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Ashok Sethi

Centre for Implant &
Reconstructive Dentistry

Your time with us



Nature of The Practice

The only work that is done at the practice is that related to implant dentistry and the restoration of the mouth. This work needs to be carried out in a healthy mouth. Should you need any additional treatment with respect to your own teeth we shall refer you back to your own dentist to have this completed. Most of our patients are referred to us and generally require no other treatment.

Your dentist will be sent a copy of the report (with your permission) so that he or she is kept up to date on the status of your mouth.

If your dentist is appropriately trained and wishes to take on the responsibility for the restorative aspect of work (construction of the teeth), we will work together as a team and you will be referred back for this phase of the treatment.

'I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous...

While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times'

(Extract from the Hippocratic Oath, Hippocrates, 460–377 BC)

Our premises

Specially designed for implant and reconstructive dentistry

Patient lounge

Our lounge is a comfortable area where you can sit, read and relax before and after appointments.

Reception

This is where you will be greeted when you arrive, where all your appointments will be made and where all the administrative work is done.

This is the nerve centre of the practice, coordinating all the activity with up-to-date networked computers.

Consultation Area

A dedicated area where you can express your needs and desires in a relaxed atmosphere.

Operating Theatre

Furnished with the most up-to-date equipment for precision, safety and comfort.

Designed for

- Aseptic technique
- Intravenous sedation with all the monitoring equipment in place.

Restorative Room

A spacious and calming room equipped with modern equipment for creating beautiful aesthetic restorations.

Hygienist Room

A special room where you can see our hygienist before treatment starts and where you can be shown how to look after the work that has been done for you.

Consultation

One hour is generally reserved for a consultation and during this time your general health is discussed based on the medical history form that you fill out.

So please bring along any relevant medical details, such as names of doctors and any prescription drugs that you take. A clinical examination is then carried out and is designed to look at the problem in particular and get a general impression of how your mouth functions. X-rays are taken, following which a range of treatments available to you is discussed. No decision needs to be made at this stage.

that we tend not to discuss figures relating to cost when you make an appointment as we feel it would be meaningless, if not misleading.

A second appointment to discuss the contents of the letter is made. A decision may or may not be reached at this stage. If the decision has been made, preliminary work can be started. This may consist of taking impressions for study casts or having a CT scan or a cone beam scan arranged. No charge is made for this appointment.

Written Report

Following this appointment a detailed written report is sent to you describing your needs and the possible options that you have available. It also outlines the costs of each of the options that you have been presented with.

It should be clear that implant dentistry is treatment that is designed for you specifically. A detailed examination, and a discussion regarding your needs and expectations is essential if any form of treatment plan is going to be meaningful. It is for this reason

The letter describing your treatment addresses treatment relating specifically to you and the various options that you have. This booklet covers a variety of general information relating to implant dentistry as a whole. This addresses in general terms the care that you receive, what to expect from the treatment and the nature of treatment in general. Instructions as to how to look after yourself are also included.

Notes:

Ongoing care during treatment

During the course of the treatment you should expect to have additional appointments from time to time. Between treatment sessions there will be appointments to check how you are proceeding; these will be carried out by myself or the hygienist. The number and type of appointments will vary, depending upon the treatment that is being carried out. The appointments will also vary, depending upon the stage of treatment that you are at.

Notes:

Surgical treatment

You will need to look after your mouth following surgical treatment. This will be covered by the instructions that are given to you specifically relating to the procedure that you have had carried out. And also, after surgery a certain number of review appointments will be required. These are as follows:-

1. Removal of the sutures (stitches). These will be removed between five and 14 days. This will depend upon the type of procedure that has been carried out.
2. Additional appointments may be required to review healing. Instruction in the monitoring and maintenance of the area between stages will be given.
3. Radiographs (X-rays) to monitor the progress and the healing may be required.

Most importantly, during this period we will depend upon you to update us as to how things are progressing. If you have any concerns at all, we ask that you contact the surgery immediately.

General anaesthetic

Should you require a general anaesthetic for any reason, this would be carried out at either the Princess Grace Hospital or the Harley Street Clinic. You will need to see the anaesthetist prior to the date. You are normally required to stay in hospital overnight after the procedure. You are also required to abstain from eating for six hours prior to the general anaesthetic but you may take clear fluids ie water up to 2 hours prior, ie 06.00 am. Please bring any medications which you have been prescribed to hospital with you. You will be expected to go home on the following morning accompanied by an escort. More detailed instructions would be given during the discussions with the anaesthetist.

Bone graft from the hip

If we need to obtain bone from the hip, a general anaesthetic is required. The graft is obtained by a consultant orthopaedic surgeon and transplanted at the same time to the mouth where the jaw needs to be built up. Though the procedure is relatively straight forward with the hip (Iliac Crest) being just under the skin, there is discomfort on movement after the surgery. This is because the thigh muscles as well as the tummy muscles are attached to the iliac crest. To date all of our patients have recovered completely. The recovery period varies depending upon each individual. You will need to avoid exercise and exertion for a number of weeks after the operation. Walking, with assistance, is normally resumed on the same day. Typically you are admitted to the hospital at seven o'clock on a Saturday morning and you are discharged at about 11 o'clock on the following morning (Sunday). More detailed instructions will be given during our discussions should this be required.

Prosthetics

Depending upon the complexity of the treatment that you are receiving, there will be several stages and therefore several types of restoration (teeth) will be made for you.

Provisional restorations: these are normally constructed at the beginning of treatment and serve the purpose of providing you with teeth to function with during the course of the treatment. In addition to this, provisional restorations may be used to give us guidance on the shape, position and function of the teeth that we are designing. Generally there are two types of provisional restoration used, other than dentures.

1. Restorations that are bonded to teeth (metal acrylic rochette bridges): these are bonded to teeth using a composite bonding agent. Should these become loose you will need to ring the practice as soon as possible and we will need to make you an appointment to reattach this bridge. The type of bonding agent used is specific and in view of that, it is more suitable for you to return to the practice to have the bridge re-cemented.

2. Cemented restorations: metal acrylic bridgework may be cemented onto teeth which have been prepared. These may become loose and will need to be re-cemented using a temporary cement. Once again, in this event, you will need to contact the practice so that this can be arranged for you.

Transitional restorations: these are normally constructed and fitted onto the abutments, which are attached to the implants. They are supported by the abutment (post) and are held in place by means of a soft cement. These may be fitted after a period of healing when treatment is carried out in stages, during which time the implant has integrated. Alternatively, these may be fitted on the day the implant is inserted (immediate implants and immediate loading).

The purpose of a transitional restoration is to enable you to function and, in the front of the mouth, is crucial for the sake of appearance. It also provides us with guidance with respect to the shape and position of the planned tooth. It is used to develop the shape of the gum to provide a natural appearance for the definitive tooth.

If such a restoration becomes loose, the restoration must be put back onto the abutment (post) in order to prevent the gum from changing shape. You will need to ring the practice so that an appointment can be made to cement it more securely. With implants that have been placed immediately, great care needs to be taken to use a minimal amount of cement to prevent it from being pushed under the gum. This procedure is best carried out at the practice. Should this become necessary when you are not able to come in to see us, then you must

instruct the dentist who cements the transitional restoration to use the minimum amount of soft temporary cement.

Definitive restorations – crowns or bridges: generally there are three ways in which the teeth are connected to the implants. These are as follows:

1. Cement retained: the most commonly used restoration in the practice is a cement retained restoration which produces the best possible contours. The cement retained restoration is always cemented using a soft cement; this is to enable us to gain access to the abutment should the need arise. It also makes it easier for us to carry out any repair work that might become necessary in time.

Should such bridgework become loose, it must be put into place and kept in place until you can see us. This is important to prevent the gum around the abutment from collapsing.

Generally, should the bridge become loose early, a slightly harder cement is used. We consider it important to be able to have access to abutments and implants.

Sedation provided by an anaesthetist

For individuals who are particularly anxious or who have a medical condition that requires monitoring, the services of an anaesthetist are used to provide sedation and will incur a fee payable directly to the anaesthetist.

The following advice will help you to benefit most from this technique. Please ensure you advise us of any changes in your medical history, any medicines you are taking and any recent visits to your doctor.

On the day of your treatment

1. You may experience some loss of memory of events surrounding your treatment. It is important therefore that you are accompanied by a responsible adult and under no circumstances should you drive or use public transport on your own. Sedation cannot be given if arrangements cannot be made to take you home.
2. Arrange for someone to stay with you at home for eight hours after the treatment.
3. You may have a light meal before your treatment, but at least two hours before the appointment. Avoid eating a hearty meal. If you have any special dietary needs, please discuss these with the staff prior to surgery, as special arrangements will need to be made, ie. diabetics require specific protocols to ensure meal times are not changed.

Notes:

4. Do not wear any nail varnish to permit us to monitor you during the procedure.

5. Do not drink any alcohol as this may alter the effect of the sedative.

6. Ensure you have relieved yourself prior to the treatment.

7. Ensure that you are wearing something comfortable with sleeves that can be rolled up.

During the 12 hours following treatment

1. Travel home with your escort, by car if possible.
2. Stay resting quietly at home.
3. DO NOT use complex machinery or cook.
4. DO NOT drive a motor vehicle or ride a bicycle.
5. DO NOT sign any legal or business documents, or make any important decisions.
6. DO NOT drink any alcohol.
7. DO NOT take sleeping tablets.
8. Observe any special precautions advised, such as painkillers or antibiotics etc.

Notes:

Post-operative care after surgery

Outlined below are some general instructions to help you look after yourself following surgery. More specific instructions will be given to you and your escort directly after surgery.

To avoid bleeding after surgery:

1. Sleep with several pillows under your head to prevent bleeding at night. Avoid lying down flat for twenty-four hours after the operation.
2. Avoid physical exertion and excessive stress for 24-48 hours after the surgery.
3. Avoid hot drinks such as tea or coffee for the first 24 hours.
Drink cold (or lukewarm) drinks only.

Bleeding

Blood stained saliva is to be expected following surgery for approximately 24-48 hours. If excessive bleeding takes place however (e.g. large clots of blood) then pressure must be applied to the area that is bleeding.

- Fold a piece of gauze, wet it and apply steady pressure for 20-30 minutes.
- Sit - do not lie down - and stay calm as anxiety raises the blood pressure. Watch something on TV to keep your mind calm.
- The pressure must be steady. Do not keep removing the gauze to examine it every few minutes.
- If a temporary tooth is in place, the pressure must be applied to the gum above the tooth with a finger and a thumb.
- Remove the gauze and repeat if the bleeding has not stopped. If bleeding continues, contact the practice.

Looking after the surgical site:

- Do not drink alcohol for the period specified, as alcohol can seriously damage the healing tissues.
- Do not smoke (or as little as possible), as smoking will slow healing.
- Do not use an oral irrigator, or play with the area with your tongue or eat hard crusty food.
- Always leave your dentures out at night, (unless specifically advised to keep them in to protect the surgical site)
- After surgery is completed, a surgical dressing may be placed around the incision. The dressing should remain in place for one to two weeks during the post operative phase. Clean the area gently with a soft brush.
- Warm salt water rinses should be started 24 hours after surgery. Very lightly, without swishing, shake your head and allow the water to bathe the wound. Do this twice a day for two weeks using only a quarter a teaspoon of salt to a glass of lukewarm water.

You may also use Corsodyl mouthwash after 24-48 hours.

- Ice packs may be applied to the face as well as the sides of the jaw for a period of two days. This will reduce the swelling.

Medication and nutrition:

- Please take the antibiotic, if prescribed, as directed and until finished. If you seem to be having a reaction to the medication, please call the surgery.
- Pain after the surgery is easily controlled by paracetamol or any other pain relief drug that you usually take or that has been prescribed for you.
- It is important that you maintain a high protein diet throughout the post-operative phase. Nutritional foods include: mash, rice, eggs, soup, fish, pasta, well cooked stews, cottage cheese, minced meat or soya products such as Quorn, and milk products. A blender may be used to chop up foods. A fairly soft diet should be maintained as instructed following surgery. This will vary depending upon the procedure carried out.

Hygiene

During the course of the treatment you will need instruction to enable you to look after your mouth. This may require a series of appointments with our hygienist. The usual timing of these is:

1. after temporary bridges are constructed
2. before implant placement to minimise the chances of infection
3. after implant exposure to familiarise you with the shape of the transitional restoration
4. following completion of the treatment to guide you in the maintenance of the final bridgework.

In this way we can ensure that the treatment progresses satisfactorily. An additional charge will be made for this, depending on your needs.

Following the active phase of the treatment you will return to your own dental surgery for routine maintenance.

Notes:

Fees

Fees are payable in stages. Payment for the surgery will be due before or on the day of each respective surgery. The payment for the prosthesis (denture and bridgework) will be made on the day the impressions are taken.

The fees outlined in your treatment plan are our current fees and apply if treatment is undertaken within six months of the consultation. It is intended that these will not undergo increases. However, with treatment that lasts for over one year, fees may need to be increased to reflect our current expenditure at that time. This is likely to apply to the prosthetic work.

Each case is entirely individual and will be discussed privately at your consultation.

Notes:

Monitoring and maintenance

As you are aware, it is essential that the implants are monitored and maintained after the completion of treatment.

After the initial period you will be required to attend surgery at intervals that we will specify, either once a year or every two years for a thorough examination and monitoring by the hygienist and Dr Sethi. Radiographs and photographs will be taken as appropriate. The data recorded will form a part of your ongoing care to ensure the health of your implants and your mouth. Current fees will be applicable.

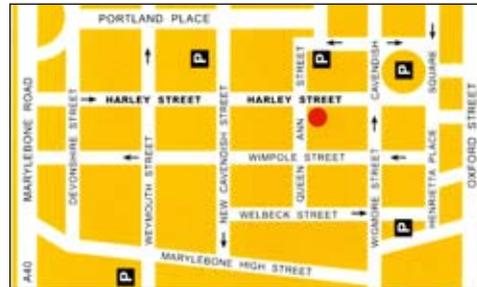
You will need to maintain a high standard of hygiene around the implants. You may need to see a hygienist at specified intervals - normally every three to six months.

Photographs

Clinical photographs often form an integral part of the records that we need to maintain in order to carry out treatment effectively. In some of these you will be recognisable. On rare occasions photographs may be required for publication in a dental journal. Should you not wish us to use your images where you are recognisable, please let us know at the time of treatment.



Location



**33 Harley Street,
London,
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Dr Ashok Sethi



Dr Ashok Sethi BDS, DGDP(UK), MGDSRCS(Eng), DUI(Lille), FFGDP(UK), is a pioneer in the UK implant field. He committed himself to implant dentistry in 1979 and has earned the recognition and respect of his peers for the elegance and predictability of his work in this field.

He is supported by a highly qualified team, whose aim it is to make every patient feel cared for and comfortable.

Dr Sethi is both a Specialist in Surgical Dentistry and a Specialist in Prosthodontics.

He has spoken at scientific meetings in the UK and internationally, organised and taught on postgraduate courses accrediting dentists in implant dentistry in the UK and Europe. He has published significant data in professional and scientific journals on fundamental and advanced techniques in implant dentistry.

He is the Programme Director of the Diploma in Implant Dentistry at The Royal College of Surgeons of England and has published the book 'Practical Implant Dentistry' which has now been translated into 10 languages.

“It is a sad reflection on medical science that the outcome of a disease does not often depend upon the nature of the disease, but where the treatment is undertaken.”

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