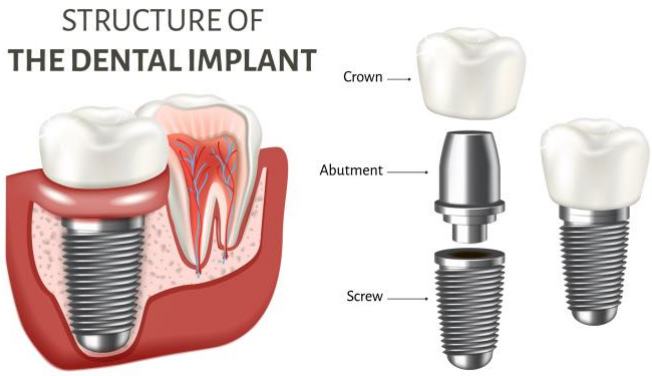
Dental Implant Treatment – Further Information & Consent Form

What are Dental Implants?

Dental implants are tooth root shaped titanium devices, which are placed into the bone once occupied by a tooth. Once positioned, under sterile conditions at the practice, bone fuses to the implant surface in a process known as osseointegration. The procedure is carried out under local anaesthetic and although some soreness afterwards can be expected this is usually minimal.

When an implant is placed, a final tooth is not normally put on onto the implant until after a 3-4 month healing period. At this stage, it is uncovered and a special post called an abutment is attached. A porcelain crown or bridge can then be made for the post and subsequently cemented into position. In some situations a post and provisional crown can be attached to the implant at the time of the surgery.

The main advantages of dental implants are that if kept healthy they are long lasting and the adjacent teeth are not touched in any way. Dental implant treatment is reasonably predictable with success rates in excess of 90% and is now seen as the ideal solution and first choice for replacing missing teeth.



The 3 phases for dental implant treatment are as follows: -

Phase I - Diagnosis and treatment planning

Our first task at the consultation is to try to understand the nature of your problem and to decide if this can be managed with implants. We consider the possible alternatives, your medical and oral health, and begin to form an outline proposal for treatment. We can be clear about potential costs at this stage - no nasty surprises down the line.

If you decide that implants are for you we may carry out further diagnostic procedures at this stage - models, further x-rays, CT scans and photographs can be taken of your mouth to assist with our diagnosis and second stage consultation, and it also allows the technician to get involved in your case, and to make a surgical guide template if one is needed. The template shows us the ideal positions of the proposed dental implants during surgery, but may not be necessary for simple placements.

Our laboratory can also make wax mockups of the ideal teeth shape for the final crowns, which can be used at the consultation for diagnosis of your appearance and to make provisional restorations.

Phase II - Implant Surgery (please also see below)

The dental implants are placed very carefully into the appropriate positions as planned. The procedure is carried out under local anaesthetic under strict sterile conditions.

Healing is rapid and any swelling, discomfort or pain is usually minimal and easily managed with over-the-counter painkillers. You will be provided with everything you need at the implant surgery appointment.

Phase III - Implant Restoration

Depending on how the implant has been left, buried in the gum or protruding through, the next stage involves exposing the implant and fitting a special attachment, which enables us to take accurate impressions of the implant position. This may involve exposing the implant with a second minor surgical procedure, with impressions being taken after a further short period for the gum to heal, usually 2-3 weeks.

We then have the restoration made and posts (abutments) connected. We can fit transitional, temporary crowns or healing abutments at this visit, which help the gum 'heal' into the ideal position.

The definitive porcelain crowns are cemented (or screwed) into place, after a try-in to check the colour, shape and fit.

What are the Surgery stages?

Although implants are usually used to replace missing teeth we frequently use them to replace a tooth that is diseased or damaged. This introduces two important variables in the surgical process that have a direct bearing on the timing of the treatment which then takes place over two, three or sometimes four stages.

Despite all the available diagnostic tools and procedures it is impossible to predict with absolute certainty how surgery will proceed. Everybody and every case is different, and sometimes we find situations at the surgery site that dictate a change in approach, and by implication, the timing for our plan.

Fortunately this usually only leads to a slight delay in the plan which will be fully explained, but it is important to respond to findings appropriately, and if it's not possible to place the implant, for example if we find infected material at the implant site, it is better to deal with the complication and delay the implant than insert the implant into a compromised site.

Possible surgical options are as follows:

- Extraction of a tooth and implant site preparation
- Implant site preparation - no implant placed but implant site enhanced

- Place the implant and cover back over with gum. This requires a further surgical stage to expose the implant after healing.

- Place implant and top off with a healing abutment (no second surgical stage). This is the most common approach and usually achievable at a single appointment.

- Place implant and temporary tooth together - not always ideal for healing, and can add significantly to the cost.

What are Biomaterials?

On occasions we use biomaterials to boost bone volume around an implant site. These materials can also 'plump' out soft tissue to create a more natural appearance of the gum and the crown.

We use bone substitute materials of synthetic (Ethoss – tricalcium phosphate) or bovine origin (Bio-Oss), which are gradually replaced by your own bone over a period of time, and on occasion we may need to protect this with a porcine derived collagen membrane (Bio-Gide), which is used to cover and protect the graft materials during healing.

Use of these biomaterials is supported by many long-term studies where they have proved to be reliable for repairing or filling small defects in bone. If you have any objection to their being used please let us know, but we will discuss them further if it becomes likely that some use will be required.

What are the Benefits and Risks of Treatment?

As well as the benefits, we have discussed the risks that are associated with this treatment. You should be aware that on occasion an implant may fail. There is a risk of failure of approximately 1% to 5% depending on specific circumstances. Generally an implant can be replaced should it fail but occasionally additional or alternative procedures may be necessary.

An implant can fail at any time, immediately after surgery, or later when it has been restored. The reasons for failure are not always clear, but it is usually possible to correct the problem by removing the implant and starting again after a period of healing.

There is also a risk of accidental damage to adjacent anatomic structures, such as teeth, nerves and sinus spaces, although with accurate planning this should be avoidable. There is a very low risk of failure of implants after the first year in function as long as your health, both general and around the implant is maintained and no excessive forces are exerted. Excessive forces may result in some of the component parts fracturing.

You should also be aware that implants and teeth are subject to normal wear and tear as time goes on and, depending upon the amount of wear, the need to replace the crown may arise.

There is a risk of gum recession around the implants. Although this may not affect its survival it may require additional hygiene treatments or treatment for aesthetic reasons.

The list of possible complications are as follows;

Surgical Complications

1.Pain, swelling and bruising may occur after surgery and this normally lasts for approximately one week

2. Sutures (stitches) will have to be placed during surgery and these may or may not be dissolving stitches. If these are not dissolving stitches then they will require to be removed approximately one to two weeks following surgery.

3. It may be difficult opening your mouth and eating in this area for up to one week.

4.You may be unable to wear a denture in the area for at least one week.

5. Failure of the implant placement is possible and if this occurs we are normally able to replace the implant in a relatively short period of time. This will however lead to an increase in treatment time.

6. In general a very high number of implant placements are successful. Studies show that the survival rate of implants is normally above 95% at ten years. In the very small percentage of implants which fail to integrate appropriately the implant may have to be removed and await subsequent surgery. If this occurs, generally another implant can be placed in a short period time and this will not affect the overall chances of the implant being successful. In the worst case you will end up with no implant in place as it has not been possible to replace an implant into the site initially used.

7. Surgical implant cases at The Practice are extensively planned in order to predict the outcome of the surgery in the best possible way. Rarely, during surgical procedure, we become aware that an implant or implants are unable to be placed despite the thorough planning that has been undertaken. In the rare cases where this occurs, patients do not suffer any detriment as a result of the surgery and are merely closed back together with stitches and have mild discomfort for a few days following surgery. If this were to occur in your case, this would be explained exhaustively following surgery and any further alternatives would be discussed.

8. You will be required to attend for at least yearly review appointments at the practice (although this may need to be more frequent depending on your circumstances) to ensure that the implants are in a satisfactory situation and generally these appointments will include an x-ray examination. The frequency of these will be determined by individual levels of disease risk. In addition regular hygiene appointments will need to be maintained for life at 3 to 6 monthly intervals (depending on your individual disease risk) to guard against future gum disease which can affect implants and teeth.

9. Numbness of the lower lip and / or side of tongue on the side of the operation is possible where lower back teeth are placed. This is due to the close proximity of a nerve supplying this area and is almost always temporary but in some cases it may become a permanent problem, but if you require further information regarding this please discuss your concerns with us. It is also reported in the scientific literature that some patients suffer long term pain

following nerve injuries associated with implant surgery. Every possible precaution is taken to avoid this.

10. On occasions following implant surgery, the healing process can lead to recession and shrinkage of the gum around the teeth adjacent to the implant site(s) and the gum overlying the implant site(s). The potential discrepancy in the gum margins is also related to the shape and quality of the gum and bone prior to implant treatment. As a result the implant restoration(s) may appear longer at the neck than the adjacent teeth, and there might be loss of the pink gum projections between the teeth. This might be visible if you show your gum margins on smiling and if this is at the front of your mouth. Corrective measures can be provided to reduce the impact of this occasional complication.

11. Patients with gum disease are more at risk of implant failure and it is vital to maintain gum health on an on-going basis. Regular visits to your dentist and hygienist are essential to avoid possible future complications. The number of visits required will be based on each individual patient's dental disease risk profile.

12. Inhalation or swallowing of small implant components during the surgery may occur, necessitating referral to a hospital for a chest x ray to confirm the position of the component and arrangement to be made for the removal of the component unless it passes through naturally.

It is advisable to use Corsodyl four times a day for the day prior to your implant surgery, the day of surgery, and for approximately 5 days after surgery as this enables you to disinfect your mouth to the best of your ability, to increase the chances of success.

Tooth (Prosthetic) Complications

This is a relatively complex procedure and certain problems, although rare, can arise.

1. Porcelain on crowns and bridgework may fracture. If you have a heavy bite or clench or grind your teeth, the risk of breakage is higher. We may recommend making a protective guard or splint to wearable night . Please note we are unable to offer guarantees if night guards are recommended and not worn.

2. Screws attaching the teeth to the implant may fracture.

3. Perfect colour matching, although very good, may not always be possible where single teeth are placed. To improve the match other teeth may need to be veneered or crowned.

4. Where there is extensive bone loss it can result in longer teeth extending up or down from the gum level. This is only an issue where it shows on smiling but often where the lip hides the longer teeth it is not an issue. Pink gum like porcelain can be used but this can often be a poor colour match and longer white porcelain teeth can provide a better result. Sadly when the bone has disappeared vertically we cannot rebuild it and it leaves us with limited option.

5. A denture supported by implants, either on specialised studs or a precision bar arrangement, (Implant supported overdenture) will offer superior fit and stability compared with a conventional denture without implant retention. The overdenture is removable to aid cleansing of the denture and implants. As such it will be necessary to accept that overdenture will experience a small degree of movement on the resilient clips

during use. A fixed implant supported bridge would be needed to eliminate any degree of movement. The clips will require periodic replacement in the future as a result of wear due to normal function. This may incur further cost for wear and tear replacement if necessary

6. Dental implants are metal devices to replace the roots of missing teeth. From time to time after implants are placed parts of the metal can become visible, either at the "neck" of the new tooth, or by shining through the gum to show a grey area. In cases where this occurs we will make every effort to correct or conceal this, if it becomes a concern.

7. We may have suggested that part of your treatment will involve crowning ("capping") of one or some of your teeth. It is important to be aware that this involves cutting down natural tooth tissue in order to facilitate fitting of a crown over an existing tooth. The dental scientific literature suggests that approximately 12% of teeth that are crowned will suffer damage which results in death of the nerve or de-vitalisation. This maybe unnoticeable or may cause pain and swelling associated with the tooth. If this is diagnosed the tooth will require either to be root filled and may require a new crown or will require to be extracted and replaced. Every effort is made to ensure that preparation of teeth during this procedure is as minimal as possible to reduce risks associated with this type of procedure.

If any unforeseen conditions should arise during the course of the operation, calling for a doctor's judgement or for procedures in addition to or different from those now contemplated, we request your authorization for the doctor to do whatever he may deem advisable.

No guarantee or assurance will be given to you that the proposed treatment will be successful to complete satisfaction. Due to individual patient differences there exists a risk of failure, relapse, selective retreatment or worsening of your present condition despite the care provided.

If you are a smoker you must understand that healing following surgery may be prolonged and there is an increased risk of the proposed treatment failing. Any treatment that does fail will not be replaced free of charge.

The day of surgery - what can I expect?

On the day you are having your implant placement you will be given a time to arrive at the practice. This won't be when you go into the surgery, but will allow time for you to take your antibiotics and relax ahead of the surgery. We will be busy preparing the surgery and equipment for the appointment.

On entering the surgery you will notice the difference immediately - the equipment and preparation for sterile working are completely different to normal dental surgery, and once we get you numb we will all be gowned up to maintain a sterile working environment.

For your part you will be asked to rinse with an antiseptic before we start and you will have a sterile drape placed over you that will keep the area clean and tidy.

Implant surgery - how is it done?

The surgery itself involves raising a small flap of gum to expose the implant site. Then by using drills of increasing size the hole into which the implant will go will be formed. Once we are happy with the alignment and depth of the hole an implant of matching size will be

selected and placed. The final tightening involves using a hand wrench that makes a bit of noise and pressure, but is done to ensure precise placement and orientation of the fitting surface of the implant.

Once placed we make the decision on how to cap the implant off - usually achieved with a healing stud (a bit like after having an ear pierced), which we call a healing abutment. The gum is then closed with stitches around the stud.

Healing of the bone normally takes 3-4 months after which the implant becomes integrated with the bone. If we have placed any bone chips (Bio-Oss) this will have been replaced by immature bone by this stage.

Once the implant is integrated with the bone we can then proceed with the final restoration.

Surgery Aftercare - what will I need to do?

When the surgery is completed you will still be numb, and may be so for 1-3 hours. Our concerns at this stage are to allow things to settle undisturbed. We need the formation of good healthy blood clot and for none of this to be disturbed or washed away.

We ask you to observe these simple rules:

1. Take it easy for the rest of the day

2. Avoid rinsing - you can eat and drink, but don't rinse for 24 hours

3. You will need to take your second dose of antibiotic 6 hours after the first

4. If you can we ask that you take ibuprofen 400mg every 6 hours (after food) to reduce any swelling - if you can't take ibuprofen, paracetamol should be sufficient for pain relief but lacks the same anti-inflammatory benefit.

5. We provide an ice-pack for immediate use to prevent and relieve any swelling. You should aim to use a cold pack for 10 minutes in every hour for the first day. Small bags of peas from your freezer covered in a damp tea towel is the best - so remember to get some in!

The review appointment

Someone from the surgery call you the day after surgery to check all is well, and we will see you after a week to remove your sutures. You will the have an appointment to review progress and after a period of usually 2-3 months is when impressions will be taken to start the final restoration process.

The final restoration

The range of restorations is vast depending on the case, but the procedure for this stage is roughly the same either way.

First, the healing abutment is unscrewed exposing the head of the implant. Next, an impression abutment is screwed into place and an impression is taken over it - the impression abutment duplicates the fit surface of the implant in the impression and allows precise location of the restoration in the gum.

The technician pours the model in plaster and creates the final restoration.

Do I need to take Antibiotics?

It is generally accepted and standard protocol that antibiotics should be taken before implant surgery to reduce the potential for infection at the implant site. The usual antibiotic of choice is amoxicillin, taken as a drink just before the operation. For anyone who is allergic or has a problem with amoxicillin we give clindamycin. Clindamycin has to be taken as a few tablets as it is not available in powder form.

The second and final dose of antibiotic is taken 6 hours after the first.

For those few individuals who refuse to take an antibiotic we regret to say that we cannot cover the implant with our usual guarantee. The risk of implant failure is very low but if antibiotics are declined and failure occurs for any reason a charge will be made for any repeat treatment.

Do I need Sedation?

For most implant procedures the treatment is no more difficult to tolerate than having a filling. The procedure is carried out under local anaesthetic, and apart from feeling some vibration from the drill and some pressure during the placement, the procedure it is quite comfortable.

For anyone who remains anxious about the procedure we offer oral sedation. Temazepam (a sedative) is given the night before to help with sleep and a further dose 1 hour before surgery is usually sufficient to take the edge off any nerves and allow the surgery to go ahead without difficulty. You cannot drive after oral sedation and we ask that you bear this in mind when making arrangements for the day.

We also offer a full intravenous sedation service at the Brigstock Dental, and if this is the only way this treatment could be acceptable to you. You will be advised of any associated costs and precautions if this is the case.

What maintenance will my implant need?

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

After the initial period it is recommended that you attend the practice at regular intervals for examinations and maintenance.

You will need to maintain a high standard of hygiene around the implants and, if necessary and recommended, see our hygienist every 3-6 months. (All treatment plans **exclude** costs for hygiene and annual review appointments).

Implant restorative treatment at the practice is guaranteed for a period of one year. A dental implant is a medical device and it is not possible to guarantee the success of this biological process for a long period of time. Maintenance and management of complications with the implant in the future such as management of gum issues (peri-implantitis) around the implant should this occur, or replacement crowns due to chipping will be at a separate cost.

A free of charge recall appointment is offered 1 year following the completion of treatment.

Are there any medical problems that affect implant treatments?

Smoking

There is evidence in the literature and scientific studies that smoking increases the risk of implant failure. The risk increases by about 3 times. As long as the gum condition is good we can proceed. If you are a smoker then healing may be prolonged and any treatment that does fail will not be replaced free of charge.

Medication - Bisphosphonates

These drugs affect bone metabolism and are used to treat osteoporosis and other conditions. Intravenous bisphosphonates are a direct contra-indication for implant treatment, but taken orally implants may be considered. If there is any doubt about the risk of treatment we will recommend an alternative course of treatment for you.

Medication - Steroids

Long-term steroids can affect the healing and immune response in patients, but are not an absolute contra-indication to implant treatment. They can also affect bone, and that may have a bearing on healing times and loading considerations.

Medication - Anti-coagulants

Aspirin 75mg daily dose is not a problem, and warfarin is also not a problem as long as the INR is below 3.0. We may need to see your INR records if you are on warfarin, so please bring them with you.

Osteoporosis / Vitamin D

There is some evidence to show low vitamin D has a negative impact on implant dentistry. You could consider a blood test prior to commencing treatment.

Diabetes - Type 1

As long as the glycaemic control is good and gum health is good, then implants can be done with caution.

Diabetes - Type 2

As with Type 1 - as long as the gum health is good and the diabetes is being controlled well, implants can be done with few complications. It is useful to check your HbA1c prior to commencing treatment.

Gum disease

In order to be confident about the success of implants good gum health is very important. Although the connection between an implant and bone is different to that between teeth and bone, implants can suffer from poor oral hygiene and develop inflammation. This results in bone loss around the implant, and while this might not result in failure of the implant it can become unsightly, especially if towards the front of the mouth.

An assessment of the gum condition will be made as part of the consultation process for implant treatment, and we may recommend treatment with our hygienist ahead of confirming suitability for treatment.

Fees and Finance

As you are aware the fees for implant treatments are relatively high, due in large part to the cost of the implants, components and laboratory charges. Our estimates are provided for you giving as much information as possible. As you will appreciate the findings at the time of operation can force decisions that affect costs - such as with the use of biomaterials. Where this is anticipated you will be advised accordingly.

Just as the implant treatment is staged, so will be the payments due for your treatment. Please refer to the estimate and payment schedule provided with details of the fees.

All estimates are subject to amendment, but once confirmed at the second, definitive plan stage they will become valid for a period of 6 months.

Due to the high cost of components and laboratory work for the surgery and restoration stages we ask that you make arrangements to settle your account on or before the day of your surgery and restoration fitting appointments.

This will be confirmed to you closer to the date, and your co-operation with this is much appreciated.

We also offer an option if 0% finance to make treatment more affordable and you can stage payment over 6-10 months. Please ask our Practice Manager for more details.

Typical summary of appointments needed

STAGE ONE – Consultation & Planning

Visit 1 – Initial Consultation (X ray & Photographs)
Clinical examination and discussion of treatment options.

Visit 2 – Extraction of tooth
If the tooth is still present it will be extracted using a special minimal trauma approach to allow the best healing possible to occur. The implant treatment later may be then less complex.

STAGE TWO: Implant Placement

Visit 3 – CBCT Scan
Since the basis of the treatment depends on how much bone you have, and where it is, the only way to evaluate whether you are suitable for treatment is to take a detailed CT scan.

Visit 4 – Review of CT scan
Initial moulds of the teeth are taken to fabricate a stent & measure the dimensions of the space, where the tooth is missing. This is done to ensure the accurate installation of the implant in the position that will be required to support the tooth/ teeth.

Visit 5 – Implant Placement(s) (+/- Bone Graft)
This will be done under local anesthetic. You may wish to have sedation.

Visit 6 - Review of healing (approx. 1-2 weeks later)
Check the site and removal of stitches if necessary.

STAGE TWO - Fixing the final tooth/teeth onto the implant(s) (3-4 months later)

Visit 8 – Implant Exposure
After 3-4 months the dental implant will have matured in the bone and will be checked with an X ray. If the gum is stitched over the implant when it was placed, a further small surgical procedure is required to expose the implant. To try to create the correct gum shape and thickness, sometimes further delicate gum procedures are sometimes needed at this stage.

Visit 9– Taking the Mould of the Implant for temporary crown(s) or final crown(s)
An impression of the implant top is taken to fabricate an implant crown by a dental laboratory.
Sometimes in aesthetic cases a temporary crown is placed to allow the gum to mature around the implant prior to making the final crown.

Visit 10 – Fitting the final crowns (approx 3 weeks later)
The custom-made implant crown is fixed onto the tooth. Every effort is made for the implant crown to match the adjacent teeth.

Implant Discussion Checklist

Diagnosis and discussion (✓ discussed, circle = discussed and chosen)

Treatment options (Discussed in detail): No treatment/ Denture / Bridge / Implant / Ao4 / Zygomatic

Timing: Imm / early / delayed — Risk: Low / Medium / High

Loading: Imm / early / delayed — Risk: Low / Medium / High

Bone defect: Horizontal / Vertical / Sinus / None — Size: Small / Medium / Large

Proposed implant site examined for height and width and found to be acceptable with GBR: Yes/No

Grafting: GBR BioOss (animal derived)/ GBR Ethoss (synthetic) / Autoblock / CT graft

Risk: Low / Medium / High

Sinus: Lateral Window / Tap / Zygomatic / Short / Angled

Previous Sinusitis: Yes / No

Previous Vertigo: Yes / No

Sinus risks: Sinusitis / AOF / Vertigo / Graft Failure / Graft Infection / Surgery to remove

Risk: Low / Medium / High

Treatment time: 4 6 9 12 months.

Provisional: None / Denture / Adhesive Maryland Bridge / Immediate Tooth onto Implant

Implant longevity: 5 10 15 years

Prosthesis longevity: 5 10 15 years

Maintenance: 3 6 12 monthly

General risks: Pain / Swelling / Infection / Incision / Suture / Failure / Poor Cosmetic / Bleed / Bruise / Long Crown / No Papillae

Nerve risks: Hypersensitivity / Loss Vitality

Lowers: Numb Lip / Chin (Temporary, Possibly Permanent)

Understands: Costs / Appointments / Recovery / Time off work

Aspirations: Fixed Implant / Removable Implant / Non-Implant

Future implant likely: Yes/No Number:

Suggestion for protective night guard to for teeth and implants afterwards: Yes/No

Discussion regarding preoperative orthodontics: Yes/ No

Confirm discussed: All options / All risks / All complications / Intended outcome / Costs / Longevity / Maintenance / Future treatment

Cumulative risk: Low / Medium / High

Cosmetic risk: Low / Medium / High

- Discussion of time scale of treatment, risks, benefits and cost

FAQ's regarding implant surgery discussed Yes / No

Treatment Plan:

Specific notes relating to individual treatment plan:

Aftercare information given and discussed with patient:

- Smoking - any problems patient liable for cost of remedial treatment and no guarantees or refunds will be given.
- Long term hygienist schedule 3 monthly for life with suitably trained hygienist.
- Routine dental treatment 6 monthly visits to dentist qualified to maintain implants for life
- Patients own responsibility to arrange appointments for after care with suitably qualified clinicians and hygienists.
- If any problems and patient not seen hygienist or dentist as above pt will be liable for costs of remedial treatment.

Clinical Assessment completed by:

Name: DAVESH PATEL Signed: _____

Treatment plan completed by:

Name: DAVESH PATEL Signed: _____

Dr Davesh Patel BDS (Hons) MJDF RCS (Eng) Dip Implant Dent RCS (Edin)

Name: DAVESH PATEL Signed: _____

Maintenance of dental implants are critical for their success. The after-care instructions above have been discussed with me and I understand them fully:

Patient Signature: _____

Print name: _____

Date: _____

Pre-operative Information Leaflet for Implant Patients

- Try to use Corsodyl Daily Mouthwash for 3 days before (2-3 times a day) before the surgery (not recommended to use on a regular basis). This can ensure the mouth is plaque free and as healthy as possible before implant placement.

- Kindly take some time read through the information given to you so you can be as informed as possible and anything you are unsure about, please ask your dentist.

- If you have requested sedation, please see separate sedation instruction leaflet.

On the Day of implant placement

- We would suggest you take some form of pain relief approximately 30 minutes prior to your implant surgery appointment, an effective pain reliever to take would be ibuprofen 400mg providing you can tolerate this (asthmatics/ stomach problems may prevent this). If you are

unable to take ibuprofen you may take Paracetemol 1mg. Taking pain relief prior to surgery makes your surgical recover more comfortable and further advice will be given to you.

- Please arrive at least 10 minutes before your appointment time as there is some paperwork to complete

- You will be given some antibiotics beforehand (supplied by us).

- You will be given a bag for aftercare with written instructions on how to take care of the treated area and also a supply of painkillers.