Dental Implants Patient Information and Treatment Journey

This guide explains dental implants, the alternatives, the stages of treatment and the long-term care implants need. Your own treatment will be planned around your health, mouth and priorities.

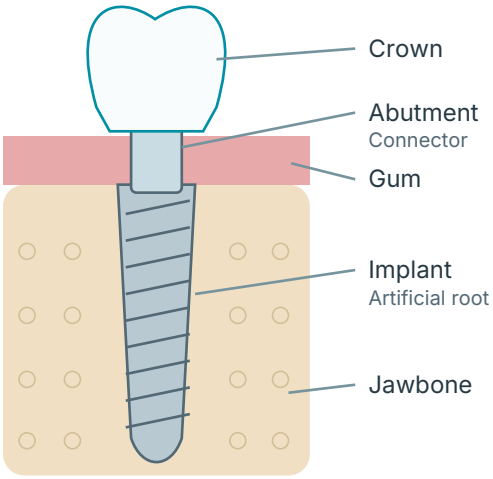
It is general information only. It does not replace your personalised treatment plan, written estimate, individual aftercare instructions or procedure-specific consent forms.

Understanding dental implants

What is a dental implant?

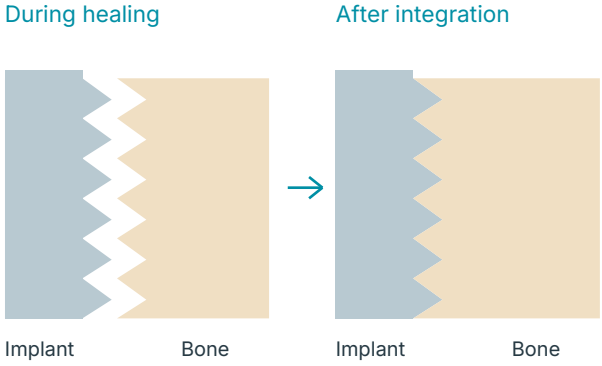
A dental implant is an artificial tooth root, usually made from titanium, which is placed surgically into the jawbone. During healing, bone grows closely around the implant in a process called osseointegration. Once the implant is stable, it can support a crown, bridge or removable denture.

Parts of an implant tooth



Osseointegration

Bone bonds to the implant surface



Magnified view of the bone–implant interface

Dental implants are one of the closest alternatives to natural teeth and can provide a comfortable, natural-looking replacement. Like natural teeth, they need careful daily cleaning and regular dental reviews. The implant, surrounding gum and bone, and the crown, bridge or denture all need ongoing care, and repairs or replacement may be needed over time.

Who may be suitable for implant treatment

We will ask about your health, medicines and lifestyle and assess your mouth, gum health, bite, available bone and gum, cleaning, and what you hope treatment will achieve. This will help us assess whether implant treatment is suitable for you. Active decay, gum disease or infection will usually need to be stabilised first.

- The main risk factors include smoking, vaping, periodontal (gum) disease, uncontrolled diabetes and other medical factors, such as previous radiotherapy to the head or neck region. We will discuss how any of these may affect your suitability for treatment and the risks involved.
- Some medical conditions and medicines can affect bleeding, healing or the risk of complications. Tell us about every medicine, supplement, allergy and change in your health.
- Grinding or clenching, your bite, and the amount of available bone and gum can affect the treatment we recommend.

Assessment and planning

We begin by planning the replacement tooth or teeth: where they need to sit in your mouth, how they should look, how they will meet the opposing teeth when you bite, and how you will clean around them. This planned result guides the position of the implant that will support your crown, bridge or denture. Your assessment includes a review of your health, teeth, gums and bite. Photographs, digital scans or impressions may be taken where needed to help plan your treatment.

A three-dimensional CBCT scan is a common and important part of planning, and you should usually expect to have one. It shows the amount and shape of the available bone, along with nearby nerves and sinuses. We bring this information together with the planned tooth position to decide where the implant can be placed to support your replacement teeth. Implants come in different lengths and widths, allowing us to select a suitable size for your mouth and treatment. If more bone or gum is needed, we will discuss grafting or other options with you. We will confirm the imaging you need and explain any findings that affect your plan.

Treatment choices and additional procedures

Alternatives to implant treatment

- No treatment or accepting the space, where this is clinically reasonable.
- A removable partial or complete denture.
- A conventional or adhesive bridge where suitable.
- Orthodontic space closure or another restorative approach in selected cases.
- Removing a failing tooth and reviewing the healed area before deciding how, or whether, to replace it.

Each option affects appearance, comfort, function, neighbouring teeth, maintenance, treatment time and cost differently. Your clinician will explain the options that are reasonable for you, including what may happen if you delay or choose no treatment.

What implants can support

- A single implant crown to replace one tooth.
- An implant-supported bridge to replace several teeth.
- Implants and attachments to improve the retention of a removable denture.
- A full-arch fixed or removable restoration supported by several implants.

The number of implants does not always match the number of missing teeth. The safest and most maintainable design depends on the available bone and gum, the bite, cleaning access, appearance and the condition of the rest of the mouth.

Bone and gum grafting

After a tooth is lost, the surrounding jawbone and gum naturally change shape over time. If more bone or gum is needed to support the implant or achieve the planned appearance, we may recommend an additional procedure before, during or after implant placement.

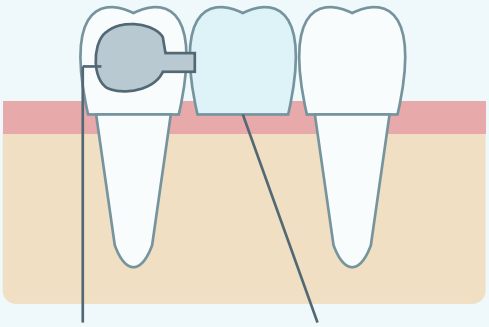
- Ridge preservation involves placing graft material into the space left by a removed tooth, sometimes with a protective membrane. It helps limit shrinkage of the surrounding bone and maintain the shape of the jaw, although some natural changes will still occur.
- Bone augmentation adds or rebuilds bone around an implant site. Materials may include your own bone or processed human-derived, animal-derived or synthetic material. The exact product, source and relevant risks will be explained separately.
- Sinus augmentation raises the lining of the sinus and places graft material to increase bone height in the upper back jaw.
- Soft-tissue grafting may be advised to improve gum thickness, cleaning access, comfort or appearance.

Understanding bridges

A bridge is fixed in place and fills a gap using support from neighbouring teeth. The condition of those teeth and the way you bite help determine which design may be suitable.

Adhesive bridge

View from behind the teeth



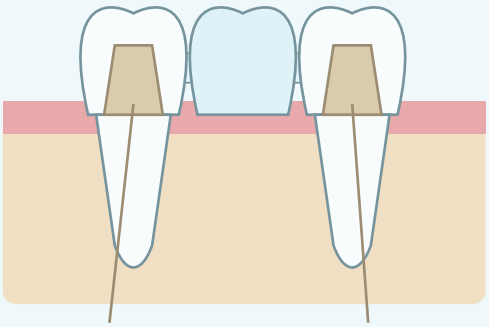
Bonded wing Replacement tooth

A replacement tooth is attached to a thin wing bonded to the back of a neighbouring tooth. Often little or no tooth preparation is needed.

The wing can sometimes come loose. Suitability depends on the supporting tooth, the space and your bite. The example shows a single supporting wing.

Conventional bridge

Cutaway view of a three-unit bridge



Prepared teeth beneath the crowns

The replacement tooth is joined to a crown or crowns fitted over neighbouring teeth that have been shaped to support it.

This may be an option when those teeth already need crowns. It involves removing tooth tissue, and the supporting teeth need ongoing care.

Dentures and implant-supported teeth

Replacement teeth may be removable or fixed. We will explain which options suit your mouth and how each is cleaned and maintained.

Removable denture

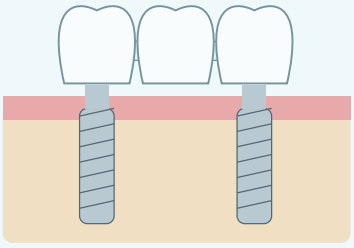


Replacement teeth on a removable base

Taken out for cleaning

Replacement teeth sit on a removable base. A partial denture replaces some teeth; a complete denture replaces all teeth in one jaw. Some designs use clasps around remaining teeth.

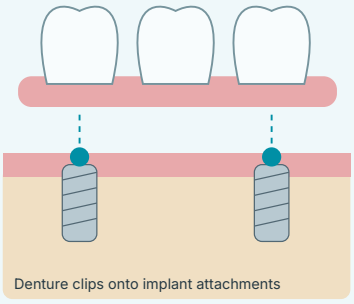
Implant-supported bridge



Implants support connected teeth

A fixed bridge is supported by implants in the jawbone. Several connected replacement teeth may be supported by fewer implants. You clean around the implants and beneath the bridge each day.

Implant-retained removable denture



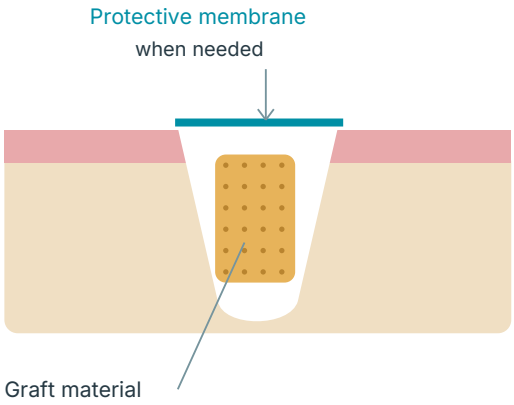
Denture clips onto implant attachments

A denture connects to attachments on implants for added retention. You remove it to clean both the denture and the attachments. The number of implants and attachment design are planned individually.

Preserving and building up tissue

These procedures may help create the bone or gum support needed for your planned replacement teeth. We will explain the proposed materials, healing time and individual risks before treatment.

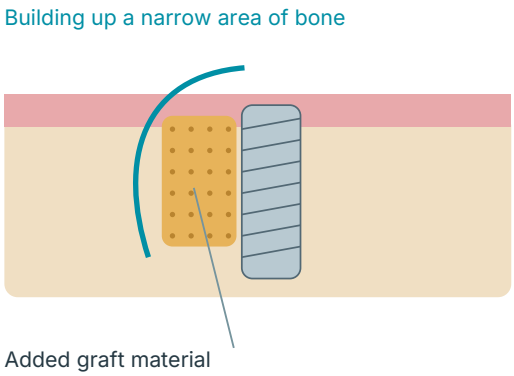
Ridge preservation



Graft material is placed in the space left by a removed tooth, sometimes with a protective membrane. The aim is to limit shrinkage as the area heals.

Some natural changes still occur, and further grafting may be needed before or during implant treatment.

Bone grafting



Graft material is used to build up an area where more bone is needed. A membrane may protect the graft while it heals.

Grafting may be carried out with implant placement or as an earlier, separate procedure. Larger grafts can add many months to treatment.

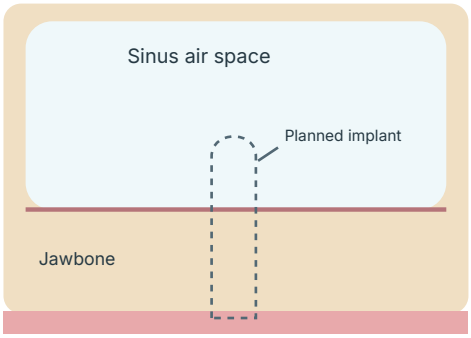
Sinus lifts and gum grafting

Additional treatment is sometimes needed to support the planned implant position or improve the surrounding gum.

Sinus lift: creating more bone height

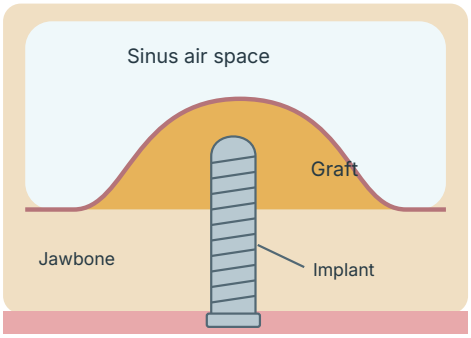
The sinus is an air-filled space above the upper back teeth. If there is limited bone beneath it, the sinus lining can be gently raised and graft material placed underneath. The graft sits below the lining, creating space for bone to develop.

Without bone graft



Not enough bone height for this implant

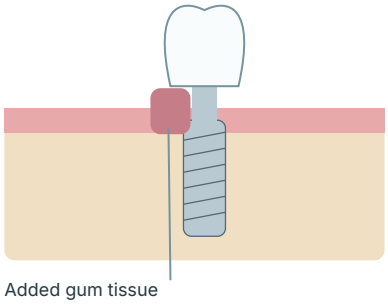
With bone graft



Graft creates space for bone around the implant

A smaller lift may be possible through the implant site. A larger lift may require access through the side of the jaw. The implant may be placed at the same appointment or after the graft has healed. Larger or complex sinus lifts can add many months to the overall timetable.

Gum grafting



The firm gum around natural teeth has a protective surface containing keratin. This differs from the softer, more movable lining inside your cheeks.

A band of firm, keratinised gum around an implant helps make daily cleaning comfortable and supports the long-term health of the surrounding tissues. Where this tissue is lacking, a gum graft may be recommended to improve the gum collar and make the implant easier to care for.

Your treatment journey

The stages below describe a common pathway. Some stages may be combined, omitted, repeated or carried out in a different order. Timing depends on the site, healing, implant stability, grafting, laboratory stages and the type of final restoration.

Plan and prepare

1. **Consultation and planning**
   Assessment, scans and your treatment plan
2. **Preparatory care**
   Treatment of teeth and gums and grafting if needed

Place and heal

3. **Implant placement**
   Placement under local anaesthetic
4. **Early review**
   Around 1–2 weeks
   Check healing and stitches
5. **Healing**
   Often around 3 months
   Exposure if needed

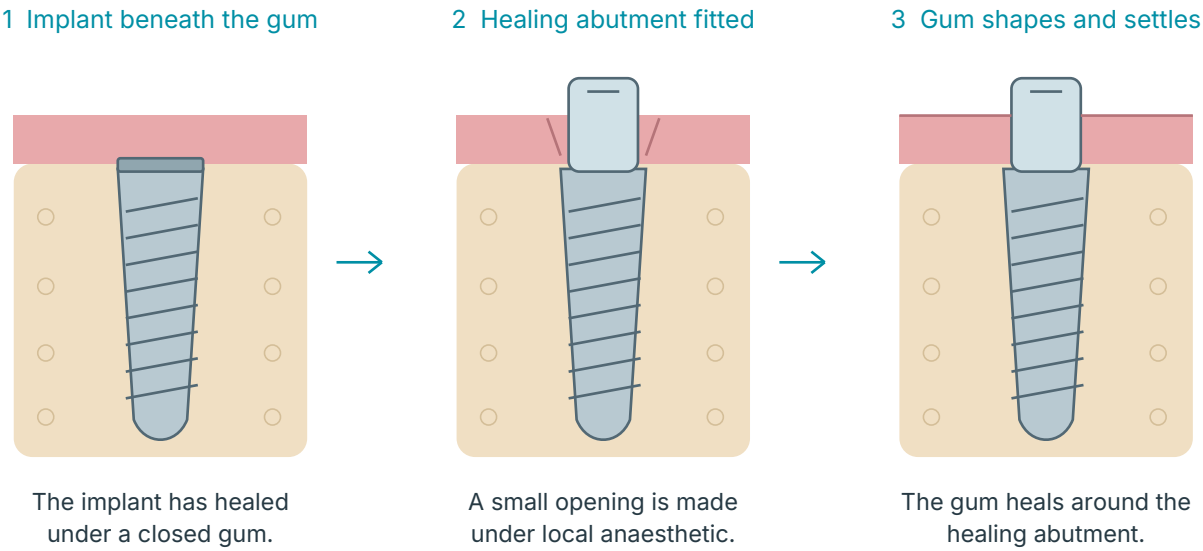
Restore and maintain

6. **Restorative records**
   Scans or impressions and trial stages
7. **Fitting and review**
   Fit your replacement teeth and agree ongoing care

For straightforward implant treatment, allow around four months from implant placement to your final tooth or teeth, including healing and laboratory stages. Bone grafts and complex sinus lifts can add many months to the overall treatment. We will explain the timetable for your individual plan.

Uncovering the implant

If your implant was covered by the gum during healing, a small procedure may be needed to uncover it once it has integrated with the bone. We use local anaesthetic, make a small opening, remove the cover screw and fit a healing abutment. This component sits just above the gum and helps shape it for the replacement tooth.



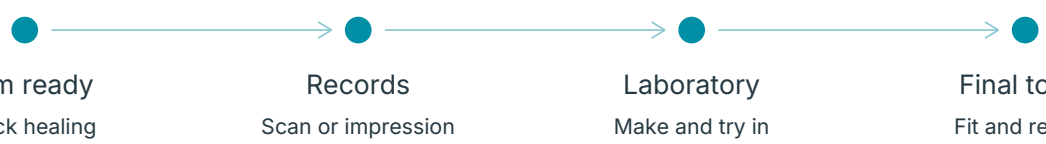
A healing abutment is a temporary component that helps shape the gum.

Not every implant needs uncovering

Some implants have a healing abutment fitted at the placement appointment and heal with it already visible above the gum. In these cases, a separate uncovering procedure may not be needed.

What happens next

We allow the gum to heal and settle, then check that it is ready for the restorative stages. The timing varies with your tissues and treatment plan. Scans or impressions and any trial stages allow the laboratory to make your final crown, bridge or denture.



At fitting, we check your replacement teeth for comfort, appearance, bite and cleaning access. We show you how to care for them and agree your ongoing review and maintenance plan.

How long treatment takes

For straightforward implant treatment, allow around four months from implant placement to fitting your final tooth or teeth. This includes time for the implant to heal and bond with the bone, followed by scans or impressions and the laboratory stages. Some cases take longer. Extractions or other preparatory care may add time before the implant is placed. Bone grafting, particularly larger grafts or complex sinus lifts, can add many months to the overall treatment, especially when the graft needs to heal before implant placement. We will explain your expected timetable at the planning stage and keep you updated as treatment progresses.

In selected cases a temporary or final-looking tooth can be connected on the day of placement or soon afterwards. This is possible only when stability and clinical conditions are suitable. A fixed tooth on the day cannot be guaranteed, and a removable temporary restoration or a period without a tooth may be required.

Healing and recovery

Some soreness, swelling or bruising can occur after implant placement. Healing varies with the treatment provided. We will give you separate aftercare instructions and arrange reviews appropriate to your care.

Replacing the tooth space during treatment

We will discuss how the space will be managed before treatment starts. Depending on your mouth and the planned procedure, options may include:

A removable temporary denture, including an adjusted existing denture where suitable.

A clear removable retainer containing a replacement tooth, where suitable.

A temporary bridge supported by neighbouring teeth, where suitable.

A temporary tooth or bridge attached to the implant in selected cases where stability and the bite allow.

Leaving the space temporarily if this is acceptable to you or needed to protect healing.

A fixed tooth on the day of surgery cannot be guaranteed. A removable appliance may need adjustment or to be left out for a period so it does not press on the implant or graft. We will explain the appearance, eating restrictions, cleaning, costs and any period without a tooth before agreeing your plan.

Understanding the benefits and risks

Implants can provide a stable, natural-looking replacement for missing teeth, but treatment is not risk-free. Problems can include infection, failure to heal or integrate, damage to nearby structures, or later gum, bone or restoration problems. Your dentist will explain the benefits, risks and alternatives relevant to your treatment before you decide.

Long term care and next steps

How long implants may last

Implants can remain successful for many years, but early failure and later loss can occur. The supporting bone and gum can develop disease, while the crown, bridge, denture, screws or attachments may need maintenance, repair or replacement sooner than the implant itself. Risk changes over time with health, smoking or vaping, cleaning, gum disease, bite forces and attendance for maintenance.

Looking after implants

Daily cleaning and long-term professional review are essential. You will be shown how to clean around and beneath the restoration using the toothbrush and interdental aids suited to your mouth. Your dental and hygiene interval will be personalised. Reviews may include checking the gum, cleaning access, bite, restoration and implant stability, with X-rays when clinically indicated.

Questions and contact details

Please contact us if anything is unclear or if your health, medicines or wishes change before treatment.

The Treatment Centre 01872 241955 info@thetreatmentcentre.co.uk

Read more on our website: Dental implants at The Treatment Centre.

This guide does not replace your personalised treatment plan, estimate, discussion with the clinician, individual aftercare instructions or procedure-specific consent form.