

Fixed Bridge Informed Consent

A Bridge is made up of a series of crowns, cemented in place, to replace missing teeth. They are not removable. A bridge requires at least one tooth on each side of the space to be crowned. The alternatives to a bridge are either one or more implants, which are titanium posts fixed into your jaw bone, or partial dentures, which can be taken out of your mouth.

Bridges are a two appointment procedure. During the first appointment the teeth on either side of the space are trimmed down and an impression is taken. A temporary bridge is made to fill the space, while the impression is sent to the lab. It takes the lab 2 to 4 weeks to make the fixed porcelain and/or gold bridge. The temporary bridge is important to hold the space and protect the teeth from moving so that the fixed bridge fits when it comes back from the lab. During the second appointment the temporary bridge is removed, and the permanent fixed bridge is cemented in the mouth.

The national average for life expectancy of a bridge is 8 years. With good oral hygiene, bridges have been known to last for decades. Proper flossing of your bridge is critical for survival of your bridge. Unlike natural teeth or dental implants, floss does not pass between the teeth on a bridge, and special floss is needed to insert under the bridge and pulled through in order to keep the bridge clean. In addition, if you grind your teeth, you will need a night guard to protect against breaking your bridge.

Bridges are considered a strong solution to replace missing teeth that stays in your mouth. There are some possible complications and limitations that may arise during the preparation of your bridge, or after cementation. The following is a list of the more common issues that may arise:

1. When a tooth is trimmed for a bridge, the nerve inside the tooth may become damaged and/or die. The tooth may be sensitive to hot and cold, and if there is significant pain or signs of nerve death, a root canal procedure may be needed.
2. Occasionally a post is needed to aid in the preparation of a tooth for a bridge. Sometimes the post may create a crack in the tooth, and the tooth may need to be extracted. This may result in the inability to restore the area with a bridge.

3. Sometimes the neighboring teeth to a missing tooth have cracks that can't be seen on an X-ray. If the crack is small enough, there will be no problem with placing a bridge. If the cracks are deeper and the bridge is sensitive to chew on, the bridge and the tooth may need to be removed. Sometimes this can't be determined until after all the work is done.
4. We try very hard to select a shade that blends in nicely with your existing teeth, however porcelain is not enamel, and so the colours we have to choose from may not ever blend in completely with your existing teeth. We will try our best to match it as closely as possible.
5. Sometimes it might get very sore to chew on your temporary or your permanent bridge. This may be a result of a high bite, in which the temporary or permanent bridge is slightly higher than what you have been used to, so all the chewing force gets placed on the bridge, and it gets sore. We can usually fix the problem by trimming the bridge down slightly to even out the bite.
6. A new bridge means new teeth with new chewing surfaces. This will feel very strange for the first couple of months, and you may occasionally feel mild pain with heavy chewing. In addition, the new bite may induce a grinding habit which can lead to TMJ problems (jaw joint problems). In order to minimize this possibility, we recommend Bite Balancing prior to the bridge appointment. This is also known as occlusal correction, and we have information on this if you wish to protect yourself from any issues that may arise from a new bite.
7. The bridge will have teeth that are of different shape than your original teeth. They are designed to provide you with a good chewing platform, and so differences in shape are necessary. It typically takes about one month to become familiar and adapted to your new teeth.
8. The teeth, which support the bridge, can develop cavities. It is important to clean your teeth in order to keep them healthy, so that your bridge stays in proper working condition. If one of the supporting teeth is badly damaged and needs to be removed, the bridge will need to be removed as well.

9. The supporting tissues around a tooth are still going to be susceptible to gum disease. Gum disease is the loss of bone and gum around a tooth. When enough bone is lost, the tooth becomes loose and does not serve well as an anchor for a bridge. The entire bridge will become loose, and both the tooth and the bridge may need to be removed. Proper daily brushing and flossing both on either side of the bridge and under the bridge will help to keep the teeth and gums clean. There is no guarantee for a failed bridge due to poor hygiene.

I have read, and understand, the above information. Any additional questions that I had have been answered to my satisfaction. I understand the alternatives to treatment and the risks and limitations of the treatment. I read and understand English.

I hereby give my consent for the following bridge procedure to be performed:

Area of Bridge _____

Patient Name _____

Signature of Patient/Guardian

Date

Signature of Witness

Date

Signature of Doctor

Date