The following recommendations will help you prepare for your implant uncovering appointment. If you have any questions about your surgical visit or any information on this instruction page, feel free to contact our office.

Will the uncovering hurt?
Local anesthetic is used to numb the area for your comfort. You can expect to be comfortable during the procedure, and medication will be prescribed to alleviate discomfort as needed.

What to expect
The dental implant has been healing beneath your gum tissues. A small incision will be placed in the tissue over the dental implant. A small incision will be placed into the dental implant and the tissues will be replaced. Sutures are sometimes used to position and secure the tissue in place, but not all the time. Sometimes the sutures will feel long and are left that way for easy removal on your next visit.

When this procedure is performed, slight bleeding and discomfort are not uncommon. Although this procedure is less involved than the implant placement, post-surgical care should be similar to allow for the best healing environment possible. If you are a smoker, please refrain for a few days prior surgery through the initial healing of the soft tissue to prevent complications.

Instructions
A soft food diet is recommended for the first week following the uncovering. Care should be taken not to dislodge the small stitches around the surgery site. The most important events during healing occur in the first few days after surgery.

1) NO brushing or flossing the side where surgery was performed. Dr. Young will prescribe a liquid anti-microbial rinse to control plaque in the mouth or will instruct you to use Listerine. Rinsing with either of these products should be avoided for the first 24 hours after surgery.

2) Soft food diet only for the first week following surgery and avoid eating (if possible) where the surgical site is located.

3) Surface healing for implant uncovering varies between patients and depends on how extensive the procedure is, but typically takes between 1-6 weeks for healing to occur:

4) The length of time away from normal activity and work will vary based on the procedure performed (from none to a few days).
PATIENT CONSENT

I have been fully informed of the nature of block bone surgery, the procedure to be utilized, the risks and benefits of the surgery, the alternative treatments available, and the necessity for follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with Dr. Young. After thorough deliberation, I hereby consent to the performance of implant uncovering and anesthesia as presented to me during consultation and in the treatment plan presentation as described in this document. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of Dr. Young.

Patient’s Signature ___________________________ Date ___________ Patient’s Name (please print) ___________________________

Signature of Patient’s Guardian ___________________________ Date ___________ Relationship to Patient ___________________________

Signature of Witness ___________________________ Date ___________

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