

FOR REORDERS CALL:
800-548-2164

ITEM # BROc-IMP

© STEPPING STONES TO SUCCESS

ALL RIGHTS RESERVED, PRINTED IN THE USA

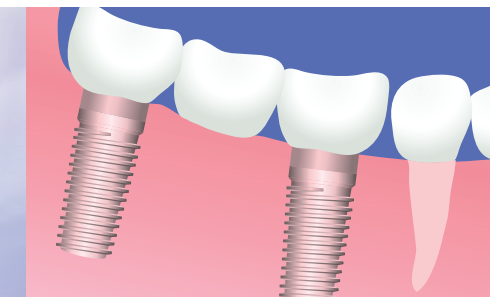
www.steppingstonestosuccess.com

IMPLANTS AND OTHERS

- WHEN TEETH GO MISSING



Implant dentistry is a proven treatment option for patients with missing teeth. Learning more about implants and how they work can help you decide if they are for you.



If you have missing teeth or are facing the loss of a tooth, you have probably thought about how your teeth might be replaced. You may have thought about the effect missing teeth have on your appearance or health. You may have heard about methods for replacing missing teeth, such as bridges and partials. You may also have heard about dental implants and wondered if they might be for you. This brochure can help answer your questions.

Why should missing teeth be replaced?

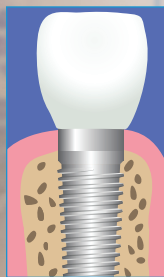
Most people would not want to have a tooth missing where others could see. What you might not know is that along with appearance, any missing tooth can actually affect the health of your mouth and the way that the rest of your teeth fit together. Teeth on either side of an empty space may tilt into that space. Teeth opposite an empty space can drift up or down into the opening. Remaining teeth can also become loose, start gum problems or even cause headaches due to changed biting forces! In other words, missing teeth can cause other teeth to move around in ways that we do not want. What's more, when a tooth is lost, the bone that used to support that tooth starts to disintegrate. Without a tooth root to give the jawbone a purpose in that area, the jawbone deteriorates. It doesn't happen overnight, but a gradual decline occurs. In most cases a person's own tooth and tooth root (with repairs if necessary) are better than any replacement might be. However, when teeth are lost, replacements are essential to the continuing health and appearance of the mouth. Modern dentistry offers us several high quality choices for replacements. These are tooth supported or implant supported fixed partial dentures, (also known as "bridges") tooth supported or implant supported removable partial dentures, complete removable dentures, implant supported "overdentures" and implant supported crowns.

What is the difference between a tooth supported fixed partial denture (bridge), a tooth supported removable partial denture, a complete denture, and implant style replacements?

- **A fixed partial denture (bridge)** can replace one or more teeth. It typically needs to have at least two teeth or the roots of at least two teeth, strong enough to hold it in place. These support teeth, also known as "retainers", must not have bone loss or gum infections around them. In dentistry we say that they may not be periodontally involved. A crown or cap is made to cover each of the two healthy teeth or teeth roots, which in turn are "soldered" to "fake" teeth replacing the ones that are missing. If you imagine a bridge going across a river you have the right idea. Two strong supports are needed on each side of the river to connect the two sides. A bridge in your mouth stays in place. It is cemented onto the supporting teeth. You do not take it in and out, however it requires daily cleaning around and under the fake teeth with floss, threaders and/or other tools in order to prevent decay and gum and bone disease from attacking the "supports". Even with excellent maintenance, support teeth are under more pressure than they would be if they were functioning as they were originally intended, which is on their own. They are taking on the biting stresses from the replacement (fake) teeth too; just as the supports which hold up a bridge take on the stress of the cars and trucks that use it. What happens if there are no appropriate teeth or teeth roots to hold a bridge? Implants can be used instead.
- **A removable partial denture** also can replace missing teeth. However, as the name implies, you take this device in and out of your mouth for cleaning or to give your gums a rest. It typically has to clip around and be supported by at least two (and usually more) healthy teeth in order to stay in place. Putting a removable appliance in and out daily

takes its toll over the years. The support teeth can become weak and suffer from bone loss from all the pressure they are under. They may also become decayed or loose. A partial denture can be a useful choice for some patients, but the supporting teeth and the partial itself need to be meticulously cleaned and maintained on a daily basis. What happens if there are no appropriate teeth to hold a partial? Implants can be used instead.

- **A complete denture** is usually thought of as a set of “false teeth”. One set can be used to replace all of the top arch and one set to replace all of the bottom arch. False teeth are usually removed at night, or whenever a person wants to clean them. As the years go by, the bony ridge that supports a denture usually starts to deteriorate. This happens because the jawbone does not have any tooth roots to “give it a purpose”. When the teeth are gone, the jawbone shrinks. Shrinking ridges make it hard to hold dentures in place. Dentures become loose and uncomfortable, and stop working well for chewing and speaking. If the bony ridges no longer can support a denture, implants can be used instead. “Overdentures”, which are specially designed with attachments that can clip on to implants, can be made.



What is an implant?

An implant recreates the anatomy and function of a natural tooth. It typically features a post, which goes into the bone and acts like a root, and a crown (cap) to act as the tooth. As mentioned previously, implants can be used to support replacements, like bridges. But an implant can also be used to take the place of a single missing tooth. With implants, teeth next to a space do not have to be trimmed down to hold the fake “fill-in” tooth or teeth. The implant goes into the space and works and looks like a “new” tooth. Another possible benefit? Having an implant may contribute to a certain amount of bone longevity. An implant functions like a tooth root. It “integrates” into the bone, thereby giving the jawbone a “purpose” and stimulus not to deteriorate. An implant requires a surgical procedure to place the post into the bone. In most situations this must be accomplished and healing occur before the crown can be put on the post. A temporary device may be used for appearances while

tissues are healing. Depending on individual conditions, implants can replace a single tooth, several teeth in the same area, or all the teeth in a jaw.

How do I know if I am a good candidate for implants?

It is important for your dentist to find out if you have enough bone to hold an implant in place. Special x-rays (panographs, tomographs, or cone beam radiographs) or models may be needed for your dentist to determine if your bone is “thick” enough. If your bone is not thick enough you may still get an implant, but a bone graft may be needed first. Severe, ongoing periodontal, (gum and bone) disease may also be a problem. Periodontal disease can create an environment that is detrimental to an implant. If you have lost a tooth because of gum disease, control of that disease is important before considering an implant. A traumatic (extremely hard) bite relationship between top and bottom teeth may also be an issue, as well as smoking. Your general health must be considered too. Your dentist may consult with your physician prior to placing implants. Tell your dentist if any of the following situations apply to you:

- Recent heart attack,
- Surgery for heart valve prostheses,
- Recent stroke,
- Bleeding problems,
- I.V. bisphosphonate drug therapy¹ (Actonel®, Aredia®, Boniva®, Fosamax®, Zometa®, Bonefos®, Ostac®, Skelid®, Didronel® and others)

Other drug therapies may also be of concern, including corticosteroids and oral bisphosphonates.²

Is the treatment painful?

The placement of implants requires surgery. You will be numb for the procedure, but may experience discomfort afterwards. As you might think, one implant procedure to replace one tooth will likely cause less discomfort than four or five implants to replace a full arch of teeth. Many implants require a healing phase before your replacements can be “loaded” on to them. This means that you will wear a temporary tooth or teeth until the healing is complete. Ask your dentist to explain exactly what you can expect after treatment. Don’t be afraid to ask questions.

How long will a dental implant last?

When an implant integrates, or becomes a part of, the bony structure of the mouth, it can last indefinitely. However, as with any type of dental replacement, the longevity of an implant and any restoration placed upon that implant depends greatly on home care by the patient. Regular and frequent check-ups and special maintenance with the dentist and hygienist are also required. If you decide to have an implant, you must be committed to taking excellent care of your mouth from now on. If you had periodontal (gum and bone) disease that led to the loss of a tooth or teeth, you must guard against this happening again. You must also avoid habits that can put undue stress on an implant(s). These include smoking, grinding or clenching the teeth, eating certain foods, and excessive gum chewing. Your dentist can tell you what you should and shouldn’t do when it comes to the care and maintenance of your implants.

Can my body reject an implant as a foreign object?

It is unlikely but not impossible. Implants are made from special materials similar to those used in replacement hips, knees and joints. They are designed to blend and integrate with your own tissues. If an implant is rejected by your body, it will have to be removed and a different plan made for your tooth(teeth) replacement.

What do implants cost?

Implant materials and tooth replacements are expensive and customized. They are “one-of-a-kind” and made just for you. Surgical costs also must be factored into the total fee. Your dentist or his/her staff will go over your particular situation and let you know what your financial obligation will be. You are entitled to know the costs involved prior to your treatment.

Will my insurance pay for my implants?

Implant dentistry has evolved into a popular and proven treatment modality. Therefore, more and more dental insurance plans are including these services in their contracts within the confines of applicable yearly maximums, (typically \$1500-\$2000). Some plans may stipulate a “Least Expensive Alternative Treatment” benefit, meaning the carrier may only pay what they allow toward a non-implant supported, removable partial denture or full denture. If your insurance contract specifically excludes implant procedures, then such procedures will not be covered de-

spite what you and/or your dentist may request. Under some contracts, the implants may be denied but the crowns or bridges placed on top of them may be covered. Medical plans rarely pay toward dental implants unless they are required to do so as the result of an insured accident or trauma. Implants may also fall under a dental “pre-existing” clause. While such clauses are not as common as they once were, some plans still specify that for a replacement of any kind to be considered, at least one of the missing teeth to be replaced must have been lost or removed while the patient was covered by the existing plan. Your dentist can apply to your insurance carrier for an estimate prior to treatment. That way you will know what your total financial obligation will be prior to beginning treatment.

Are implants right for me?

Dental implants have come a long way from where they began over two decades ago. From a seldom performed, “experimental” service, to a popular and common procedure, dental implants are a good solution for missing teeth for many. Thousands of people are enjoying the benefits of dental implants. You might be one of them.

References:

1. Gordon J. Christensen, DDS, MSD, PhD, Dentaltown, September 2007
 2. American Association of Oral and Maxillofacial Surgeons, Position Paper on Bisphosphonate-Related Osteonecrosis of the Jaws, Sept. 25, 2006
- Dental Products Report, Trends in Dentistry, August, 2007
- Journal of the American Dental Association, February 2005
- Journal of the American Dental Association, October 2004
- Medical College of Georgia News, Periodontal Disease, March 2003
- Carol Tekavec, CDA RDH, Implant Services, Dental Economics July, Aug. 2000