

Module 3

ADVANCED TREATMENT PLANNING: ROOTS, MINIS, LOCATORS, BARS, AND HYBRIDS

<p>Mini-implants for denture or partial denture fixation – are these a good idea?</p> <ul style="list-style-type: none">• When patients can't afford traditional implants• Insufficient height or width of bone• A history of sores or poor retention• When the 7-7-7 rule of Misch can't be followed• Full denture fixation• 4 on the floor – anterior to mental nerves → optional additional implants in posterior for sufficient bone height and stability• Partial denture stabilization• Anterior incisor replacement• FIRST technique developed by Shatkin
<p>Treatment Planning Edentulism</p> <ol style="list-style-type: none">I. Dentures: Standard or Turbyfill.II. Dentures: Mini-Implant Retained: Soft tissue supported denture.III. Dentures: Standard Implant Retained: RP-5 Implant Retained and Soft Tissue Supported. Locator Denture or Snap-on-denture.IV. Dentures: 2 Implant Bar, 4 Implant Bar: RP-5 Implant and Soft Tissue Support.V. Dentures: RP-4 Fully Implant Supported: Fixed or Cementable Hybrids.VI. Dentures: RP-4 Fully Implant Supported: Bar-Overdentures.
<p>Dentures \$2200 each- MY FEE Metal Frame –no extra charge Lab only charges \$45 to cold cure in each cap. \$750 mini implant fee X 4 = \$3,000 I did 5th for free (\$750 discount to patient. Time: 2 hours to place, Impressions, try-in, delivery- 3 hours Total 5 hours</p> <p>Cost: \$400 partials (lab) plus implants (\$400): So \$800 cost I charged \$7400 less \$800 equals \$6600 Divided by 5 hours = \$1320 per hour and patient received a free implant. Note: His lower treatment partial was already made and billed out so this is also productive.</p>
<p>Metal Frames</p> <ul style="list-style-type: none">• For palate-less dentures, metal frames will insure strength• Decrease excursive forces• Allow a positive seat to decrease rocking on implants• If designed properly will allow for relines at a later date• Allows for the indirect placement of keeper caps if desired

<p>ROI-She had \$15,000 total</p> <ul style="list-style-type: none"> • Two dentures-metal reinforced (\$7000) • Duplicate Dentures \$600 • Learning dentures-not used this case • 12 mini's @ \$750 each=\$9,000 • Total \$16,600 discounted to \$15,000 cash • Time: Mini's 6 hours, records 1 hour, soft liners 1 hour, impressions, try in, delivery 2 hours= 10 hours. Final \$15,000/10 hrs. =\$1500/hour
<p>2 Implant Overdentures</p> <ul style="list-style-type: none"> • Is this truly standard of care? How about in your practice? • Case: Todd F. He has \$11,145 total to spend. • Answer: UCD/LIOD/4 mini's, 2 implants, 2 locators, 2 ext's, 2 socket graftings.
<p>Financials</p> <ul style="list-style-type: none"> • 2 learning dentures: \$4,000 • Surgical Extraction of root tips: \$700 • Socket Grafting x 2: \$900 • Final Lower Metal Denture: \$3500 • 2 Implants: \$4,000 • 4 Mini-Implants \$1000 <ul style="list-style-type: none"> ○ Total Charged: \$14,100 <p>He had \$11,145+\$1,000 Insurance → \$12,145 Total I discounted fee to this \$12,145 → I discounted \$1955. Expenses: \$850 for 3 dentures, \$400 mini-implants, \$600 implants and components \$400 grafting supplies for costs: \$2250. \$12,145 less \$2250= \$9895 NET PROFIT</p> <p>Time: 7 hours Total: \$1413/hour</p>
<p>RP-5 Tissue and Implant Support</p> <ul style="list-style-type: none"> • Implant prostheses are planned based upon bone availability and cost. • The more implants we can use, the better the stability, support and retention of the prosthesis. • Misch advocates using the ABCDE zones between mental foramina but if we have more money we can treatment plan full arch prostheses, remembering they must be broken at a mental foramen to allow for mandibular flexion and torsion.
<p>Treatment Planning Exercise</p> <ul style="list-style-type: none"> • Pt. 62 y.o. wht. Male. • CC: Painful teeth, mobile dentures • Couldn't eat peanuts-no kidding • Had \$15,000 price limit • History of dental infections and abscessed teeth.

<ul style="list-style-type: none"> • Priority: Lower stable teeth, upper denture.
<p>Groups of 3 or 4: Exercise</p> <ul style="list-style-type: none"> • What treatment would you render if your budget were \$15,000. • What Sequence of treatment. • What limitations do you have? • 5 minutes---ready set go!
<p>Snap-on-dentures: 6 implant overdenture</p> <ul style="list-style-type: none"> • Entry level implant treatment may necessitate this option. • People have excellent retention with various attachment designs. Locator attachments are the attachments I use most frequently. • Check lab bills if done indirectly otherwise the attachments can be activated in the same fashion as root overdentures.
<p>Summary</p> <ul style="list-style-type: none"> • Two implants placed with enucleation of cysts Left and 1 implant placed right with cyst removal and grafting. Surgery 1. • Anterior implants placed Surgery 2. • Removal of #27 with grafting Immediate Implant placement. • 6 locators • UCD/L implant O.D.
<p>Cost/Benefit Ratio</p> <ul style="list-style-type: none"> • Tooth removal \$325 • Grafting 4 sites 4x \$450 = \$1800 • 6 BioHorizons Implants \$2,000x6=\$12,000 • UCD/LCD provisional \$1800x2=\$3600 • Lower implant Overdenture=\$4500 including attachments. Total \$22,500 • Cash in full \$15,000 <p>Time 10 hours-costs (implants \$1800,graft and membrane \$600,lab \$800) net about \$1200/hour</p>
<p>Steps</p> <ol style="list-style-type: none"> 1. Open Tray or Closed Tray Impression 2. Base plate screwed in at proper VDO 3. Verification Jig to confirm accuracy of cast. 4. Sheffield One Screw Test. Plus X-rays 5. Try in Bar or Hybrid with One screw test. 6. Deliver Bar or hybrid or temporary bridge 7. Final Delivery.

<p>Fixed Implant Bridges on Implants-RP-4 Implant Borne</p> <ul style="list-style-type: none"> • It is rare that patients will upgrade from a hybrid RP-4 prosthesis or a bar overdenture as they are significantly better than what they had. • The ability to offer fixed prostheses will convert someone from an RP-4 or RP-5 to an FP-1, 2 or 3 prosthesis. • A concern to our patients will be how to upgrade while remaining in a comfortable and perhaps fixed provisional.
<p>Advantages to an RP-5 Overdenture</p> <ul style="list-style-type: none"> • Prevents anterior bone loss • Improved esthetics • Improved occlusion and stability • Increased chewing efficiency • Improved retention, support and speech • Decrease in denture sores • Smaller prosthesis than conventional dentures
<p>Implant overdentures offer the advantage of improved hygiene.</p> <ul style="list-style-type: none"> • This restoration is rigid and involves a “screwed in partial” or an implant bar overdenture • The implants are usually placed more lingual and apical to decrease the cantilever as compared to a fixed implant bridge.
<p>These may be a transitional appliance where cost is a factor.</p> <ul style="list-style-type: none"> • Maximum bite force can improve as much as 300% with implant retained prosthesis. • The maximum bite force nearly doubled after treatment for each of the 3 attachments.
<p>Fixed Prosthesis or FP 3</p> <ul style="list-style-type: none"> • This should be one of our goals for long term patient care • Bone loss is virtually stopped.
<p>Notes:</p>