



Ash Kaushesh, DDS, DABOI/ID, MAGD
Diplomate of American Board of Implant Dentistry
Master of the Academy of General Dentistry

**Complete solutions for dental implants
& reconstruction**

**including All-on-X, teeth in a day and
Full Arch rehabilitation.**



Consent For All-on-X Implant Surgery

Congratulations on choosing the All-on-4 system over conventional removable dentures, crowns and bridges and/or partial dentures.

All-on-4 integrates two systems – implants and dentures. Four or more implants are placed in each arch, possibly with bone grafting, and a denture is then screwed into them.

HOW MANY IMPLANTS DO I NEED? As the name implies, the All-on-4 system is optimally designed for four implants in each arch; however, remember this warning: All-on-4 or None-on-3. If one of your implants fails, and cannot be replaced, the denture cannot be supported by three implants alone. For this reason, your dentist may place more than four implants in each arch. Pre-surgery x-rays and CT scans can only approximate bone density, so your condition may be different once your dentist begins the surgery. *I authorize my dentist to use his or her discretion during surgery to place more than four implants in each arch, if additional support is needed.*

SUCCESS RATE: The All-on-4 system was invented about 15 years ago. Some 10-year studies have found that about 95% of the implants remain firm and without infection. The dentures have either porcelain, zirconia, crystal ultra or acrylic teeth. The prosthesis last from 5 to 15 years, depending on use, wear, grinding, clenching and bruxing habits.

WHAT CAUSES FAILURE?

- **Smoking.** Tobacco and/or marijuana use significantly decreases the success rate to 85% or less. You are encouraged to quit at least two weeks before surgery. Smoking should be avoided for six weeks after the implants are placed, and up to six months if bone grafting is necessary.
- **Lack of impeccable oral hygiene.** Some patients assume that cleanings no longer are necessary when all teeth are removed, but tartar can accumulate on the implants. Gum recession and bone loss may be gradual or unpredictable. You must keep all scheduled appointments for regular cleanings to check your implants, and to repair or reline your dentures. Clean your mouth thoroughly after each meal, and remember to brush at a minimum every morning and night. Using a water pick is highly recommended.
- **Excess alcohol and sugar.** These elements can decrease blood flow and hinder healing.
- **Medications.** Some prescribed drugs have a long-term impact on bone density. Examples may include steroids, opioids, hormone replacement therapy, anticoagulants and immunosuppressants. Inform your primary care physician about your All-on-4 system, both before your surgery and for every new prescription in the future.
- **Trying to unscrew the denture yourself.** Your All-on-4 is a precision system and only your dentist should unscrew your denture from the implants. Attempted self-repair can strip screws or damage the implants and dentures, which can lead to costly repairs or failure of the entire system.
- **Grinding.** No replacement system is as strong as your natural teeth. If you ground your teeth before the All-on-4 system, then you will continue to do so afterward. It is strongly recommended that you obtain a “night guard” to wear when you sleep to reduce the pressure grinding exerts on your All-on-4 system.
- **Age.** People over 50 typically experience a diminished metabolic rate, which can affect how your bones heal as well.

- **Infection.** Antibiotics must be taken strictly as prescribed to minimize this risk. Call your dentist immediately if you experience any signs of infection.
- **Diabetes.** Diabetes and other systemic diseases restrict blood flow to the bone and tissues.
- **Substance abuse.** Avoid all illegal drugs.
- **Sometimes we don't know.** 5% or so of cases fail for no known reason. No one can predict the human body with certainty.

IMMEDIATE OR DELAYED LOADING. We expect that your All-on-4 denture will be screwed into the implants on the same day they are placed. However, if your dentist discovers during the surgery that your bone needs more time to heal, then you may need a conventional denture for a period of months before the implants integrate and the All-on-4 denture can be screwed in. When this occurs, the long-term success of the All-on-4 system should not be compromised, just delayed.

WHAT OTHER CONSENT FORMS SHOULD I SIGN? In addition to this form, please carefully review and sign the (1) Implant Consent Form, (2) Extractions Consent Form (if applicable), (3) Informed Consent Form For Bone Grafting (if applicable), (4) Sinus Lift Consent Form (if applicable) and (5) Anesthetic Consent Form.

POSSIBLE RISKS AND COMPLICATIONS

Because of the wide differences among people and dental conditions, a successful outcome cannot be predicted. Sometimes, unexpected results occur. Here are some of the more common (but not all) complications for implants:

- Pain, swelling, bruising, infection, prolonged bleeding.
- Permanent or temporary numbness to the cheeks, lips, tongue, teeth or gums.
- Openings into the sinus (when upper implants are placed).
- Rejection of the implant by your body.

Should these or other adverse symptoms occur, call the office immediately. Do not wait until the next scheduled appointment.

Like all medical and dental surgeries, there are NO GUARANTEES that the All-in-4 system will be successful. The hope is that the implants will last a lifetime, but there is no accurate way to predict longevity in any particular person.

If I have been told by my dentist that I clench and grind my teeth, I must wear an occlusal guard nightly from now on or get botox therapy done to my clenching muscles every four months.

I have been given the opportunity with my dentist to discuss my present health history and ask all of my questions about the All-in-4 system. I am fully satisfied with the answers I received.

In the event that a dental implant fails to integrate or if the bone does not accept it during the healing period, I acknowledge that a subsequent dental implant or bone graft will be provided to me at half the original cost. It is essential to recognize that dental implant procedures involve thorough planning, the creation of surgical guides, procurement of dental implant products, and other related services aimed at enhancing my quality of life. Given the significant overhead costs associated with medical and dental practices, including expertise and time, mostly in the beginning of the procedure, I fully understand and accept that all payments made towards my procedure are non-refundable.

Patient Signature

Today's Date