant component parts and/or prosthesis.

The development of any of these aforementioned risks may result in the need for surgical removal of the implant and the use of alternative forms of treatment.

- _____ 9. It has been explained to me that during the course of the procedure unforeseen conditions may be revealed which will necessitate extension of the original procedure or a different procedure from those set forth in Paragraph 2. I authorize my doctor and his staff to perform such procedure as necessary and desirable in the exercise of professional judgment.
- _____ 10. I consent to the administration of _____ anesthesia in connection with the procedure referred to above. If intravenous anesthesia is used, there may be soreness at the injection site or along the vein. Irritation may cause restricted mobility of the arm or hand and may require additional treatment.
- _____ 11. I have been made aware that certain medications, drugs, anesthetics and prescriptions that I may be given can cause drowsiness, incoordination and lack of awareness which also may be increased by the use of alcohol and other drugs. I have been advised not to operate any vehicle or hazardous machinery and not to return to work while taking such medications, or until fully recovered from the effects of same. I understand this recovery may take 24 hours or more after I have taken the last dose of medication. If I am to be given sedative medications during my surgery, I agree not to drive myself home and will have a responsible adult drive me home and accompany me until I am fully recovered from the effects of the sedation.
- _____ 12. I understand that I am not to have anything (or have not had anything) to eat or drink for at least 6 hours before my surgery. **TO DO OTHERWISE MAY BE LIFE-THREATENING!**
- _____ 13. It has been explained to me, and I understand, that a perfect result is not, and cannot be guaranteed or warranted.
- _____ 14. I have been advised that use of tobacco and/or alcohol may affect the implant and the prosthesis and may limit the success of this treatment. I agree that I will follow my dentist's instructions for home oral hygiene. And agree to follow my dentist's instructions for follow-up care and treatment once the prosthesis has been placed.
- _____ 15. I have read the booklet entitled ***Dental Implants; an informational guide.***
- _____ 16. I certify that I speak, read, and write English and have read and fully understand this consent for surgery; and that all blanks were filled in prior to my initialing and signing this form.

PLEASE ASK YOUR DOCTOR IF YOU HAVE ANY QUESTIONS CONCERNING THIS CONSENT FORM

Patient's signature Date

Legal guardian's signature Date

Witness' signature

Date

Doctor's signature

Date

✓ **CONSENTIMIENTO PARA IMPLANTES OSEOINTEGRADOS**

Usted esta en su derecho de que se le sea dada la informacion pertinente con relacion al tratameineto de implantes propuesto para que asi usted con la suficiente informacion pueda tomar la decision de continuar o no

con la cirugia y subsecuente restauracion de los mismos.

Lo que se le pedira que usted firme es una confirmacion de que nosotros discutimos la naturaleza del tratamiento propuesto, los riesgos asociados a el y los tratamientos alternativos que se pudiesen hacer.

Paciente: _____ Fecha: _____

**POR FAVOR COLOQUE LAS INICIALES EN CADA PARRAFO DESPUES DE
LEERLO. SI TIENE ALGUNA PREGUNTA, FAVOR PREGUNTELE A SU DOCTOR
ANTES DE ESCRIBIR SUS INICIALES.**

____ 1. Yo autorizo al Dr.(s) _____, y cualquier otros agentes, asistentes, o empleados escogidos por el/ellos para que realicen la cirugia y el tratamiento restaurativo que aparece indicado

luego de los estudios diagnosticos y/o evaluaciones realizadas previamente.

____ 2. El procedimiento necesario para tratar esta condicion se me ha sido explicado y yo entiendo la naturaleza del procedimiento que sera: _____

____ 3. Yo entiendo que se haran incisiones dentro de mi boca con el proposito de colocar una o mas estructuras radicales endoseas (implantes) en mi maxila/mandibula para servir de anclaje debido a la perdida de

la raiz de uno o mas dientes o para estabilizar corona (s), puentes o dentaduras. Yo entiendo lo que el doctor me ha explicado con respecto al tratamiento conserniente al numero y localizacion de las incisiones y

el tipo de implante que se utilizara.

Yo entiendo que la corona (s), puente o dentadura que posteriormente sera adherida al implante sera hecha y colocada por el/la Dr. _____ y que el cargo sera por separado para dicho trabajo.

___ 4. Yo tengo conocimiento de que el implante debe permanecer cubierto por tejido gingival por un periodo de tiempo de por lo menos 3-12 meses antes de que este pueda ser usado y que una segunda cirugía es

necesaria para descubrir la cabeza del implante. No garantía puede haber o se me ha dado de que el/los implante durara por un periodo de tiempo específico. Entiendo también que no se me devolvera el dinero

en el evento de que falle, pero si sucediese, el procedimiento quirúrgico se realizara nuevamente al costo. También se me ha explicado que una vez el implante es insertado, el plan de tratamiento debe ser

efectuado y completado en el tiempo establecido. Si en este periodo de tiempo no se llevase a cabo la continuación del tratamiento, el implante podría fracasar.

___ 5. La colocación del implante podría requerir procedimientos quirúrgicos adicionales realizándose simultáneamente en el momento de la cirugía de implantes o posterior a ella.

Estos procedimientos incluyen:

___ Injerto óseo utilizándose material sintético _____ (nombre del material).

___ Injerto óseo utilizándose hueso autólogo (propio) tomado de _____ (sitio).

___ Injerto óseo utilizándose hueso congelado en seco.

___ Cirugía Gingival (encía).

___ Colocación de una membrana para promover cicatrización ósea.

___ Remoción de una membrana para promover cicatrización ósea.

___ 6. Se me han sido explicadas las alternativas a la cirugía de implantes, incluyendo sus riesgos. Yo he tratado o considerado estos métodos alternativos de tratamiento y sus riesgos, pero yo tome la decisión de proseguir con el tratamiento de implante y su respectiva prótesis para ayudar a

reemplazar mis dientes faltantes. Alternativas a una prótesis soportada por implantes incluyen: Coronas o puentes convencionales, puentes en resina, dentaduras parciales removibles, dentaduras completas o Ningún tratamiento.

___ 7. Mi doctor me ha explicado que hay ciertos riesgos potenciales e inherentes y efectos secundarios en cualquier procedimiento quirúrgico y que en este caso en particular tales riesgos incluyen, pero no son limitados a, son los siguientes:

___ A. Incomodidad postoperatoria e hinchazón que podría requerir varios días en casa para recuperarme.

___ B. Sangrado prolongado o abundante que podría requerir tratamiento adicional.

___ C. Daño o lesión a dientes adyacentes o a raíces adyacentes.

___ D. Infección postoperatoria del hueso, encías o senos maxilares que requieren tratamiento adicional.

___ E. Estiramiento de las comisuras labiales que podría ocasionar fisuras y moretones, que podrían sanar lentamente.

___ F. Apertura bucal restringida por varios días, algunas veces relacionada a la inflamación y dolor muscular y algunas otras veces relacionada al estrés en la articulación de la mandíbula (ATM).

____ G. Lesion a las ramificaciones de los nervios en la mandibula obteniendose como resultado adormecimiento o cosquilleo del menton, labios, nariz, mejillas, encias o lengua del lado de la cirugia. Esto

podria persistir por varias semanas, meses o en raras oportunidades permanentemente. En algunos casos el implante debe ser removido.

____ H. Comunicacion con el seno maxilar (cavidad que normalmente se encuentra localizada por encima de los dientes posteriores superiores) necesitandose asi tratamiento adisional.

____ I. Si intensionalmente se entra al seno maxilar (procedimiento de levantamiento del seno maxilar con ingerto) ciertos medicamentos y tiempo adisional para la recuperacion podria necesitarse.

____ J. Fractura de la mandibula.

____ K. Inhabilidad para completar la cirugia debido a limitaciones anatomicas.

____ L. Remocion prematura del implante, ingerto oseoso o de material membranoso.

____ M. Otros.

____ 8. Como cualquier otra protesis, hay posibles complicaciones que se me han sido explicadas. Estas incluyen, pero no estan limitadas a, son las siguientes:

____ A. Riesgo a inapropiada acomodacion del puente.

____ B. Riesgo a oclusion inadecuada.

____ C. Riesgo a falla del material y/o protesis.

____ D. Perdida de dientes permanentes.

____ E. Perdida de la protesis y/o del implante si se desarrollase enfermedad dental debido al cuidado inapropiado en casa o por alguna otra razon.

____ F. Perdida del implante y/o protesis si se desarrollase alguna enfermedad sistematica.

____ H. Desgaste o rompimiento de las partes que componen el implante y/o protesis.

Si se produjera algunos de estos riesgos previamente mencionados podria haber la posibilidad de necesitarse un procedimiento quirurgico para remover el implante y utilizarse otra forma alternativa de tratamiento.

____ 9. Se me ha sido explicado que durante el curso del procedimiento condiciones inesperadas podrian revelarse por las cuales se necesitaria extender el procedimiento original o realizarse un procedimiento diferente

al establecido inicialmente, y que se menciona en el parrafo #2. Yo autorizo a mi doctor/a y a su equipo de trabajo a realizarme lo que ellos consideren es necesario y deseable segun su juicio profesional.

____ 10. Yo doy consentimiento para la administracion de _____

Anesthesia en relacion con el procedimiento mencionado anteriormente. Si se utiliza anestesia por via intravenosa, podria presentarse molestia en el sitio de la inyeccion o a lo largo de la vena. Irritacion

podria restringir la movilidad del brazo o de la mano y requerir tratamiento adisional.

____ 11. Se me ha precabido con respecto a que ciertos medicamentos, drogas, anestésicos y prescripciones que se me recetaran podrían causar mareos, falta de coordinación y pérdida de percepción lo que se

incrementaria con el uso de alcohol y otras drogas. Se me ha aconsejado de no manejar ningún tipo de vehículo o maquinaria peligrosa y no regresar a trabajar mientras este tomándome dichos medicamentos,

o hasta que me recupere completamente de los efectos del mismo. Yo entiendo que el periodo de recuperación puede tomarse alrededor de 24 horas o más después de que me haya tomado la última dosis del

medicamento. Si se me han dado medicamentos sedativos durante mi cirugía, yo estoy de acuerdo con que no conduciré a casa por mi mismo y tendré a una persona adulta responsable que me llevará a casa y

me acompañará hasta que me recupere completamente de los efectos de la sedación.

____ 12. Yo tengo conocimiento de que **no** debo comer o beber nada por lo menos 6 horas antes de la cirugía. **SI LO HAGO PONDRÍA EN RIESGO MI VIDA.**

____ 13. Se me ha explicado y he entendido que resultados perfectos no se pueden garantizar.

____ 14. Se me ha aconsejado evitar el uso de tabaco y/o alcohol ya que esto afectaría el implante y la prótesis y podría limitar el éxito del tratamiento. Yo me comprometo a seguir las instrucciones de mi dentista con respecto a la higiene oral en casa. Yo me comprometo a seguir las instrucciones de

mi dentista con respecto a que debo tener citas para el seguimiento y tratamiento una vez la prótesis haya sido colocada.

____ 15. Yo he leído el boletín informativo titulado: **Implantes Dentales; Guía informativa.**

____ 16. Yo certifico que hablo, leo, y escribo Español y he leído y entendido en su totalidad esta forma de consentimiento para cirugía; y que todos los espacios fueron llenados previos a que yo colocara mis iniciales y firmara esta forma.

FAVOR PREGUNTE A SU DOCTOR SI TIENE ALGUNA DUDA CON RESPECTO A ESTA FORMA DE CONSENTIMIENTO PARA CIRUGIA.

Firma del Paciente: _____ Fecha _____

Firma del Representante Legal _____ Fecha _____

Firma del Testigo _____ Fecha _____

Firma del Doctor _____ Fecha _____

✓ **POSTOPERATIVE INSTRUCTIONS CARE OF THE MOUTH FOLLOWING IMPLANT/ BONE GRAFTING PROCEDURES**

1. **Bleeding:** Bite on a gauze pad for **ONE HOUR** then discard. **EXPECT SOME OOZING FROM THE SURGICAL SITE FOR 24-48 HOURS.** If bleeding continues, fold gauze tightly, place over bleeding area and maintain firm biting or finger pressure for 30 minutes. A tea bag, wet or dry, is an excellent substitute for a gauze pack. Avoid frequent pack changes, rinsing or physical exertion until bleeding has ceased.
2. **Do Not Rinse** your mouth today. **DO NOT** use straws for drinking. Starting tomorrow, rinse gently every three to four hours using warm salt water. **AVOID VIGOROUS RINSING - DO NOT BALLOON YOUR CHEEK WHEN RINSING.** Do not brush the teeth in the area of the surgical site(s).
Continue with salt water rinses until your doctor instructs otherwise.
3. **Diet:** No eating or drinking for one hour. **STAY ON A FULL LIQUID DIET (NO CHEWING) UNTIL INSTRUCTED OTHERWISE BY YOUR DOCTOR.** If you eat any solid food, you will jeopardize the final result. It is important that you drink at least 2 quarts of fluid per day. Liquid supplements, (Boost, Meritene, Nutrament, etc.), available at your pharmacy, and baby foods are excellent food sources for those few days, if needed. Two weeks of uneventful healing are required for best success.
TYPICLALLY: FOR BONE GRAFTS: NON-CHEW diet for 1-2 weeks
FOR IMPLANTS: LIQUIDS the first day and then **SOFT** food for one week **UNLESS** the implant was combined with a bone graft.
4. **No smoking or alcoholic beverages** for two weeks.
5. **Anesthesia:** Patients who have received a general anesthesia should:
 - A. NOT drive a vehicle or operate any machinery within the same day of surgery,
 - B. NOT undertake any responsible business matters within the same day of surgery,
 - C. NOT drink any alcohol on day of surgery,
 - D. NOT take any medication without approval.
6. **Pain:** Pain is to be expected and may be severe for the first few hours. One **MUST:**
 - A. Take the prescribed medication before the anesthetic wears off, and the pain becomes evident, usually one hour following the procedure.
 - B. Take the medication to relieve pain. If dizziness or weakness is experienced, you should lie down.
 - C. Approximately 45 minutes should be allowed for you to become aware of the effect of pain medication.

Call if you have any questions concerning any reactions.

7. **Swelling:** Swelling is to be expected and may reach its maximum up to three days after surgery, but it is no cause for alarm.
Swelling may be reduced by:
 - A. Applying an ice bag or chopped ice to the operated area 15 minutes on and 15 minutes off as possible during the first 48 hours. After 48 hours substitute a hot water bottle or hot towel in the same manner until swelling has receded. **CHECK THE TEMPERATURE OF THE HOT PACK ON YOUR WRIST BEFORE PLACING THE PACK ON YOUR FACE, IN ORDER NOT TO BURN YOURSELF.**
 - B. Keep your head slightly elevated when lying down (i.e. extra pillow or two).
8. Bruising may occur, especially at the chin area. Sometimes the bruise is a deep purple. The bruise, if it occurs, can take up to 3 weeks to disappear. This should not be cause for alarm and should disappear within 10 days. You may have a slight earache or sore throat. Should this become worse after several days, call the office.
9. Occasionally following oral surgery, unrelated complications may occur (tonsillitis, flu or cold). This is due to the fact the patient's resistance may be low prior to or following surgery. If you feel run down or have not eaten or slept for several days, it is wise to avoid crowds, drafts and get as much rest as possible. **EVEN, IF YOU FEEL WELL AND STRONG, DO NOT WORKOUT OR PERFORM AEROBIC EXERCISES UNTIL YOUR DOCTOR ALLOWS YOU TO.**
10. Nausea rarely occurs and may be avoided by taking pain medication with a glass of milk. If nausea is severe, stop taking the prescribed medication and switch to an acetaminophen based (Tylenol) medication. If pain is severe, call the office.
11. Antibiotics (Penicillin, etc.): **YOU MUST TAKE THESE ANTIBIOTICS AS PRESCRIBED** and for the exact length of time indicated on the bottle. Antibiotic medication may decrease the effectiveness of birth control pills. Therefore, patients taking birth control pills who have been prescribed antibiotics should use an additional method of contraception during the remainder of the contraceptive cycle.
12. **FOR IMPLANTS IN THE UPPER JAW NEAR YOUR SINUS DO NOT BLOW YOUR NOSE. AVOID SNEEZING. USE THE MEDICATION AS PRESCRIBED BY YOUR DOCTOR.**
13. Stitches are removed in 7 - 14 days without pain. Usually they will work loose and fall out on their own. This is of no concern.
14. Complete and partial dentures should **NOT** be worn at any time following surgery. **DO NOT USE THESE APPLIANCES UNTIL THE DOCTOR ALLOWS YOU TO. YOU MAY SERIOUSLY DAMAGE THE SURGICAL AREA.**

15. Tightness of the jaw muscles may cause difficulty in opening the mouth. This should disappear within 3 days. Application of a warm towel may be of some benefit.
16. Your lips should be kept moist with a cream or Vaseline following surgery to avoid cracking.
17. IF ANY UNUSUAL SYMPTOMS OCCUR OR IF YOU HAVE ANY QUESTIONS CONCERNING YOUR PROGRESS. PLEASE CALL THE OFFICE.
18. You must keep your appointment with your doctor because any opening in the tissues must be immediately closed to avoid infection.

AFTER HOURS DR. HEFFEZ TEL. # 224-707-0039

For any emergency do not try to use the web page to diagnose yourself. Go the nearest Hospital emergency room and have the doctors contact Dr. Heffez on his ER TEL #.

✓ **POSTOPERATIVE INSTRUCTIONS: SPANISH**
POR FAVOR SIGA LAS INSTRUCCIONES AQUÍ MENCIONADAS PARA SU
COMODIDAD Y SEGURIDAD DESPUÉS DE UNA EXTRACCIÓN U OPERACIÓN ORAL

1. Descanse bastante. Si se encuentra acostado, mantenga la cabeza elevada sobre una almohada.
2. Es normal que sangre un poco. Mantenga mordida la gaza que le han puesto en la boca, por aproximadamente 30 minutos.
3. Si la sangre persiste, muerda de nuevo otra gaza limpia por otros 30 minutos. Para acelerar la coagulación se puede morder una bolsita de té, humedecida y envuelta en gaza. Esto puede hacerse dentro de una hora más.
4. No se enjuague la boca hasta la mañana siguiente porque esto puede causar que se rompa el coagulo de sangre. Para enjuagarse la boca, use agua tibia y salada. Esto se prepara disolviendo ½ cucharadita cafetera de sal en un vaso de agua tibia; esto se hace 3 veces al día a la mañana siguiente de la extracción.
5. Inflamación o hinchazón es normal después de la extracción. Se puede aliviar aplicando hielo envuelto en un lienzo (toalla) sobre la cara en el lado afectado por 20 minutos; descanse 20 minutos y vuelva a repetirlo durante las 24 horas. Si después de 24 horas todavía sigue la hinchazón aplique lienzos de agua tibia sobre la cara en el lado afectado.

6. No fume hasta que la anestesia le haya pasado por completo. Si es posible no fume para que no corra el riesgo de que se cicatrize.
7. Si tiene dolor, tome una aspirina o Tylenol cada 3 horas o medicina que le hayan recetado y siga las instrucciones de la receta.
8. Tome su medicina que normalmente toma, siguiendo su horario normal y desde luego las que le fueron recetadas por el cirujano oral.
9. Mantenga una dieta comfortable. Algunas veces una dieta suave es necesaria, pero en su mayoría, la persona sigue su alimentación normal.
10. Tome bastantes líquidos.
11. Los musculos de la mandíbula (quijada) le pueden molestar después de una operación; para aliviar el dolor use lienzos de agua tibia.
12. En algunas ocasiones aparecen marcas amarillas, negras, o azules en la piel. También los lienzos de agua tibia ayudan a eliminar esto.
13. Por favor no deje de asistir a su próxima cita después de su extracción o para quitarle las puntadas. Llame al teléfono (312)996-7460 si es necesario cambiar la hora de la cita.
14. Si tiene algun problema o no está seguro de algo, llame a la clínica de cirugía oral al teléfono (312)996-7460. Si esto ocurre antes de las 9 de la mañana o después de las 4 de la tarde llame al teléfono (312)996-7000 y pregunte por el residente cirujano dentista que esté en turno para recibir ayuda inmediata.

DR. HEFFEZ TEL. # 224-707-0039

✓ **SPECIAL Postoperative Instructions for SINUS LIFT:
ENGLISH**

DO NOT drink with a straw.

DO NOT blow your nose.

Use all medications as directed. If you develop any side effects or if you have any questions, stop the medication and call our office.

DO NOT play any wind instruments.

DO NOT smoke cigarettes, pipe or cigar.

DO NOT open your mouth widely.

DO NOT sneeze through your nose. If the urge to sneeze arises, sneeze with your mouth open.

AVOID swimming and strenuous exercise for a week.

Eat a soft or liquid diet. Chew on the opposite side of your mouth as much as possible.

Continue to brush your teeth but avoid the surgical area. Rinse three times a day with warm water.

It is normal to have a **slight amount of bleeding from your nose** for several days.

It is normal for swelling and/or facial bruising to develop.

Emergency telephone: 224-707-0039

✓ **SPECIAL Postoperative Instructions: SPANISH PRECAUCIONES DE LOS PASILLOS NASALES**

No use popote (sorbete) para beber.

No se suene la nariz.

Use todos los medicamentos segun las instrucciones. Si le ocasionan efectos secundarios o si usted tiene alguna pregunta, deje de tomarlos y llame a la oficina.

No sople instrumentos de aire.

No fume cigarros, pipa o puros.

No abra la boca exageradamente.

No estornude por la nariz. Si la urgencia de estornudar aparece, hagalo

con la boca abierta.

Evite nadar y hacer ejercicios pesados por lo menos una semana despues de la cirugia.

Coma alimentos suaves o tome liquidos. Mastique en el lado contrario de la cirugia todo el tiempo que le sea posible.

Mantega buena higiene oral.

Es posible que sangre por la nariz varios dias despues de la cirugia.

Es posible que desarrolle un poco de hinchazon y/ o moretones faciales despues de la cirugia.

Teléfono de Emergencia: 224-707-0039