

Advances In Prosthodontics™

New Findings & Best Practices for Cosmetic & Restorative Dentistry

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Do You Have a Patient With Periodontal Disease?



If you have a patient with several missing, broken or severely worn teeth — or periodontal disease — 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 our experience with restorative treatments, we can work together on advanced cases and both benefit!

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

CASE SUMMARY: Full Mouth Rehabilitation

by Dr. Joon Han, Board Certified Prosthodontist

Patient “Paula” was referred to me by another dental professional in the area who was busy with their practice, and Paula’s needs were more complex than they wanted to manage. She had procrastinated for many years and neglected her dental issues until she retired from being a paralegal in a busy law firm. She was a long time smoker, but otherwise healthy. **My diagnosis was:** advanced chronic generalized periodontitis, partial edentulism in the maxilla and mandible, with a prognosis of hopeless dentition.

As a prosthodontist, I have experience planning multi-stage treatments that coordinate with a patient’s general dentist and other dental specialists.

The treatment sequence for Paula included:

- Upper and lower alginate impressions, and have the proper upper and lower diagnostic casts prior to treatment planning.
- Measure proper vertical dimension and upper and lower diagnostic wax up/ upper diagnostic denture set up.
- Process Maxillary Upper Denture and Lower Interim Prosthesis.
- Day of surgery, remove all maxillary teeth and mandibular posterior teeth; then deliver interim partial denture, soft reline upper and lower.
- Waited three-months to move forward with FPD #22-28.
- Preparation for FPD #22-28 and survey crowns #22-28 and delivered.
- Fabricate maxillary complete denture and mandibular partial denture (Valplast) and delivered upper and lower prostheses.



The challenging part with this case was to understand a patient’s expectations. When the patient is transitioning from complete dentition to removables, the patient often thinks that they can function like normal after the treatment is complete. I spent a lot of time discussing expectations and prognosis to have the patient understand the challenges ahead. Also, understanding her anatomy was challenging due to severe loss of the alveolar ridge on the maxilla and mandible. With a flattened palate, retention and stability of a removable prosthesis would be very challenging. I spent extra time to border mold to capture a very detailed impression. The key to this case was having all the diagnostic wax ups done prior to treatment to help establish and maintain the vertical dimension.

I gave Paula 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 Paula from this example, please email me at:

AskDrHan@Gmail.com

Valplast vs. Conventional RPD

This case shows a successful valplast treatment. With valplast, you have to spend extra time with impression / border molding in order to have a successful result.

Choosing the right removable dental lab is critical to the success of the treatment. I use NuArt Dental in WI because their technicians really understand the removable prosthesis and importance of impression / border molding.

This valplast denture could be converted to a conventional RPD cast frame later, but the patient has not complained about the function and retention. I’ve found communicating with the patient about proper expectations for the specific treatment chosen to be very important.

Overall, this was a successful treatment because the patient and I were on the same page with expectations and the dental lab had experience with impression / border molding and valplast.

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

If you have a question about a case and want another opinion, give our 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.

We will take great care of your patient and keep you informed. Dental professionals refer to us as **The Complex Case Specialists™** because we perform complex cases every day.

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

Three-Year Analysis of Fixed and Removable Implant-Supported Dental Prostheses: Survival and Need for Maintenance

Rehmann P, Rudel K, Podhorsky A, Wöstmann B.

Int J Oral Maxillofac Implants, Article first published: 2015 July 30, DOI: 10.11607/jomi.3816

Purpose

The purpose of this retrospective clinical study was to evaluate the clinical outcomes of fixed implant-supported dental prostheses (FISDPs) and removable ISDPs (RISDPs) retained by telescopic attachments, the factors influencing survival, and the type and number of maintenance treatments required during the observation period.

Materials and Methods

This retrospective clinical study is based on patients who were provided with ISDPs between 2004 and 2010. Patient sex, type of prosthesis, location, opposing dentition, and the effect of continuous follow-up on the probability of a favorable outcome, as well as the number of maintenance treatments, were analyzed. A sample of 233 patients with 157 FISDPs and 76 RISDPs supported by a total of 567 implants was randomized and included in the analysis. The mean observation period was 15.9 ± 15.4 months (maximum, 66.0 months).

Results

- During the observation period, 3.9% of prostheses (7/157 FISDPs and 2/76 RISDPs) ceased to function and 2.3% of implants (13 implants) were lost.
- The mean survival time was 59.7 ± 2.3 months, with a survival probability of 90.2% after 3 years. Prostheses in the mandible showed significantly higher survival rates than those in the maxilla.
- Maintenance treatments had to be performed at an earlier stage for patients with RISDPs than for patients with FISDPs. In patients with a conventional removable prosthesis in the opposing arch, the time until maintenance was needed was significantly shorter.

Conclusions

Within the limitations of a retrospective study, it can be concluded that the FISDPs and RISDPs show equally good survival rates after 3 years in function. Conventional removable dentures required earlier maintenance than RISDPs, and RISDPs required earlier maintenance than FISDPs.

◆ Have A Laugh: Denture-Inspired Phone Cover

We hope we made you smile during your busy day! We take the care of patients referred to us very seriously, including knowing how to educate them so they feel comfortable. We 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 us and we can discuss treatment planning or we can help you with any part of the treatment. Our 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.



ABOUT OUR SPECIALTY PRACTICE



*Dr. Joon Han
DDS, MS, FACP
Board Certified
Prosthodontist*

Drs. Han & Malik have prosthodontic training and private practice experience that make treatments of complex cases more successful, including the following examples:

- Patients with severely worn/damaged teeth, missing all teeth, or with ill-fitting dentures can receive a full arch of natural-looking teeth to restore function & esthetics.
- Patients with congenital defects, a chronic condition, or traumatic injury can receive oral prostheses, which may be a combination of dental implants, crowns, bridges, or veneers.
- Patients with difficult anterior cases in the esthetic zone can receive single or multiple dental implants to replace missing teeth, or veneers or crowns to improve the appearance of their smile.



*Dr. Aneeqa Malik
DDS, MS
Prosthodontist*

Personal Message To Fellow Dental Practitioners:

“As the referring dentist, you know your patient’s mouth and have key insight into your patient’s needs. We want to work with you to provide your patients with the best possible treatment outcomes. We will treat your patient in a manner that reflects well on you and strengthen your relationship with your patient. We are 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. We are grateful for your collegueship and trust with your patients!”

Prostho Pledge

When your patient is referred:

- ✓ We will only treat what’s been referred.
- ✓ We will send you updates.
- ✓ We will be part of your team, not take over your patients.

◆ Why other dental professionals work with a Prosthodontist

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

1. **You have a patient requiring treatment outside your typical scope of practice.**
Examples include patients with vertical dimension discrepancies, severely resorbed ridges, inadequate interarch space, 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 a Prosthodontist for complex implant-supported restorations. They can work with you or complete the treatment for you to achieve the best in both function and esthetics.