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Official Study Title:

Evaluation of Implant Abutment-Level Digitalization Techniques: A Clinical Methodological Study

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Hacettepe University

Principal Investigator:

Prof. Dr. Kıvanç Akça

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Investigator's Explanation

In recent years, digital techniques have increasingly replaced conventional methods in the fabrication of implant-supported prosthetic restorations. Improper recording and transfer of implant positions may affect interarch relationships, potentially leading to joint disorders and failure of implant prostheses.

This study investigates digital scanning of prefabricated cement-retained implant abutments in clinical situations where the implant brand is unknown, scanning components are unavailable, or the current abutment is reusable for economic or practical reasons.

A total of 12 volunteers have been enrolled in this study . You are being invited because you are undergoing treatment involving a fixed implant-supported restoration in the posterior maxilla or mandible.

An intraoral scanner will be used to capture digital impressions with components (scan bodies and abutments) temporarily screwed into your implants. Final prosthesis delivery will take place during the second appointment. All procedures are standard clinical practices and pose minimal risk. Participation is voluntary, and choosing not to participate will not affect your ongoing treatment.

You may withdraw from the study at any time without penalty or loss of benefits. After reading and understanding this information, if you wish to participate, please sign below.

Study Procedures

This study will be carried out at the Department of Prosthodontics, Faculty of Dentistry, Hacettepe University, under the supervision of Prof. Dr. Kıvanç Akça and Research Assistant Dt. Ezgi Ünal.

During the study, digital impressions of your implants will be taken using two different methods without interfering with your clinical treatment plan. All scanning procedures will be performed with a camera-like device (intraoral scanner) that does not harm soft tissues or cause discomfort.

In the first session, scan bodies and abutments will be used to capture the required digital records. Each session is expected to take no more than 90 minutes. In the second

session, final restorations will be clinically evaluated and delivered. Total treatment duration is estimated at approximately two weeks.

No side effects or complications related to the intraoral scanner have been reported. Should you experience pain, discomfort, or anxiety, the procedure will be stopped immediately.

The prosthesis used will be a cement-retained restoration (cemented to abutments). An alternative would be a screw-retained restoration, which avoids excess cement but may require higher cost and has shown higher mechanical complication rates in recent studies. Your clinician will evaluate the most suitable option for your case.

Confidentiality and Publication

The data collected will remain confidential and will not identify you in any publications or educational uses. Your name or any identifiable information will not be shared publicly. Ethics committee, regulatory authorities, or auditors may access your records only for monitoring and verification purposes.

You will not be paid or charged any additional fees for participation. However, by signing this form, you agree to attend scheduled appointments and comply with treatment procedures.

Participation is entirely voluntary, and you may withdraw at any time. If your clinical or personal situation prevents continuation, or implant-related complications occur, your participation may be terminated.

Participant Statement

I have read the explanations provided in this informed consent form and received verbal and written information from the investigators listed below. I understand the nature and purpose of this study and agree to participate voluntarily, without coercion. I understand that my confidentiality will be respected and maintained.

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Participant Name – Surname: _____ **Signature**: _____
Legal Representative (if applicable): _____ **Signature**: _____
Investigator (Obtaining Consent): _____ **Signature**:_____
Date: _____