

**Implant Prosthodontics  
in the undergraduate clinics**

**Faculty of Dentistry  
University of Toronto**

September 2011



**The following documentation package has been compiled to inform you about the forms used in association with providing patients with implant-supported prostheses.**

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**Further information about implant prosthetics can be obtained from:**

**The IPU Patient Manager, Ms Heather Hyslop room 355, phone 416-979-4914 ext. 4423  
([heather.hyslop@dentistry.utoronto.ca](mailto:heather.hyslop@dentistry.utoronto.ca))**

**or**

**Dr Hasan Alkumru, room 356D, phone 416-979-4930 ext. 4412  
([hasan.alkumru@dentistry.utoronto.ca](mailto:hasan.alkumru@dentistry.utoronto.ca))**

**or**

**Head of prosthodontics, Dr Asbjorn Jokstad, room 356C, phone 416-979-4930 ext. 4427  
([a.jokstad@dentistry.utoronto.ca](mailto:a.jokstad@dentistry.utoronto.ca)).**



General Information



**FACULTY**

**Dr. Asbjorn Jolkstad,  
Professor and Head**

Prosthodontic Staff

**Dr. Hasan Alkumru  
Dr. Limor Avivi-Arber  
Dr. Ester Canton  
Dr. Thuan Dao  
Dr. Randa Diwan  
Dr. Aaron Fenton  
Dr. Leslie Leung  
Dr. Mark Lin**

IPU Prosthodontic Staff

**Dr. Ming Chou  
Dr. Joseph Fava  
Dr. Romeo Paculanan  
Dr. Helmut Ragnitz  
Dr. Maurice Rozzo  
Dr. Sagun Suri  
Dr. Natalie Wong  
Dr. Dennis Yokota  
Dr. Mohammed Zahran**

IPU Surgical Staff

**Dr. Gerald Baker  
Dr. Lesley David  
Dr. Bruno Girard  
Dr. Michael Goldberg  
Dr. Donald Hui  
Dr. Jim Lai  
Dr. Robin Listrom  
Dr. David Poutka  
Dr. Omar Usman  
Dr. David Walker  
Dr. Jack Zosky**

Dental Hygienist  
**Ms. Donna Kalanikov**

Patient manager  
**Mrs. Heather Hyslop**

**General information to patients and undergraduate students about Implant Prosthetics**

- Undergraduate students have the opportunity to provide one implant-supported overdenture supported by ball attachments on two implants in the mandible or up to two implant-supported single crowns for an assigned patient.
- Patient costs will be discounted as each undergraduate student will receive up to a maximum 2 free implants plus supplementary components (courtesy by Nobel Biocare).
- The implant supported prostheses must be a component of a comprehensive treatment plan approved by your Comprehensive Care Program (CCP) Coordinator and signed by the patient.
- The treatment planning of the implant supported prosthesis is to be done in the undergraduate clinic together with your prosthodontic speciality instructor. Your periodontology speciality instructor should also be consulted.
- Implants are only to be placed into healed extraction sites. Minimum bony dimensions are 10 & 6mm of bone height & width. Patients requiring bone augmentation will not be considered.
- The implant placement must be done in the Implant Prosthodontic Unit (IPU) located in the Graduate Prosthodontic Clinic.
- All treatment plans must have been reviewed by Dr. Alkumru prior to scheduling of surgical consultation.
- All patients require a surgical consult with an IPU staff surgeon before proceeding with implant surgery and further therapy. Appointments for consultation are booked through the IPU patient manager office (room 355) (see details below).
- For the actual implant surgery the student must assure that a surgical stent has been made and is available. You are encouraged to observe the surgery and possibly assist at the discretion of the surgeon.

**Patients in need of more than 2 implants or other types of implant-supported prostheses or any need of bone grafting cannot be treated in the undergraduate clinic. The patient may be considered for treatment in the graduate clinic if a thoroughly completed referral form has been forwarded together with adequate radiographs and study casts. Inform the patient that:**

- The patients are accepted on basis of the graduate clinic research and educational needs
- The fees are substantially higher in the graduate clinic – see cost estimates below
- The wait time for screening new patients is at least 3 weeks.
- The overall treatment time is minimum 9 months.

**COST ESTIMATES**

	<u>Graduate clinic</u>	<u>Undergraduate clinic</u>
<u>Completely edentulous jaw</u>		
Fixed prosthesis on 5/6 implants	\$12,000-17,000	NA.
Removable prosthesis on 2-implant ball-attachments	\$4,200	\$2,000
Removable prosthesis on 2-implant bar-attachment	\$8,000	NA.
<u>Partially edentulous jaw</u>		
Single crown on 1 implant	\$2,750	\$1,650

All dollar figures are approximate and do not include pre-prosthetic and supplementary dental care.

For further inquiries and to arrange appointments in the IPU contact the IPU patient manager, Heather Hyslop in Room 355 – telephone 416 979-4914 ext 4423



## **GENERAL INFORMATION ABOUT IMPLANT-SUPPORTED PROSTHESES PROVIDED IN THE UNDERGRADUATE CLINICS**

### **IMPLANT-SUPPORTTED OVERDENTURE IN THE LOWER JAW**

People who are missing all of their teeth in an arch may have one of two different types of implant-supported dentures or bridges. Prior to beginning implant-supported prosthetics your doctor should examine whether your existing denture, if present, can be improved. A new precisely fitted denture may satisfy your need for new teeth. Your doctor will during the consultation discuss with you the advantages, disadvantages, risks and relative costs of these different treatment options.

The solutions offered in the undergraduate clinic (and graduate) are the conventional complete denture and the implant-supported overdenture. In comparison to the conventional complete denture, the implant-supported overdenture has much better support, stability and retention thanks to its attachment to two implants at the front of the mouth. This type of denture can and should be removed by the patient each day for cleaning and tissue rest.

An alternative solution is an implant-supported bridge that is completely supported and retained by 4-6 implants. The bridge is screwed in place and can be removed only by the dentist. The bridge does not contact the soft tissues of the mouth and it is essentially 'up on stilts'. This treatment can be provided by residents and staff in the postgraduate prosthodontic clinic (or Implant Prosthodontic Unit) following an internal referral from the undergraduate clinic.

### **THE IMPLANTS**

The implants we use are manufactured by Nobel Biocare. The implants are made of titanium, a metal which has been found to be very well tolerated by the body. The implants are in the shape of a screw. What makes them successful is an intimate contact between the bone of the jaw and the titanium of the implants called osseointegration). For this reason, we place implants only into bone which is wide enough and high enough to completely encompass the implant(s).

### **APPOINTMENT AND TREATMENT SEQUENCE**

There are four main phases of the implant supported overdenture treatment.

- (i) Diagnosis and treatment planning. –This may include fabricating a new denture if the old denture is deemed inappropriate to be retrofitted on implants.
- (ii) Stage I Surgery - surgical placement of the implants into the bone
- (iii) Stage II Surgery– exposure of implant head 4 months after stage I
- (iv) Prosthodontic Procedure - construction of the overdenture



## **DIAGNOSIS AND TREATMENT PLANNING**

### **Prosthodontic assessment:**

The initial treatment planning appointments will take place together with a prosthodontic speciality instructor who may also consult with other specialty instructors. Your assigned undergraduate student will ultimately make the final restoration, therefore he or she will develop a treatment plan. There may be one or more appointments necessary for this phase.

Radiographs will be needed to determine bone quantity and quality for the implants as well as anatomical nerve location relative to future implant sites. These films can sometimes be taken at the first appointment; however, often a second appointment is necessary. There are times when the usual types of x-rays are not adequate to determine if there is sufficient bone. In such cases other radiographs will be required.

Dental implants must be surrounded by bone of good quality, which is free of infection and small chips of teeth that may have remained after past extractions.

In implant supported overdenture cases in the lower jaw, the implants are usually placed in the front of the mouth. The nerve of the lower jaw runs within the jaw bone from the back, to about the corner of the mouth. This allows for a reasonably safe placement of implants. Every effort is made to avoid contact with this nerve because of a possibility of altered sensation - which could be temporary or permanent.

### **Surgery assessment:**

When the treatment plan has been completed and when the radiographs are available, another screening appointment will be arranged. If the periodontal and prosthodontic specialty instructors deem it necessary, an oral surgeon will also participate in the consultation. At this session your medical history will be reviewed to be sure that you are physically fit to undergo the procedure. Anyone who is reasonably healthy or whose medical condition is controlled is considered a candidate. It may be necessary to consult your physician to confirm details.

### **SURGERY PROCEDURES:**

At this stage the implant is inserted into the lower jaw bone.

Usually you will be given a sedative to relax you - you will be awake and able to communicate with the surgeon but you will be drowsy. A local anaesthetic or freezing follows this. Once this has been done, you will be draped with sterile drapes.

An incision is made in the tissue overlying the bone in the proposed implant site. This tissue is retracted so that the surgeon can gain access to prepare the bone for the implants. After the implants have been inserted a small screw is used to cover their internal thread; the soft tissue is put back and sutured in place. The whole procedure may last from 1 to 2 hours.

A bulky gauze pack is placed over the incision and you are asked to maintain pressure on it for a few hours. Cold compresses will help to reduce swelling. (Anytime soft tissue is cut swelling is likely to occur.) You will be given a prescription for an antibiotic to help prevent infection and for a pain-relief medication to minimize post-operative discomfort.



**You will be allowed to go home 15 - 30 minutes after the surgery. You may still be drowsy from the sedative, therefore you may not drive a vehicle and a friend or relative must accompany you home.**

**What to expect following surgery:**

1. Time off: It may take 2 - 7 days before you feel comfortable enough to resume normal activities.
2. Denture use: The inside surface of your denture will be reduced and a soft lining will be placed. This will insure that the pressure placed on the implants will be minimal. It is important to realize that during the healing phase, even though the implants are present, you will not experience the benefit of them. It is only after the prosthodontic phase that you will see an improvement. advised not to wear the lower denture for a week.
3. The soft liner is a temporary reline and sometimes needs to be replaced. Your doctor will advise you when to return for reline.
4. Oral Hygiene: It is important for you to cleanse the surgical site by vigorous rinsing and swishing of warm salt water to dislodge any debris clinging to the incision line or sutures.

**Complications**

1. Infection: Even with a sterile technique and antibiotics, there is always some risk of infection with any surgical procedure. To reduce this risk, we ask that you keep the site very clean and that you be very faithful in taking the prescribed antibiotics.
2. Altered sensation: Implants that are placed near the corners of the mouth in the lower arch, are close to a nerve. This nerve may cease to function and although it is almost always temporary it may be permanent. If it is temporary it could be a matter of weeks or months before complete sensation returns.  
The altered sensation may be a tingling, pins-and-needles sensation, burning or most commonly, a numb feeling on the surface overlying the implants, inside the lip, the surface of the lip or the skin of the front of the lip or chin.  
The incidence is rare, but it does occur.  
Bone fracture: On very rare occasions, especially when the bone is very thin or brittle, a fracture of the bone may occur during placement of the implant. This will likely mean removal of the implant and additional treatment to stabilize the fractured bone.
3. Bruising: In order for the surgeon to have good access to the bone when placing the implants, the soft tissues have to be reflected. This may result in bruising under the chin. As it resolves, this discoloration may extend down onto the neck. People who have fair skin or people who bruise easily are more likely to experience this.

**STAGE II SURGERY**

At this stage the implant top will be uncovered and the top screw replaced with another screw type, which will protrude above the gums.

**PROSTHODONTIC PROCEDURES:**

The procedures involved in making the final denture may begin about four months after the surgery. There are several appointments necessary and these are usually separated by at least one week to allow for laboratory work to be completed. The main steps are:

- (i) Preliminary impressions



- (ii) Final impressions
- (iii) Bite registration and tooth selection
- (iv) Try in of tooth set up
- (v) Try in of framework
- (vi) Try in of framework plus teeth set-up
- (vii) Insertion, radiographs
- (viii) Recall, adjustments
- (ix) Yearly follow-up

### **MAINTENANCE**

Implant-supported overdentures must be cleaned thoroughly by the patient each day. You will be instructed in the different ways to approach this cleaning upon delivery of the overdenture. We ask that you return for follow-up assessment and for re-instruction where it is necessary.

As with any other major restoration or treatment, maintenance is important. We suggest yearly recall appointments at which time radiographs may be taken to assess the bony contours around the implants.

The rate of success for the Brånemark implants is very high, but it is not 100%. In the lower jaw the success rate is about 95%. If an implant is seen to be immovable at the Stage II surgery, it is said to be osseointegrated. It is rare for an implant to lose its osseointegration after this - but it can occur. If an implant is not integrated, it is removed and the bone is allowed to heal. After the bone has healed, another implant can be placed.

Nobel Biocare has a warranty program which provides replacement hardware for an implant failing due to any mechanical reasons. This warranty is valid for 10 years.



## **GENERAL INFORMATION ABOUT IMPLANT-SUPPORTED PROSTHESES PROVIDED IN THE UNDERGRADUATE CLINICS**

### **IMPLANT-SUPPORTED CROWN**

In case a single tooth is missing two different types of technical solutions can be offered: an implant-supported single crown or a bridge. Your assigned care provider will advise you which solution will best provide your needs and expectations.

The single implant-supported crown is completely supported and retained by a single implant, and is screwed or cemented to place. It is removable only by the dentist.

### **THE IMPLANTS**

The implants we use are made by Nobel Biocare. The implants are made of titanium, a metal which has been found to be very well tolerated by the body. The implants are in the shape of a screw. What makes them successful is an intimate contact between the bone of the jaw and the titanium of the implants. For this reason, we place implants only into bone which is broad enough and high enough to totally encompass them.

### **APPOINTMENT AND TREATMENT SEQUENCE**

There are three main phases of the implant-supported crown treatment.

- (i) Diagnosis and treatment planning.
- (ii) Surgical Stage- surgical placement of the implant into the bone  
Several months later:
- (iii) Prosthodontic Procedure - construction of the permanent crown

### **DIAGNOSIS AND TREATMENT PLANNING**

#### **Prosthodontic assessment:**

The treatment planning appointments will take place together with a prosthodontic speciality instructor who will also consult with other specialty instructors. Your assigned undergraduate student will ultimately make the final restoration, therefore he or she will develop a treatment plan. There may be one or more appointments necessary for this phase.

Radiographs will be needed to determine the availability of bone for the implant. These films can sometimes be taken at the first appointment; however, often a second appointment is necessary. There are times when the usual types of x-rays are not adequate to determine if there is sufficient bone. In such cases other radiographs will be required.

Dental implants must be surrounded by bone of good quality, which is free of infection and small chips of teeth that have been extracted in the past.

In the upper jaw, care must be taken to assess the size and location of the sinuses in relation to the proposed sites for a single implant. Implants can be placed into the sinuses, but the rate of success is 5-10% lower than that in the rest of the maxilla.

In the lower jaw, implants placed in the front of the mouth usually do not cause concern. Implants placed further back in the jaw is associated with some concerns. This is because a nerve runs within the jaw bone from the back to about the corner of the mouth. If a person has been without back teeth for many years, the bone which covers this nerve shrinks and therefore





is often not high enough to allow for safe placement of a single implant. Every effort is made to avoid contact with this nerve because of a possibility of altered sensation - which could be temporary or permanent.

### **Surgery assessment**

When the treatment plan has been completed and when the radiographs are available, another screening appointment will be arranged. If the periodontal and prosthodontic specialty instructors deem it necessary, an oral surgeon will also participate in the consultation. At this session your medical history will be reviewed to be sure that you are physically fit to undergo the procedure. Anyone who is reasonably healthy or whose medical condition is controlled is considered a candidate. It may be necessary to consult your physician to confirm details.

### **SURGERY PROCEDURES:**

At this stage the implant is inserted into the lower or upper jaw bones.

Usually you will be given a sedative to relax you - you will be awake and able to communicate with the surgeon but you will be drowsy. A local anaesthetic or freezing follows this. Once this has been done you will be draped with sterile drapes.

An incision is made in the tissue overlying the bone in the proposed implant site. This tissue is retracted so that the surgeon can gain access to prepare the bone for the implants. After the implants have been inserted a small screw is used to cover their internal thread; the soft tissue is put back and sutured in place. The whole procedure may last from 1 to 2 hours.

A bulky gauze pack is placed over the incision and you are asked to maintain pressure on it for a few minutes. Cold compresses will help to reduce swelling. (Anytime soft tissue is cut swelling is likely to occur.) You will be given a prescription for an antibiotic to help prevent infection and for a pain-relief medication to minimize post-operative discomfort.

**You will be allowed to go home 15 - 30 minutes after the surgery. You may still be drowsy from the sedative, therefore you may not drive a vehicle and a friend or relative must accompany you home.**

### **What to expect following surgery:**

- Time off: It may take 2 - 7 days before you feel comfortable enough to resume normal activities.
- Temporary: Your doctor will advise which temporary solution will be considered the best. Alternatives are no temporary, a small two- or three-unit bridge attached to the tooth or teeth adjacent to the implant, or a removable acrylic plate that is fitted to the palate and sometimes also retained with clasps to a few teeth in the back of the mouth.
- Oral Hygiene: It is important for you to cleanse the site of surgery by vigorous rinsing and swishing of warm salt water to dislodge any debris clinging to the incision line or sutures.

### **Complications**



- Infection: Even with a sterile technique and antibiotics, there is always some risk of infection with any surgical procedure. To reduce this risk, we ask that you keep the site very clean and that you be very faithful in taking the prescribed antibiotics.
- Altered sensation: Implants may sometimes cause some form of altered sensation that may be a tingling, pins-and-needles sensation, burning or most commonly, a numb feeling on the surface overlying the implants, inside the lip, the surface of the lip or the skin of the front of the lip or chin.  
The incidence is rare, but it does occur.
- Bone fracture: On very rare occasions, especially when the bone is very thin or brittle, a fracture of the bone may occur during placement of the implant. This will likely mean removal of the implant and additional treatment to stabilize the fractured bone.
- Bruising: In order for the surgeon to have good access to the bone when placing the implants, the soft tissues have to be reflected. This may result in bruising under the chin. As it resolves, this discoloration may extend down onto the neck. People who have fair skin or people who bruise easily are more likely to experience this.

## **STAGE II SURGERY**

At this stage the implant top will be uncovered and the top screw replaced with another screw type, which protrudes above the gum.

## **PROSTHODONTIC PROCEDURES:**

The procedures involved in making the crown can begin after several months (4-9). There are several appointments necessary and these are usually separated by at least one week to allow for laboratory work to be completed. Your doctor will explain the different steps to you in detail.

## **MAINTENANCE**

You will be instructed in the different ways to approach cleaning when your crown has been inserted. We ask that you return for follow-up assessment and for re-instruction where it is necessary.

As with any other major restoration or treatment, maintenance is important. We suggest yearly recall appointments at which time radiographs may be taken to assess the bony contours around the implants.

The rate of success for the Brånemark implants is very high, but it is not 100%. In the upper arch the success rate is about 90% and in the lower arch it is about 95%. If an implant is seen to be immovable at the Stage II surgery, it is said to be osseointegrated. It is rare for an implant to lose its osseointegration after this - but it can occur. If an implant is not integrated, it is removed and the bone is allowed to heal. After the bone has healed, another implant can be placed.

The manufacturer of our implants, Nobel Biocare, has a warranty program which provides replacement hardware for an implant failing due to any mechanical reasons. This warranty is valid for 10 years.



Checklist Patient summary sheet



Faculty of Dentistry

Prosthodontics

University of Toronto

IMPLANT PROSTHETICS - Patient Summary Sheet

Chart #: \_\_\_\_\_ Patient initials \_\_\_\_\_

Initial Examination: Date: \_\_\_/\_\_\_/\_\_\_

Required: In Chart:

Primary provider: \_\_\_\_\_

- Preliminary Impressions
- Tomographic stent
- Photographs
- Cost estimate
- Patient Consent Sign.

Pre-prosthetic Treatment Completed?

- Caries/Periodontitis  (check)
- Reline
- Grafting

Preliminary Prosthodontic Treatment Plan

Date: \_\_\_/\_\_\_/\_\_\_ Primary Provider: \_\_\_\_\_

Maxilla

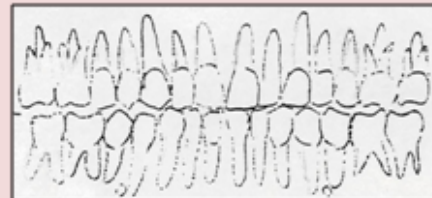
Mandible

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| Implant Sites: _____                 | Implant Sites: _____                 |
| IS-crown <input type="checkbox"/>    | IS-crown <input type="checkbox"/>    |
| IS-RDP <input type="checkbox"/>      | IS-RDP <input type="checkbox"/>      |
| IS-FDP <input type="checkbox"/>      | IS-FDP <input type="checkbox"/>      |
| Other <input type="checkbox"/> _____ | Other <input type="checkbox"/> _____ |

Radiographs: Required: In Chart:

- Apical
- Panorex
- cbCT
- Ceph.
- Other

(Indicate suggested implant sites)



Final Prosthodontic Treatment Plan

Date: \_\_\_/\_\_\_/\_\_\_ Primary Provider: \_\_\_\_\_

Maxilla

Mandible

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| Implant Sites: _____                 | Implant Sites: _____                 |
| IS-crown <input type="checkbox"/>    | IS-crown <input type="checkbox"/>    |
| IS-RDP <input type="checkbox"/>      | IS-RDP <input type="checkbox"/>      |
| IS-FDP <input type="checkbox"/>      | IS-FDP <input type="checkbox"/>      |
| Other <input type="checkbox"/> _____ | Other <input type="checkbox"/> _____ |

Surgical Consultation

Date: \_\_\_/\_\_\_/\_\_\_ Surgeon: \_\_\_\_\_

- Surgical stent  (check)
- Surgery consent Form:
- Prescription for sedation:
- Anaesthesia required:

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Consent form for surgery**

**CONSENT FORM PRIOR TO IMPLANT SURGERY**

I \_\_\_\_\_ acknowledge that I read the information package presented to me by \_\_\_\_\_ and that I understood the recommended treatment, expected benefits and possible complications of the proposed treatment to me. In addition, all my questions were answered to my satisfaction. Alternative treatment was also discussed. Hereby I am consenting to implant surgery in the Implant Prosthodontic Unit and I will assume the financial responsibilities as outlined on the fee estimate presented to me.

I understand that during the surgery, certain situations or conditions may become apparent and warrant modifications of the planned treatment. I authorize the Doctors in the Implant Prosthodontic Unit to complete the procedure to their best judgment.

I hereby authorize the taking of records, radiographs, video tapes, and photographs, which may be used for teaching and publication purposes, and the administration of necessary anaesthetics and medications.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**Postoperative instructions following implant surgery**

Faculty of Dentistry  
University of Toronto

**Implant Prosthodontic Unit**

(416) 979-4914, Ext. 4423

**POSTOPERATIVE INSTRUCTIONS FOLLOWING IMPLANT SURGERY**

1. Do not spit, rinse your mouth, smoke or drink anything through a straw for the first twelve hours after your surgery. These activities encourage bleeding and poor healing.
2. Bite firmly on the gauze pack in your mouth for a period of four hours after you arrive home. Try not to change the pack, as steady pressure for several hours can help to reduce surgical swelling. At some point you are likely to be hungry/thirsty and it is O.K. to consume soft food or liquids. For the first day, do not worry about rinsing or cleaning your mouth as this activity can promote bleeding. Rinsing or cleaning is started the next day.
3. Place an ice pack over the outside of your jaw where the implants were placed such as the upper lip, cheek or chin, wherever appropriate. Try and keep this up for 8 to 10 hours, if possible, to help limit swelling. Crushed ice in a plastic bag works fine or if you have a small bag of frozen peas or corn in the freezer, this works well too. Wrap the ice bag in a tea towel or face cloth to avoid injuring the skin.
4. The day after your surgery you should rinse your mouth after any meal, and at least three or four times per day. A good mouth rinse is salt and water made with one teaspoon of salt to a glass of lukewarm water. If you prefer mouthwash, dilute it with an equal part of lukewarm water.
5. Take your antibiotic medication as prescribed until it is completely finished. (Usually four times a day.)
6. Take your pain medication every three or four hours as necessary. The first dose should be taken soon after arriving home and preferably before the freezing wears off. (The surgical site may be numb for several hours or more, depending on the type of local anesthetic used.)
7. Soft foods and nutritious liquids should be consumed and you should be drinking at least two litres of fluid each day after surgery. Rinse your mouth after eating/drinking.
8. **You MUST NOT wear your partial or full denture on the implant sites for about two weeks after implant placement.** The denture must be relieved and provided with a soft liner before you can wear it again. This will be done at the clinic, usually a week or two after your surgery. In some cases, this could even be a bit longer. The stitches in your mouth are usually removed within a week to ten days.
9. If you have problems, please call the clinic during weekday business hours at

After hours, please call Dr. \_\_\_\_\_ at \_\_\_\_\_ and someone should get back to you shortly.

**Instructions for patients who will be receiving oral sedation****INSTRUCTIONS FOR PATIENTS WHO WILL BE RECEIVING ORAL SEDATION**

PATIENT'S NAME: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Oral Sedation must only be administered after the patient arrives at the Faculty, therefore please have the patient arrive 1 hour prior to the scheduled appointment.

RESIDENT : \_\_\_\_\_

NUMBER TO CONTACT (9:00AM-4:30PM):(416) \_\_\_\_\_

Your ride should arrive in \_\_\_\_\_ at \_\_\_\_\_ to pick you up.  
(Department / Clinic)

*Please make sure your ride knows which department/clinic to pick you up from.  
Your ride may only pick you up in the department / clinic of your appointment.*

**BEFORE YOUR APPOINTMENT**

1. You must **arrange to have a responsible adult drive you home** at the end of your appointment and assist you to your door. **No travelling by Public Transit**
2. **Nothing to eat or drink 6 hours before the procedure.**
3. Contact us prior to the appointment if there has been a change in your health (such as a severe cold, fever etc.).
4. Wear comfortable loose fitting clothing. Make a trip to the washroom just prior to taking oral sedation.

**FOLLOWING YOUR APPOINTMENT**

1. You must **not** drive a car or operate machinery **for at least 18 hours**. You may be drowsy for the remainder of the day and should be recovering at home in the care of a responsible adult until you are fully alert.
2. Do not drink any alcoholic beverages for **18 hours**.
3. Do not sign any legal documents for the remainder of the day.

*After hours or in an emergency, please contact your nearest hospital emergency department.*



### Implant Tracker form

Faculty of Dentistry  
 University of Toronto

Prosthodontics — Implant Tracker Database

Patient ID- Chart/Initials \_\_\_\_\_ / \_\_\_\_\_ Primary Care Provider: \_\_\_\_\_  
 Surgery: Resident: \_\_\_\_\_  Supervisor: \_\_\_\_\_  (Surgeon: Check appropriate box) Assistant: \_\_\_\_\_

**ALL PACKING SLIPS MUST BE SECURED TO THIS FORM**

		17	16	15	14	13	12	11	21	22	23	24	25	26	27	Date	Initialize
<b>Mx</b>	Suprastructure															///	
	Abutment															///	
	Healing Abutmt.															///	
	Primary Stability NCm / ISQ															///	
	Implant															///	
	Graft (Circle area)															///	
<b>Md</b>	Graft (Circle area)															///	
	Implant															///	
	Primary Stability NCm / ISQ															///	
	Healing Abutmt. Abutment															///	
	Suprastructure															///	
		47	46	45	44	43	42	41	31	32	33	34	35	36	37	Date	Initialize

Abutment: ~~PreFab~~, ~~Cast Des.~~, ~~Esthetic-Gold~~, ~~Adapt-eng./Non-eng.~~, ~~Multi~~, ~~Octa~~, ~~Snappy~~, ~~Solid-Ti~~, ~~Des.~~, ~~Uni~~, ~~Zr Des.~~, CAD/CAM: Procera-alum/titan./zircon.  
 Other: \_\_\_\_\_ Attachment: ~~Ball~~ ~~Bar~~ ~~Locator~~ Other: \_\_\_\_\_

Suprastructure: ~~Conventional~~: AllCeram ~~Metal~~-Ceramic CAD/CAM: Procera-alum/titan./zircon. Other: \_\_\_\_\_  
 Retention: Screw/Cement \_\_\_\_\_ (circle product name)

Ver. Sep 1, 2010 See reverse side

Faculty of Dentistry  
 University of Toronto

Prosthodontics — Implant Tracker Database

Please identify sites on each packing slip before attaching to this sheet.

	Grafting Materials	Implants	Healing Abutments	Abutments
<b>Mx</b>				
<b>Md</b>				

See reverse side





## General Ball Park Estimates of costs in graduate prosthodontic clinic

	Faculty of Dentistry University of Toronto	Prosthodontics
<b>FACULTY</b>	<b><u>GENERAL BALL PARK ESTIMATES, PROSTHETIC TREATMENT</u></b>	
Dr. Asbjorn Jokstad, Professor and Head	Treatment planning, including radiographs and wax-up \$ 300 - \$800	
<b><u>Prosthodontic Staff</u></b>	<b>Prostheses to restore the <u>completely edentulous jaw</u></b>	
Dr. Hasan Alkumru Dr. Limor Avivi-Arber Dr. Ester Canton Dr. Thuan Dao Dr. Randa Diwan Dr. Aaron Fenton Dr. Leslie Laing Dr. Mark Lin	<b>Removable, tissue (not implant)-supported</b> Transitional /Upper /Lower /Both jaws \$ 700 / 1,100/ 1,300/ 2,000 <b>Fixed, ceramic-metal*, implant-supported</b> per abutment /pontic \$ 2,500/ 650 e.g. 10-units supported by 6 implants / 5 implants \$ 17,600/ 15,750 <b>Fixed, acrylic teeth on metal framework, implant-supported</b> per abutment /pontic \$ 1,800 / 600 e.g. 10-units supported by 6 implants / 5 implants \$ 13,200 / 12,000 <b>Removable, acrylic teeth on metal framework, implant-supported</b> Supported by milled bar support on 4 implants \$ 9,500 Supported by bar on 4 implants / 2 implants \$ 9,300 / 8,000 Supported by balls on 2 implants \$ 4,200	
<b><u>IPU Prosthodontic Staff</u></b>	<b>Prostheses to restore the <u>partially edentulous jaw</u></b>	
Dr. Ming Chou Dr. Joseph Fava Dr. Romeo Paculanan Dr. Helmut Ragnitz Dr. Maurice Rosso Dr. Sagun Suri Dr. Natalie Wong Dr. Dennis Yokota Dr. Mohammed Zahran	<b>Fixed, ceramic-metal*, tooth-supported</b> per abutment / pontic \$ 1,100 / 650 e.g. 5-units supported by 3 abutment \$ 4,600 e.g. 3-units supported by 2 abutments \$ 2,850 <b>Single crown, ceramic-metal*, tooth-supported</b> \$ 1,100 <b>Removable, cast partial prosthesis</b> \$ 1,070 - \$1,800 <b>Fixed, ceramic-metal*, implant-supported</b> per abutment / pontic \$ 2,500 / 650 e.g. 5-units supported by 3 implants \$ 9,450 e.g. 3-units supported by 2 implants \$ 5,650 <b>Single crown, implant-supported</b> \$ 2,750	
<b><u>IPU Surgical Staff</u></b>	* Add approx 15% to cost estimate if all-ceramic prosthesis	
Dr. Gerald Baker Dr. Lesley David Dr. Bruno Girard Dr. Michael Goldberg Dr. Donald Hui Dr. Jim Lai Dr. Robin Listrom Dr. David Psutka Dr. Omar Usman Dr. David Walker Dr. Jack Zosky	Surgical stent if implant placement surgery \$ 200 - \$500	
<b><u>Dental Hygienist</u></b> Ms. Donna Kalassikos	Additional costs that may be required:	
<b><u>Patient manager</u></b> Mrs. Heather Hyslop	<ul style="list-style-type: none"> <li>• Necessary pre-prosthetic dental care</li> <li>• More detailed radiographs \$ 40 - \$500</li> <li>• Bone augmentation \$ 500 + material cost (\$200-800)</li> <li>• (Optional full) Sedation \$ 200 - \$400</li> <li>• Unanticipated dental technician costs</li> </ul>	
Definite cost estimates will be given in discussion with Graduate Prosthodontic Staff or Resident as basis for agreed and signed treatment plan.		
Version: 13.09.11		





## The ITI Implant treatment planning tool

Located on:

<http://www.iti.org/var/external/sac-tool/default-1000.htm>

ITI International Team for Implantology

# The SAC Assessment Tool

[click to continue](#)

**S** *Straightforward*  
**A** *Advanced*  
**C** *Complex*

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