

Advances In Prosthodontics™

New Findings & Best Practices for Cosmetic & Restorative Dentistry

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Do You Have A Patient Needing Comprehensive Care?



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 reconstruction with the assistance of a Prosthodontist.

Read more on the next pages...

◆ 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 my office with specific days and times when you're available to talk or meet.

CASE SUMMARY: Implant-Supported Maxillary Prosthesis

by Dr. Jack DeGrado, Prosthodontist

Patient “Linda” was referred to me by another dental professional who was busy with their practice, and Linda needs were more complex than they wanted to manage.

As a prosthodontist, I have experience planning complex treatments and coordinating with a patient’s general dentist and other specialists. This type of case required a multi-disciplinary approach. I worked closely with the oral surgeon to plan implant placement, and used my prosthodontic experience to ensure the highest standards of function & esthetics for the restoration.

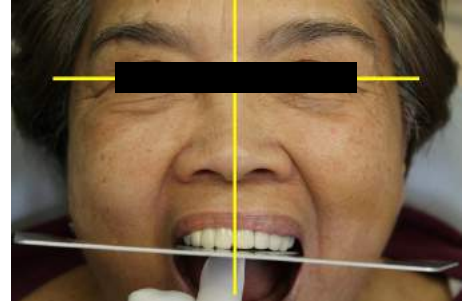
The treatment sequence for Linda included the following:

- 5 implants placed in the maxillary, 2 implants placed in the the mandibular.
- Provisional implant-supported prostheses fabricated.
- After months of healing, a final prostheses were delivered, an implant-supported maxillary hybrid and mandibular overdenture retained by 2 implants.
- In the future, Linda will have 2 more implants placed in the mandibular arch and have a mandibular hybrid prosthesis.

What made this case challenging were these items:

1. Linda had a canted occlusal plane, which made it difficult to fabricate an immediate denture, and had to be corrected with the provisional prosthesis.
2. The interaction between the restorative and surgical team required frequent consultations necessary to plan implant position, angulation and placement.
3. Careful communication with the dental lab was needed to ensure proper fit and a natural-looking appearance of the prostheses.

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 Linda from this example, please email me at: info@StamfordDentalGroup.com



Do you have a patient in Linda’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...

Implant Treatments and Complications in Private Practice

Jason Hsuan-Yu Wang, BDS, DCD/Roy Judge, BDS, LDS, RCS, MSc, PhD/ Denise Bailey, BDS (Hons), MSc, Grad Cert. Int J Prosthodont 2016;29:435-444. doi: 10.11607/ijp.4794

Purpose

This report aims to describe the restorative outcome of 5,491 implant-supported single crowns, fixed partial dentures, and splinted restorations that were prescribed or had implants placed during the study period. Timing of the complications and the relationship between the complications and different factors (practitioner, patient, and restoration) are examined.

Materials and Methods

Dental clinicians qualified in or before December 2004, registered in Victoria, and placing and/or restoring implants in private practice were invited to participate in the study. Data extraction was conducted by two trained and calibrated research assistants with specific training in implant terminology and previous research experience extracting data from dental records. Prostheses average time observed/in function was calculated using the difference between the definitive restoration date and the patient record examination date or the date of implant/restoration lost. Both descriptive statistics and generalized linear mixed modeling were used to describe the restorative complications.

Results

Over the study period a total of 499 mechanical complications were recorded. Single-implant crowns had the largest sample size ($n = 4,760$) and a recorded complication rate of 2.56 per 100 prostheses per year. The majority of screw loosening recorded in this study were inadequately described. In single-implant crowns, abutment screw loosening occurred at a rate of 0.07 per 100 per year while unspecified screw loosening occurred at a rate of 0.53. Lateral screw loosening was more common in lateral screw-retained implant crowns (1.06) than decementation was in cement-retained implant crowns (0.57). Esthetics (0.25), veneer chipping or fracture (0.41), and food packing/contact point issues (0.53) also represent significant portions of the restorative complications. Each type of complication presented with a slightly different timing profile. Clustering within the first year was common. The ratio of screw loosening between the group who prescribed between 1 and 100 during the study period and those who prescribed more than 501 implant restorations was 1:0.15 ($P = .005$). Patients with operator-reported attrition had double the rate of veneer fracture ($P = .005$). Contact point issues were approximately three times more common in the posterior segment ($P = .001$).

Conclusion

During the period of January 2005 to December 2009, screw loosening, lateral screw loosening, decementation, esthetic complication, veneer chipping or fracture, and food packing/contact point issues were recorded at different rates for different types of prostheses in the private practices included in this study. Clusters of several complications within the first year were observed. For single-implant crowns, screw-loosening complications were less frequent in the more experienced group. Operator-reported attrition was related to higher rate of veneering material fracture. More contact point complications were found in the posterior regions of the oral cavity.

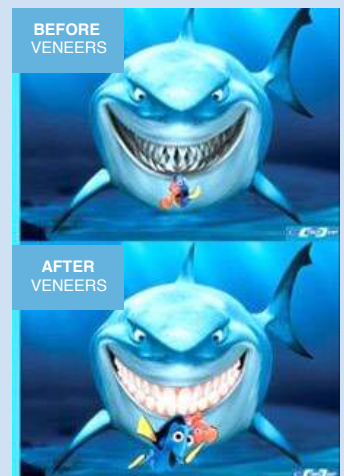
Have A Laugh:

Shark from the "Finding Nemo" movie...

I hope I made you smile during your busy day!

I take the care of patients referred to me very seriously, including knowing how to educate them so they feel comfortable.

It's my goal to help every patient understand even the most difficult procedures, so they can regain the function and esthetics they desire.



Dr. Jack DeGrado

DDS, Prosthodontist ♦ The Complex Case Specialist™



Dr. Jack DeGrado is a Prosthodontist and works with dental professionals from all areas of Fairfield County

About Stamford Dental Group

Stamford Dental Group is Dr. DeGrado's practice where he specializes in fixed and removable prosthodontics, implant prosthodontics, and all phases of esthetic dentistry. Dr. DeGrado's 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 in a day.
- 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 mouth rehabilitation to restore function & esthetics.

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. 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!"

◆ 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.