

Module 2

ADVANCED TREATMENT PLANNING: CONCEPTS

<p>Treatment Planning: Edentulism</p> <ul style="list-style-type: none">• Dentures: Standard or Turbyfill.• Dentures: Mini-Implant Retained: Soft tissue supported denture.• Dentures: Standard Implant Retained: RP-5 Implant Retained and Soft Tissue Supported. Locator Denture or Snap-on-denture.• Dentures: 2 Implant Bar, 4 Implant Bar: RP-5 Implant and Soft Tissue Support.• Dentures: RP-4 Fully Implant Supported: Fixed or Cementable Hybrids.• Dentures: RP-4 Fully Implant Supported: Bar-Overdentures.
<p>Prosthetic Classifications</p> <ul style="list-style-type: none">• FP-1 Fixed prosthesis replaces clinical crowns• FP-2 Fixed prosthesis replaces crowns and some root-"long in the tooth"• FP-3 Fixed prosthesis replaces tooth and pink porcelain for lost gums.• RP-4 Removable Prosthesis supported only by implants.• RP-5 Removable Prosthesis gum and implant supported.
<p>What To Treatment Plan?</p> <ul style="list-style-type: none">• Upper and Lower Denture?• Mini-Implant Supported Dentures?• Ridge Spreading?• Block Grafting?• Sinus Lifts bilaterally?• Bone Requirements for Overdenture: \geq to 15mm.• Budget
<p>Group Exercise</p> <ul style="list-style-type: none">• She has \$10,000• She has \$15,000• She has \$50,000• She has \$90,000
<p>Bone</p> <ul style="list-style-type: none">• Division A bone –adequate quality, quantity of bone for endosseous implants.• Division B bone-adequate height, deficient width and or angle.• Division C bone-inadequate height and or width.• Division D bone-basal bone, inadequate height and width of bone.
<p>If we listen to our patients, our treatment acceptance can approach 100%</p>

<p>Be the Quarterback</p> <ul style="list-style-type: none"> • If you develop your knowledge base, you will work with a team so you can develop mastery of 1 system instead of buying 10 tool kits. • Knowledge will increase comfort with regard to dialogue with your patients and referring implant surgeons. • The more you understand options the better equipped you will become to be your patient's advocate for "Upgradeable" options.
<p>Treatment Planning</p> <ul style="list-style-type: none"> • Patients can be creative in not coming to the dentist. • We need to be creative to ease their fears of being without teeth. • We need to listen and really get a feel for what they want, their expectations and their finances.
<p>Help Patients Own Their Problems</p> <ul style="list-style-type: none"> • What is their periodontal situation? • Define their orthodontic problems? • Evaluate wear patterns and force factors. • Educate patients about their expectations-are they realistic, achievable and within their budgets? • Define obstacles to success and try and identify every unforeseen question before they arise.
<p>Try Not to Talk Yourself into and out of a Case</p> <ul style="list-style-type: none"> • Patients want teeth. <ul style="list-style-type: none"> ○ They want a confident dentist. ○ They want honesty. ○ They want to be able to say yes to your treatment. ○ They want to afford your care so they can meet their goals • Dentists want interesting cases. <ul style="list-style-type: none"> ○ They want to close the deal. ○ They don't want headaches from patients that don't pay, fail appointments or present unforeseen complications. ○ They want to be profitable.
<p>This patient had class IV Perio, Occlusal problems</p> <ul style="list-style-type: none"> • Ortho to LAR her arch • Fix COS and Wilson • Idealize dental arches • Conformative dentistry would have severely limited her treatment options

Key Implant Principles

- Cantilevers Are Force Magnifiers.
- No 3 adjacent pontics-metal flexure is related to the cube of the distance.
- Canine molar rule: These are key implant sites when adjacent teeth are missing.
- Arch types: A-P spread varies based on arch form. Tapered arch has greatest A/P spread.
- Bone Density influences implant number.

No 3 Pontic Rule

- Metal flexes with cube of distance.
- 1 pontic metal flexes: "x"
- 2 pontics: "2X" metal flexes $2 \times 2 \times 2 = 8$ times more.
- 3 pontics: (3X") metal flexes $3 \times 3 \times 3 = 27$ times more than single pontic.
- The greater flexure causes porcelain fracture, uncemented prostheses and abutment screw loosening.

Dialogues

- Mrs. Jones, we can solve your problems in many different ways.
 - Before we list your options I would like to know what your greatest concerns are.
 - Do you prefer "fixed" teeth or are you o.k. with the idea of teeth that may be removed to be cleaned, as long as you will have a more solid bite?
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- Implants can be done in a variety of ways, from small diameter implants to stabilize dentures to implant bridges where you have your teeth in your mouth all of the time.
 - The range can be from \$750 for a mini-implant to \$2,000 to place a traditional implant and the more implants we have, the more support we can enjoy.
 - Before we finalize your treatment options, I would like to discuss your financial comfort level and your yearly budget. That way I can help you "get the most bang for your buck" within your current budget.
 - We offer interest free financing through Care-Credit and after you have given me a range you are comfortable with we can finalize your treatment plan.

Indecisive:

- I am going to do my "homework" to come up with some wonderful options within your budget.
- I need you to do some homework for me!
- I would like you to evaluate your finances and let me know what you would be comfortable investing this year and over the next 3 years to help me solve your problems.
- Then we can establish the parameters of treatment.

Cadillac versus Yugo?

- Boutique versus standard lab
- Allocate to advocate
- Wal-mart vs. Nordstroms?
- Patients' expectations dictate labs
- We are all purists at heart but what we must ask ourselves is whether we would rather get experience, fulfill treatment goals and get more word of mouth referrals at the expense of scaring away our patients?

Dialogues continued:

- Mrs. Jones comes in and is prepared to invest \$10,000.
- We can certainly help you to begin your treatment and since we have limited finances, let's evaluate the arch that is giving you the greatest difficulty.
- We can begin with some grafting and x number of implants (perhaps 2 or 3) and when we have more funds we can either make you an overdenture or add more implants and create a hybrid or "fixed denture" for you.
- Present what you can do, if you had another \$3-5,000: We could perhaps add some mini-implants and create an overdenture or convert your existing denture to give you a much more stable situation for the next 1-2 years while you are saving up for the next phase of your care.
- Is there any possible way you could add to your treatment by investing some more to get us to this first plateau?
- If the answer is no-then they will accept the first phase of treatment, they will be aware that they will still have dentures after investing this first \$10,000 and they will be the ones to encourage pursuit of the next phase of their treatment.

Non-verbal cues:

- Always give them hope.
- Try not to say no.
- Be their advocate when they give you their limitations.
- Once they give you their dollar amount, find a way to help them within their budget.
- What we say is often not as important as how we say it.
- Have a positive outlook, look them in the eye and ask them for help in finding the appropriate solution to their problem.
- We learn treatment but not always compassion.
- Technical expertise will only pay off if we can convert patients to say "yes" to our treatment recommendations.
- Remove their obstacles to saying "yes" by listening and working within their budgets.
- If you can't then be honest and part "friends."
- They will return when they don't find a person willing to listen or they don't get what they were expecting.

Give Them Information

- Brochures
- Articles
- Web-site information
- Links
- Show them photos, models, flip charts
- Give detail based on the detail of the questions.

Misch Bidez Class IV

- Like Kennedy Classification
- Partially Dentate,
- A bone

How Many Implants Do You Need?

- An arch is divided in 5 segments
- 2 centrals and 2 laterals are 1 side
- Canines are 1 segment
- Premolars and molars are 1 segment
- Must have a terminal abutment and a key implant position in each segment where there are missing teeth.

- A-P spread is related to arch form. "V" shaped arch form has better A-P spread than "square" arch form
- When canine through central are missing you need at least 2 implants in terminal positions
 - Terminal positions so no posterior cantilever
 - Canine position is a key position
 - Anterior stop
- Incisal edge should be within 12mm from incisive papilla
- Canine replacement with a traditional bridge is contraindicated. So canine and 2 adjacent teeth require an implant bridge

- Four implants for a 12 unit bridge?
- Can't follow 4 implants in key positions rule.
- Can not abide by "no 3 pontic" rule
- No safety margin if one fails.

Short term expense: What if there is 1 failure? Is it worth the cost of retreatment?
It's not **"all on 3!"** for a reason.

<p>Treatment planning is about what you need as well as what the patient needs.</p> <ul style="list-style-type: none"> • When bone is not present in sufficient quality or quantity grafting needs to be discussed. • Block grafting is a modality that can add buccal lingual width. Vertical height is less predictable. • Ridge spreading as taught by Tatum and Dr. Len Machi can be used if they are candidates and or refuse grafting.
<p>4-mm implant molar had 14% body fracture by comparison; splinted implants had 1% body fracture.</p>
<p>Single molars had a 48% screw loosening over 3 yrs. With 2-splinted implants this was reduced to 8% over same time period.</p>
<p>The bone loss first year after tooth loss is 10 X greater than in following years. This can mean a 4-mm vertical bone loss in 6 months.</p>
<ul style="list-style-type: none"> • Posterior bone loss occurs four times faster than anterior bone loss. • This can result in parasthesia and eventual fracture in the body of the mandible. • Prostheses that are implant supported completely can result in increased posterior bone volume-even without placing more implants.
<p>Comprehensive Courses:</p> <ul style="list-style-type: none"> • Midwest Implant Institute • California Implant Institute • Misch International Implant Institute • Pikos Institute • Miami Implants Live • Loma Linda-Jaime Lozada Program • Maxi-Course by AAID • I.C.O.I. courses • AGD Mastertrack • Dawson <p>Notes:</p>