

Advances In Prosthodontics™

New Findings & Best Practices for Cosmetic & Restorative Dentistry

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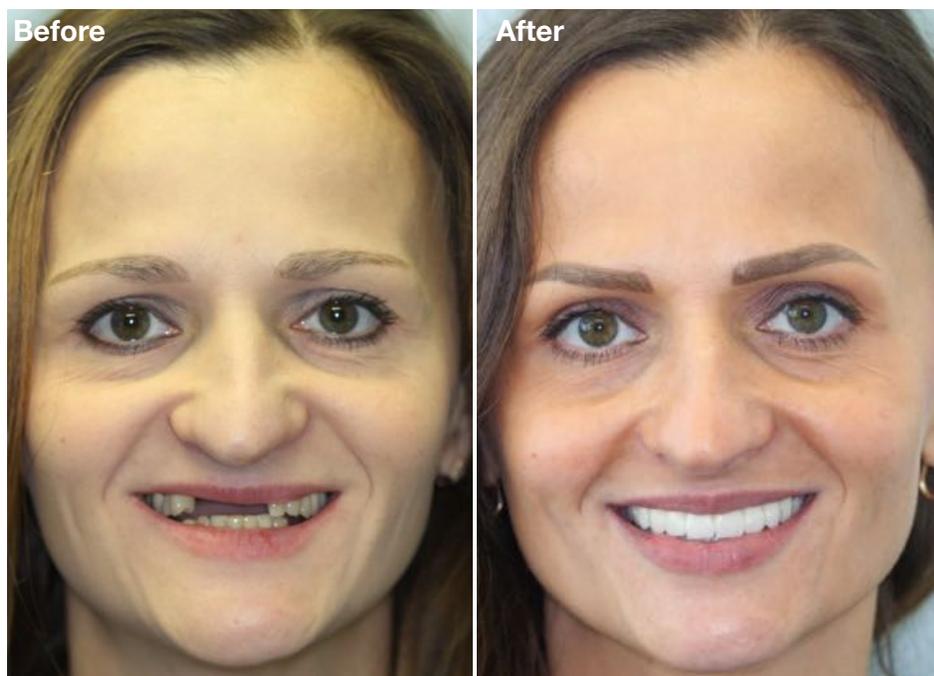
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Do you have a patient missing several teeth?



Here's the story of a patient who was referred from another dental professional...

If you have a patient with several missing, broken or severely worn teeth — they may be a candidate for oral rehabilitation with the assistance of an advanced Prosthodontist.

Read more on the next page...

◆ Do you want another opinion on a complex case? Or to meet and share ideas?

There are many ways we can help each other by working together on complex cases and by sharing knowledge and experience.

With your reputation for quality dental care, and my experience with restorative treatments, we can work together on advanced cases and both benefit!

If you'd like to meet to discuss a treatment, or talk on the phone about how we can help each other, please call or email me with specific days and times when you're available to talk or meet.

CASE SUMMARY: Immediate Loading Full-Arch Fixed Prosthesis

Dr. Bryan Jacobs, Prosthodontist

Patient “Sophia” had been missing multiple teeth for years and was referred to me by her oral surgeon for collaborative planning and treatment. Sophia recently had 6 mandibular implants placed by another doctor — positioned for individual crowns — and 2 had already failed by the time I saw her in my office.

As a prosthodontist, I have experience with complex cases and coordinating with a patient’s general dentist and other dental specialists to achieve the best in function and esthetics for patients.

The treatment sequence her surgeon and I developed to overcome challenges included the following:

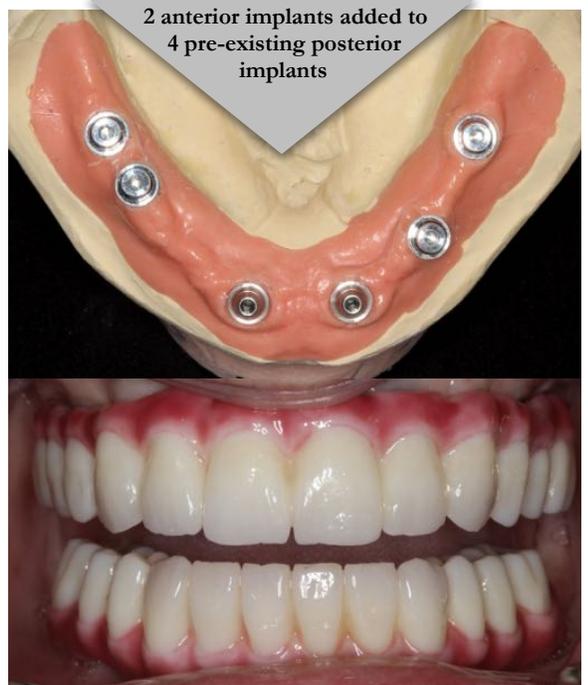
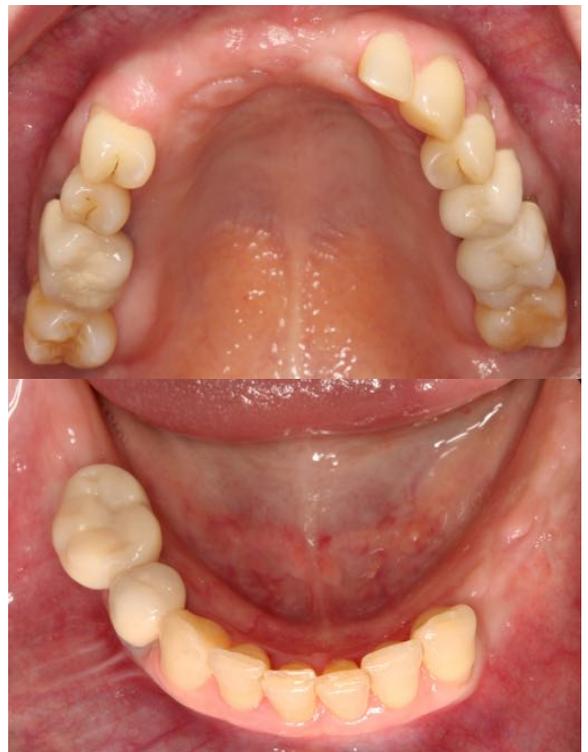
1. Use fully guided surgery to precisely position maxillary implants in the minimal remaining bone.
2. Preserve the four mandibular implants that had healed (which severely limited restorative space).
3. Restore her dentition with custom-stained and facially-layered full-arch zirconia prostheses.

Sophia was treated with an immediate loading protocol for both arches, and final prosthetics were seated 6 months after the surgery.

Sophia is in love with her new smile (see page 1 again). I gave her my full warranty and sent her back to the referring office for long-term care. I give all referred patients a warranty and refer them back to the general dentist for regular hygiene unless advised otherwise by the referring office, depending on the patient and treatment.

If you have comments or questions about how I treated Sophia from this example, please email me at:

bryanjacobs@dentalprofessionals.com



◆ Do you have a patient in Sophia’s situation? Or another complex case?

If you have a question about a case and want another opinion, give my office a call. Or, if there’s a case that you want to work together on, please fill out and send in the enclosed referral form.

My office and I will take great care of your patient and keep you informed. Dental professionals refer to me as **The Complex Case Specialist™** because I perform complex cases every day.

Quickly Get the Latest Research On Procedures & Materials For Better Outcomes...

Frequency and Type of Prosthetic Complications Associated with Interim, Immediately Loaded Full-Arch Prostheses: A 2-Year Retrospective Chart Review

Carl Drago DDS, MS, FACP; J Prosthodont. 2016 Aug;25(6):433-9. doi: 10.1111/jopr.12343.

Purpose

The purpose of this report was to retrospectively evaluate implant and immediate full-arch prosthesis survival rates over a 24-month period; patients were consecutively treated with immediate occlusal loading. Dental arch, gender, and implant orientation (vertical vs. tilted) were also noted.

Materials and Methods

All Brånemark System implants (Nobel Active) and interim, all-acrylic resin prostheses placed in patients following an All-on-Four protocol, in a single private practice were assessed by retrospective patient chart review. The amount of space provided surgically for implant restorative components and prostheses was determined from measurements of the vertical heights of the interim prostheses in the right/left anterior and posterior segments. These measurements were made in the laboratory. Interim prosthetic repairs (type, frequency, length of time from insertion) were analyzed by type, arch, gender, and implant orientation. Implant survival and insertion torque values were also measured. Inclusion criteria consisted of all Brånemark System implants placed with the All-on-Four protocol from September 1, 2011, until August 31, 2013. Specific dietary instructions were given for the first 7 days immediately postoperatively and for the weeks prior to insertion of the definitive prostheses.

Results

One hundred twenty-nine patients, comprising 191 arches (766 implants) from September 1, 2011, until August 31, 2013, were included in the study. One patient experienced implant failure yielding an overall implant survival rate (SR) of 99.5% (762 of 766). Four hundred twenty-six of 430 maxillary implants and 336 of 336 mandibular implants survived for SRs of 99.1% and 100%, respectively. Regarding implant orientation, 415 of 417 tilted implants (SR 99.5%) and 343 of 345 (CSR 95.6%) vertical implants were noted to be clinically stable. Interim, all-acrylic resin prostheses were in place for a mean of 199.2 days; mandibular prostheses were in place for an average of 195.4 days; maxillary prostheses were in place for an average of 202.0 days. Thirty four of the 191 interim prostheses (17.8%) warranted at least one repair during the treatment period. The average overall implant insertion torque value was 60.74 Ncm; mandibular torque values averaged 63.08 Ncm; maxillary torque values averaged 59.00 Ncm.

Conclusions

The results from this study suggest that dental arch, gender, and implant orientation for implants placed and immediately restored with interim, all-acrylic resin, full-arch prostheses per the All-on-Four protocol did not have significant statistical or clinical effects on prosthetic complications of the interim prostheses or implant survival. Only one of the 129 patients experienced implant failures, indicating that the All-on-Four treatment protocol used in this study is a viable alternative to other protocols for rehabilitating edentulous patients.

◆ How can a Certified Prosthodontist assist you and your dental team?

I specialize in the treatment of complex cases, usually involving several procedures over months of care. The next time you see a challenging case, please feel free to call me and we can discuss treatment planning or I can help you with any part of the treatment.

My goal is to be a resource for your office by helping manage difficult and time-consuming procedures, restoring the function and esthetics that the patient desires, then referring them back to your office for their ongoing care.

Dr. Bryan P. Jacobs

DMD, MS, Prosthodontist ♦ The Complex Case Specialist™



About Dr. Jacobs' specialization:

As a Prosthodontist, Dr. Bryan Jacobs specializes in fixed and removable prostheses, dental implants, and all phases of esthetic dentistry.

Dr. Jacobs' prosthodontic training and experience make treatments of complex cases more successful, including the following examples:

- Patients with ill-fitting dentures, severely worn or damaged teeth can receive a single dental implant or a full arch of natural-looking teeth.
- Patients who have suffered from traumatic injury, congenitally missing teeth, or a chronic condition can receive oral prostheses, which may be a combination of dental implants, crowns, bridges, or veneers.
- Patients with severe neglect of their oral health can receive a full reconstruction to restore function and esthetics.

Dr. Bryan Jacobs practices prosthodontics at Dental Professionals in Chicago and Skokie, working with GP's and other dental specialists to restore the smiles and confidence of patients facing a difficult diagnosis.

A Special Message To Fellow Dental Practitioners:

"As the referring dentist, you know your patient's mouth and have key insight into your patient's needs. I want to work with you to provide your patients with the best possible treatment outcomes. I will treat your patient in a manner that will reflect well on you and strengthen your relationship with your patient. I am here to make you look good! When your patient's care is completed, they are referred back to your office for their ongoing dental care. I am grateful for your collegueship and trust with your patients!"

Dr. Jacobs' has an easy online referral form at: DentalProfessionals.com/referring-doctors

◆ Why other dental professionals work with a Prosthodontist

Prosthodontists are specialists in implant, esthetic, and reconstructive dentistry.

1. You have a patient requiring complex treatment outside of your typical practice.

Examples include patients with vertical dimension discrepancies, severely resorbed ridges, inadequate interarch space, TMJ, severe bruxism, traumatic tooth loss, or congenital abnormalities.

2. You have a patient with complex needs that may drain your time.

If your patient may require treatment from several specialists, Prosthodontists can help because they are trained to appropriately stage and manage complex treatment plans.

3. You have a demanding patient who wants perfect esthetics.

Examples include patients with a high smile line or needing a single tooth replacement in the esthetic zone. A Prosthodontist is trained in selecting the best solutions for high-demand patients.

4. You have a question and want to discuss a case with a colleague to ease your mind.

A Prosthodontist can be an excellent resource for you to ask questions because they are trained in many types of complicated treatments. For example, you may want to consult or refer to a Prosthodontist for complex implant-supported restorations. A Prosthodontist can work with you or complete the treatment for you to achieve the best in both function and esthetics.