



Last month we held our first open day aimed at patients interested in dental implants. We invited patients who had experienced the benefits of this treatment in the past and this proved to be invaluable. Several referring dentists who also work with us restoring implants placed at the Mayhill also joined us. It never fails to amaze me how patients who suffer with loose dentures or painful teeth are unaware of the dramatic improvements in quality of life that implants can bring. They have heard about implants but mistakenly believe that it's not for them!

An open day allows patients to air their anxieties in a relaxed atmosphere and they can meet other people who have similar problems. Naturally one of the biggest barriers to treatment is cost. This factor is driving All on Fours and implant retained over dentures. The latter is a great solution for existing denture wearers who are struggling with retention.

Implant Retained Over dentures

The first and most crucial point is that implant retention is not a solution for poorly fitting or under extended dentures. Basic principles of denture construction still apply. You might get away with reduced palatal coverage which is always attractive to patients and it may be possible to increase the vertical dimensions which are often needed in long standing denture wearers. There may be a little more bulk to house the attachments and the patient has to tolerate this. Ideally the patient should wear the denture for several weeks before the attachments are activated.

Basically I use three systems of retention for over dentures. Occasionally the patient upgrades to a Hybrid Bridge which effectively is a fixed denture.

Bar and Clips

Bar and clips retained by two implants in the inter foramina region of the mandible. This is very simple and durable and gives good stability but allows some rotational movement. Maintenance is straight forward and implant survival is very high.

Locators

A minimum of four are needed in the upper jaw though fewer are needed in the mandible. The retention and stability are very high and can be controlled. Many of our patients are elderly and do not have the dexterity to cope with tightly fitting dentures. Rubber O rings need occasional replacement but otherwise maintenance is easy.



Three locators stabilizing a denture in a severely atrophied mandible prior to pick up with cold cure acrylic. The attachments shown are Kerators which I can thoroughly recommend.

Mini Implants

The main attraction is reduced cost, however these are very effective. I recently placed four in a 92 year old lady who thought she was condemned to eating liquidised food for the rest of her days. The survival rate of these implants is reportedly lower; however I have not found this myself.

This kind of implant can also be used during the transitional phase of a fixed case effectively as a temporary implant.



Four mini implants (Ostemm)



Fit Surface with attachments cold cured in situ.



It is important not to underestimate how much elderly people can struggle with poorly fitting dentures. Here is one lady who has put those struggles behind her!

Hybrid Bridges

An upgrade to the above is a fixed hybrid bridge. This is beautifully engineered and offers the patient a fixed solution at a fraction of the cost of conventional crown and bridge.



Endodontics

I have been asked to speak at a conference organised by Professor Dave Thomas of University College Wales. I intend to compare the outcomes of Endodontic treatment and Implant therapy. Both treatment modalities have a huge benefit to patients when things go well. The real issues arise when outcome is not as intended. Endodontic failure can be managed by a number of established and scientifically validated strategies: re treatment, radicular surgery or ultimately extraction.

There is no consensus in the management of progressive bone loss around implants. Fortunately this is a rare occurrence but the stakes associated with problems around implants are a lot higher. For this reason and despite placing almost 2000 implants my default position remains focused on saving teeth if at all possible.

Oral surgery and Sedation

We are increasing the number of sessions devoted to oral surgery and sedation. I have recently had occasion to refer my father, a spritely 86 year old to Dr Nirmal Patel for the extraction of a decayed upper second molar. I was extremely grateful to have this procedure taken out of my hands. My father has Paget's disease which means that his bone is avascular and hard. The roots on the aforementioned molar were extremely long and brittle. A perfect storm! Fortunately he was in good hands and is now back sucking on hard boiled sweets despite his son's protestations.

Our on line referral system is working very well. If you can transmit radiographs your patient can be treated very quickly.

I was referred a case recently with a view to placing implants in the lower jaw. Typically a starting point of the assessment is a panoramic radiograph. Fortunately the lesion which we all recognise is benign but does occupy a large space. Implants will have to wait for the time being.



I am extremely grateful for the referrals the practice has received over the last few months and I hope your patient's have been seen promptly and have had their treatment expectations fully met. We will constantly try to improve our service and if there is anything we can do to reinforce relationships with your practice please do not hesitate to contact us.

Kind Regards

David

