Lower Extractions and Guided Surgery of All over 5 Straumann Pro-Arch and Immediate Load Temporary Hybrid

Darryl Burke September 27, 2018

Your Engel education has placed you above other GP's in your profession. Dr. Engel has given to the guidelines and a base line that if followed, will keep you safe and predictable in the surgical implant arena. Some who have taken the course will stick with simple single unit placement of implants in between teeth in safe areas. That alone is a service to your patients.

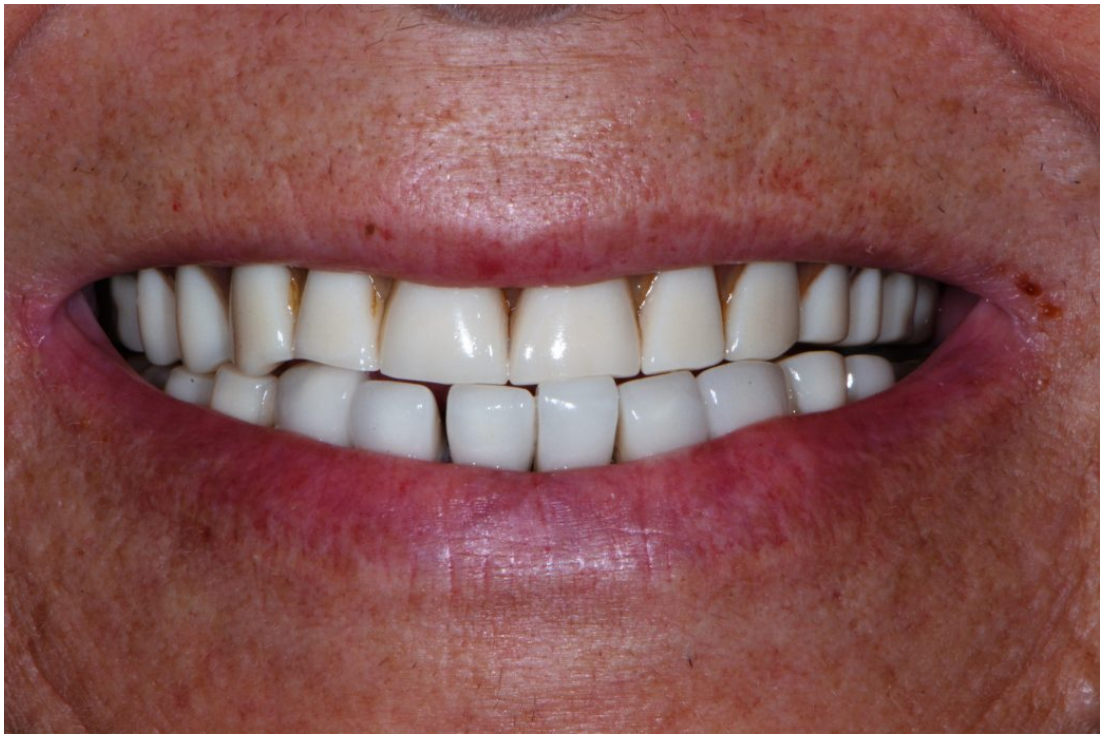
Some of you will advance on and take the surgery course on extractions and grafting, some will then advance to the Guided surgery course. Whatever your comfort level is,you still have achieved what other GP's in your field have not. With many other implant surgical courses out there, Dr. Engel is the only one in my opinion that has a full proof cook book that if you follow it you will keep safe.

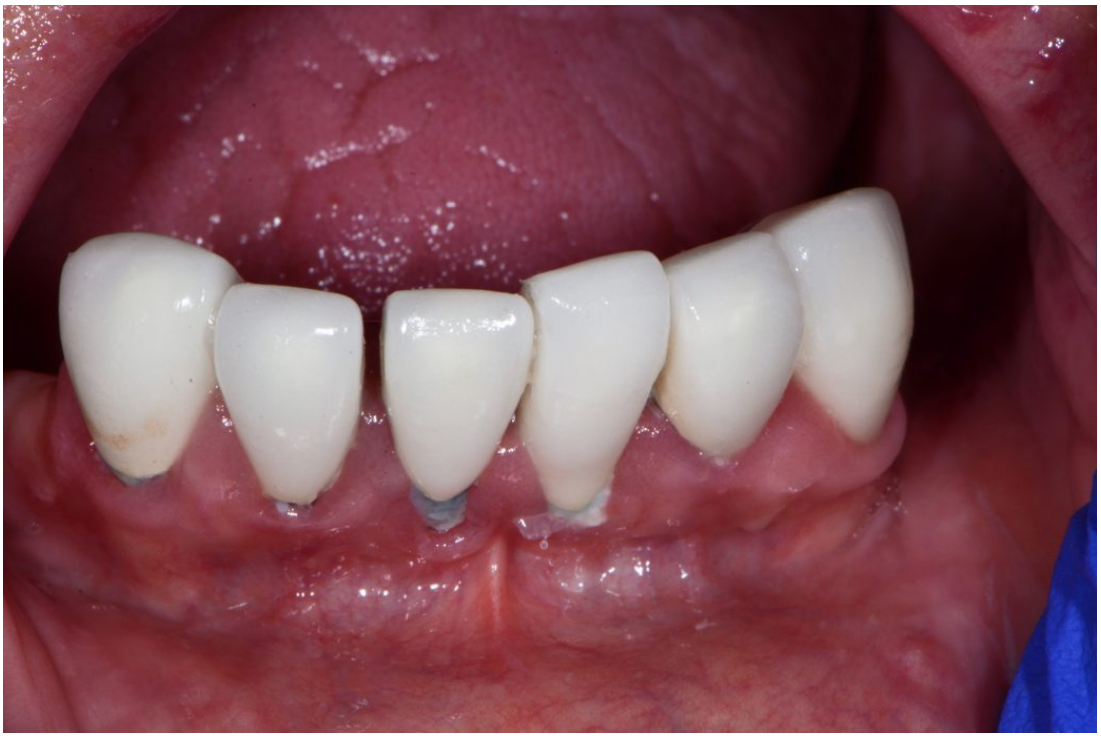
The more surgery you do and the more confident you get, remember to always stay humble and follow the guide lines. If you are planning a case and the case does not meet the guidelines then punt to the Specialist you trust. Just because you cant do it now doesnt mean in the future that you couldnt do it later. I pick my Oral Surgeons brain every week.

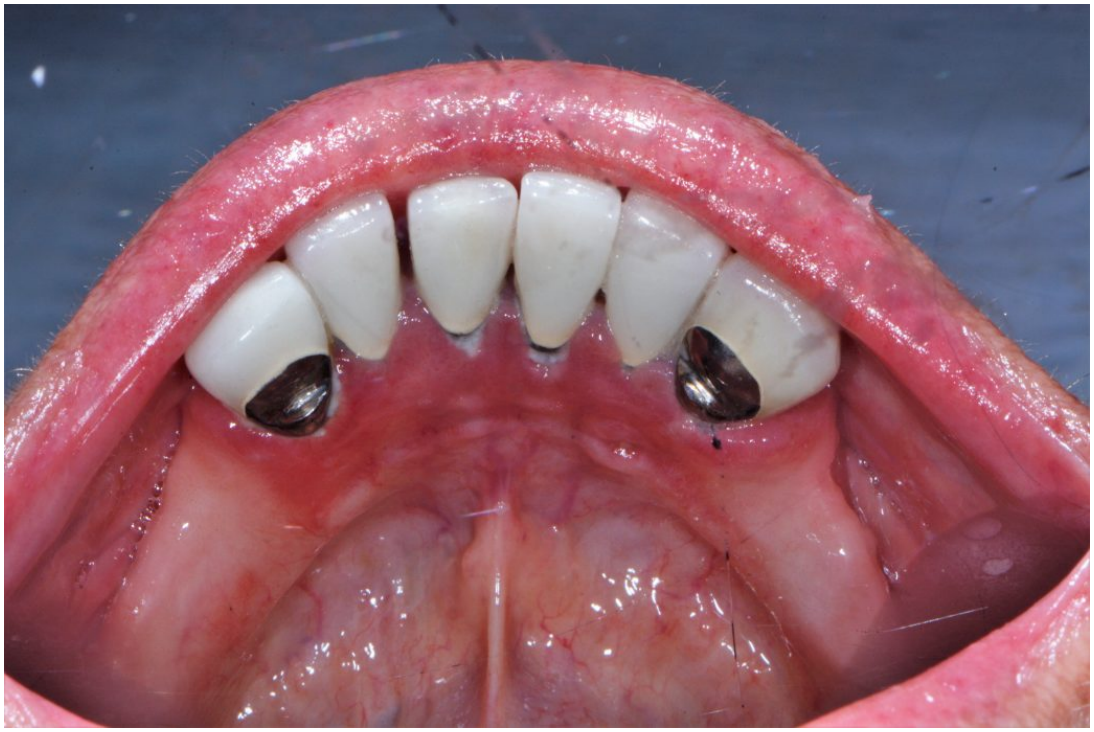
Can any of the alumni give me some feedback on how they do full mouth cases? Do you extract, and deliver immediates first? Do you stage your placements and have the patient wear a flipper until integration of implants? Do you go all out extract, place and immediate temporize as I'm going to discuss here? Remember when planning these cases it it going to be determined by the periodontal condition of the patient. If the patient has great bone and carious teeth that are hopeless then strategically placed implant bridges can be done. If the patient has moderate to significant perio throughout the mouth then an ideal treatment plan for hybrids may be considered. Locators and a removable appliance may also be an option. There are many ways to treatment planning these cases and from the business side you need to know your costs. By knowing your costs you can figure out how to charge properly.

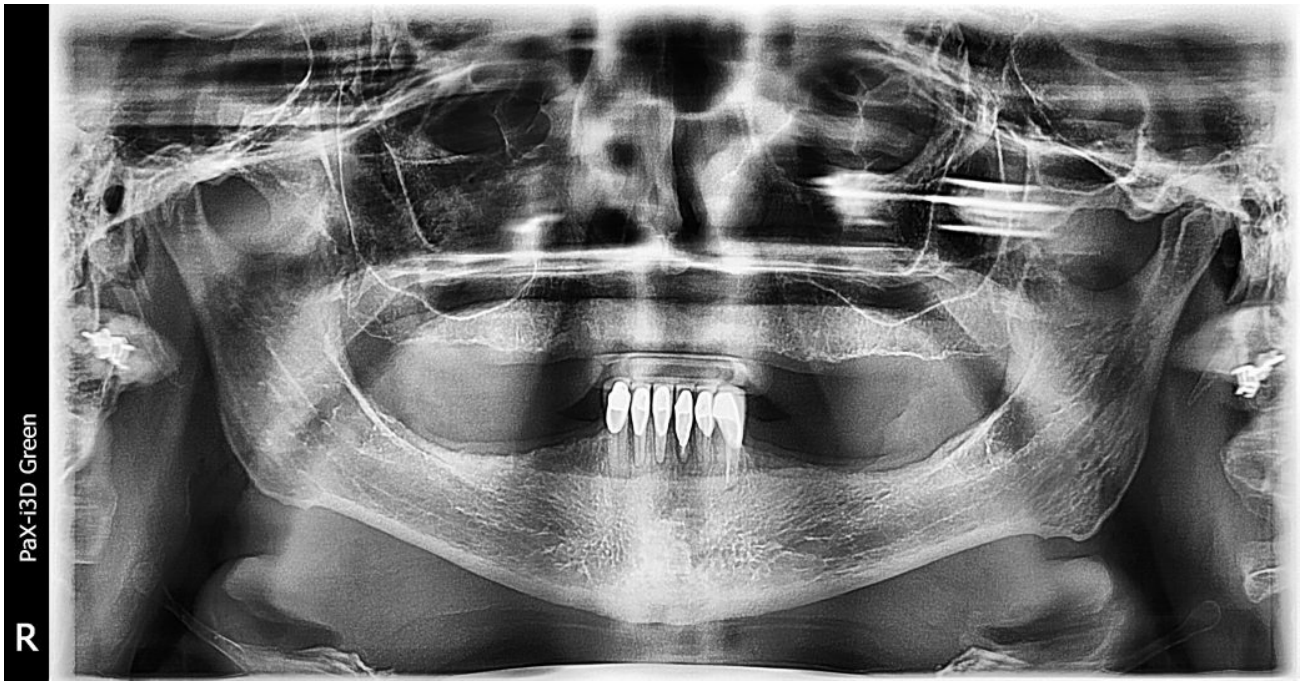
In my area All on 4 or All over 4 is what is being advertised and promoted. I personally want to place more but sometimes you just cant. Also patients around here want Teeth in a Day. They want to leave with teeth. Non removable teeth.

So a patient of mine has worn an upper denture and a lower partial for years. She has not been the greatest at keeping appointments and her hygiene up and now her lower teeth are compromised.





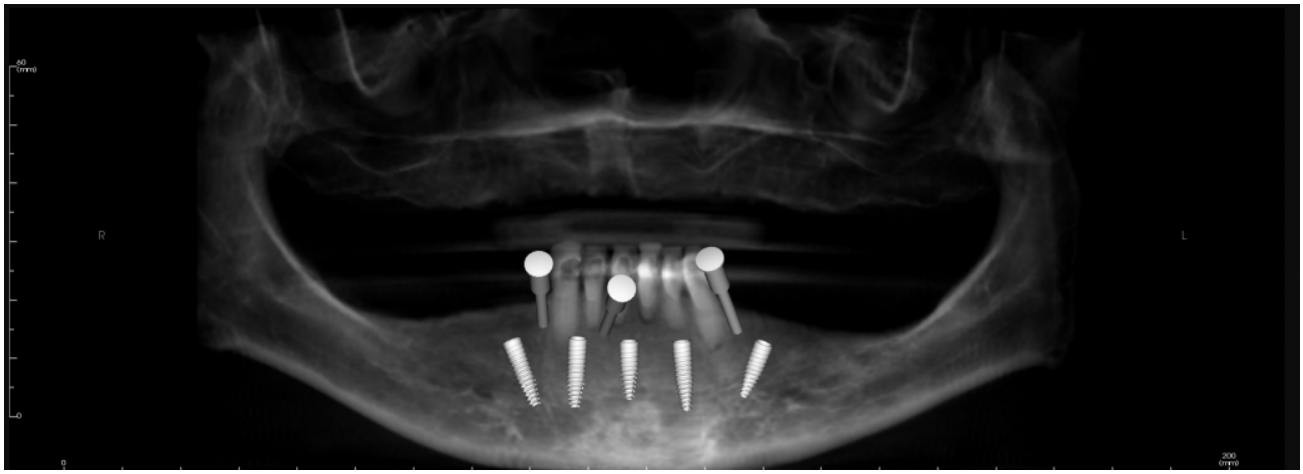


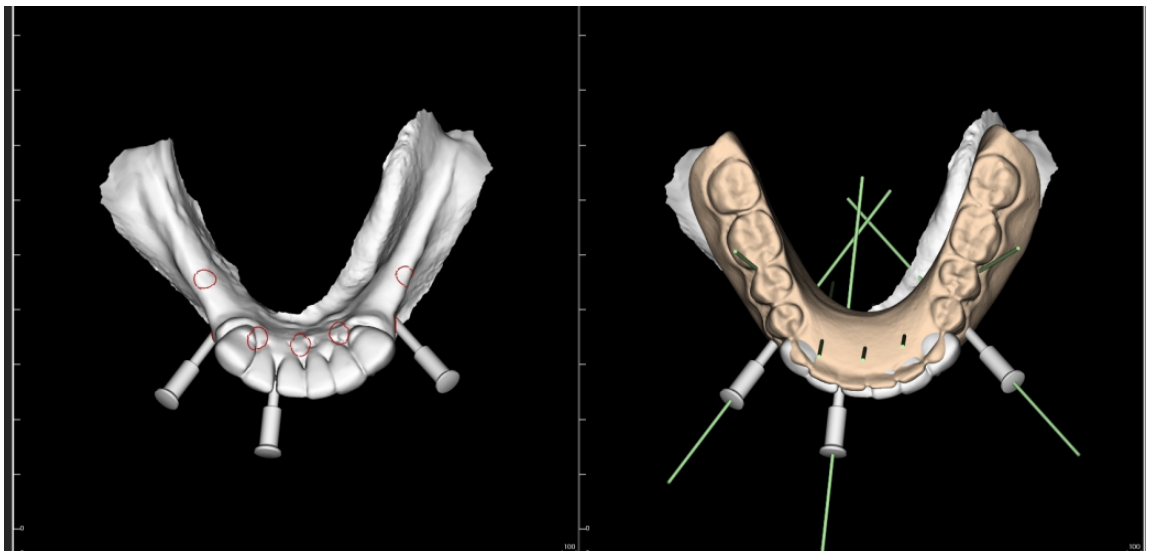


The patient wants upper and lower fixed but at this time she could only pay for one arch. She said she felt comfortable with an upper denture for now but it was the lower she was concerned about. When planning these cases I take time and look at every case to

see if I feel comfortable doing it. I took impressions and went through the full records and fabricated a new upper denture and lower immediate for conversion at the time of surgery. 6 months went past and the patient never came back.

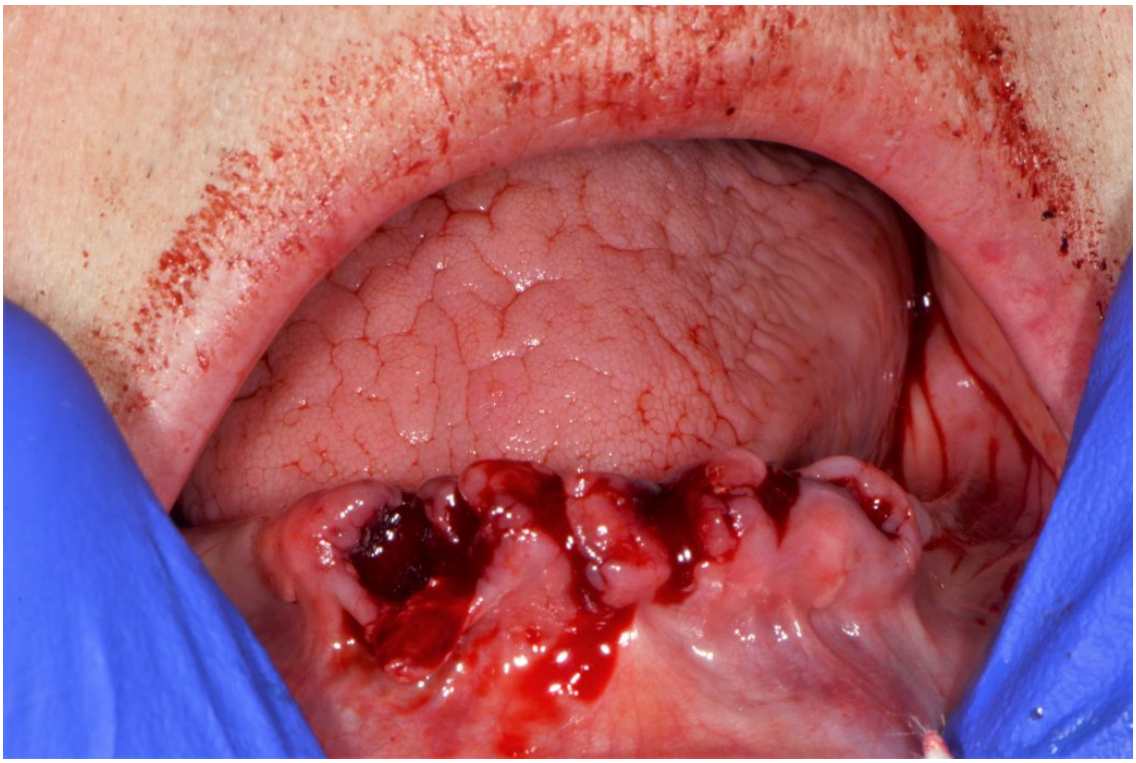
6 months later patient comes in and now wants to get started. New upper denture is loose but I cant reline it since it matches the lower immediate that I had made. So I had a plan and I will explain it later. I took a new CT scan of her lower impression for the tissue and of her lower denture and a new CT of my patient. All of the data was combined to plan my case.

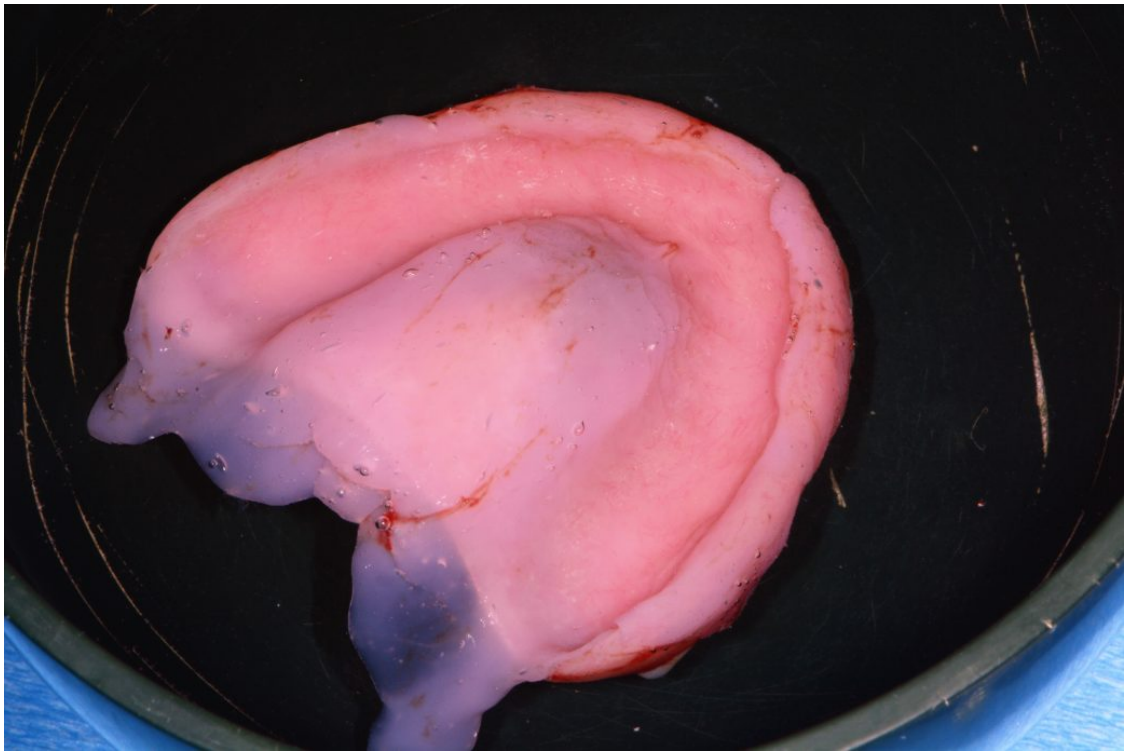


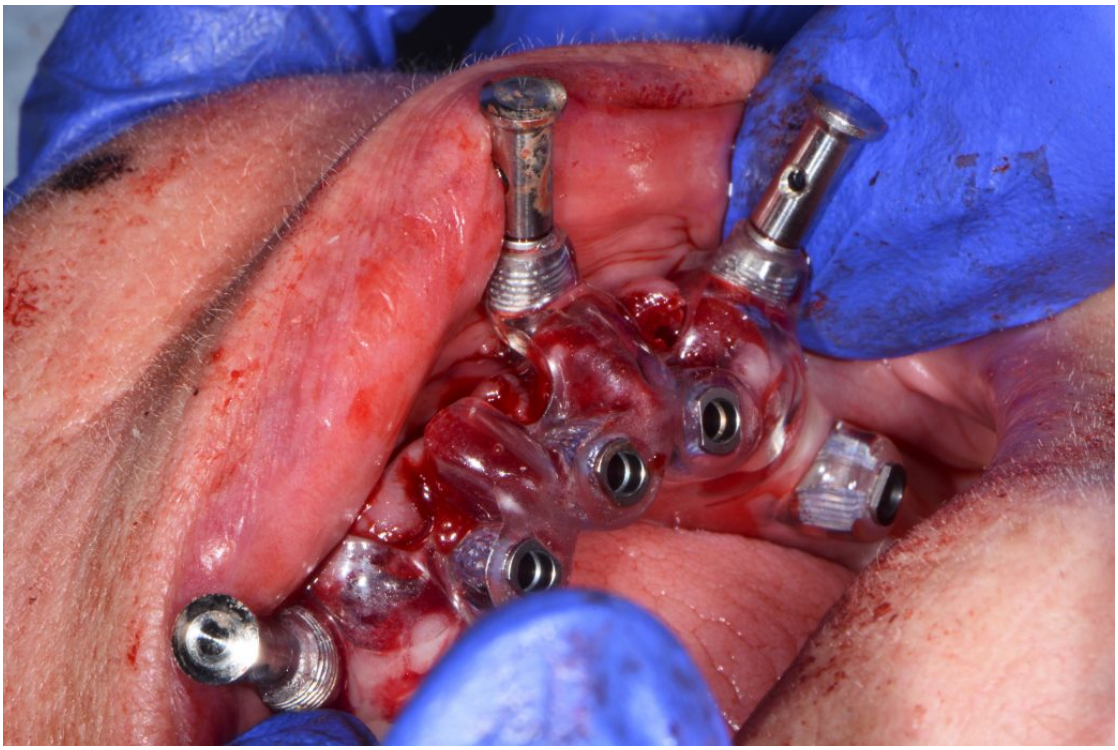


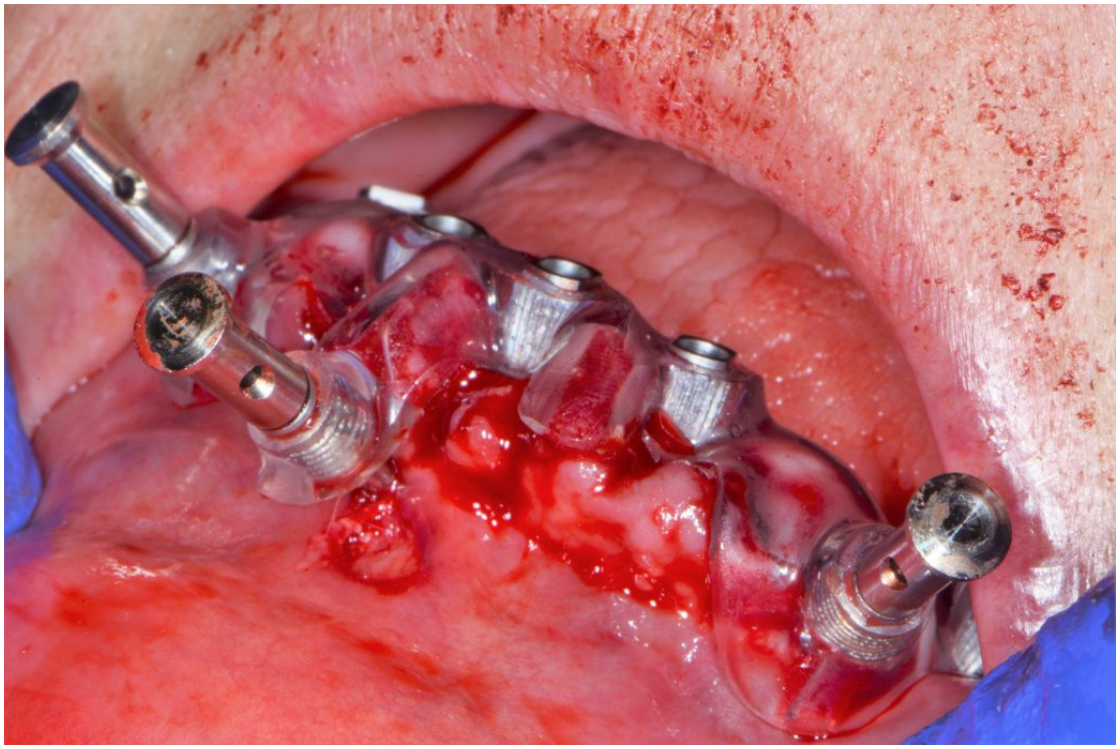
From this data I planned my surgical plan and a stent was made.

Patient was number and I removed her lower front 6 teeth. After that was done I placed the lower immediate in and relined the upper with Kettenbach's mucopren. I had the patient bite into CR and I held her lower jaw into occlusion until the reline material set. From there it was placed in hot water as per manufacturers instructions. Then I placed my surgical stent in and drilled all my pilot's for my implants.

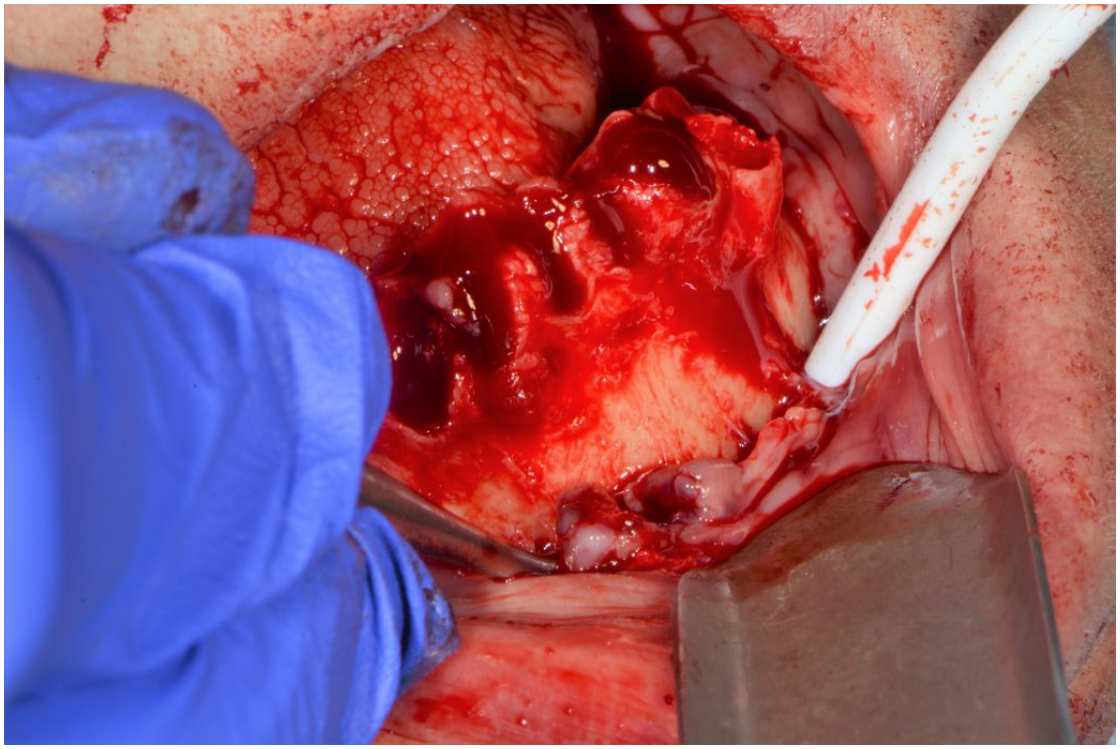


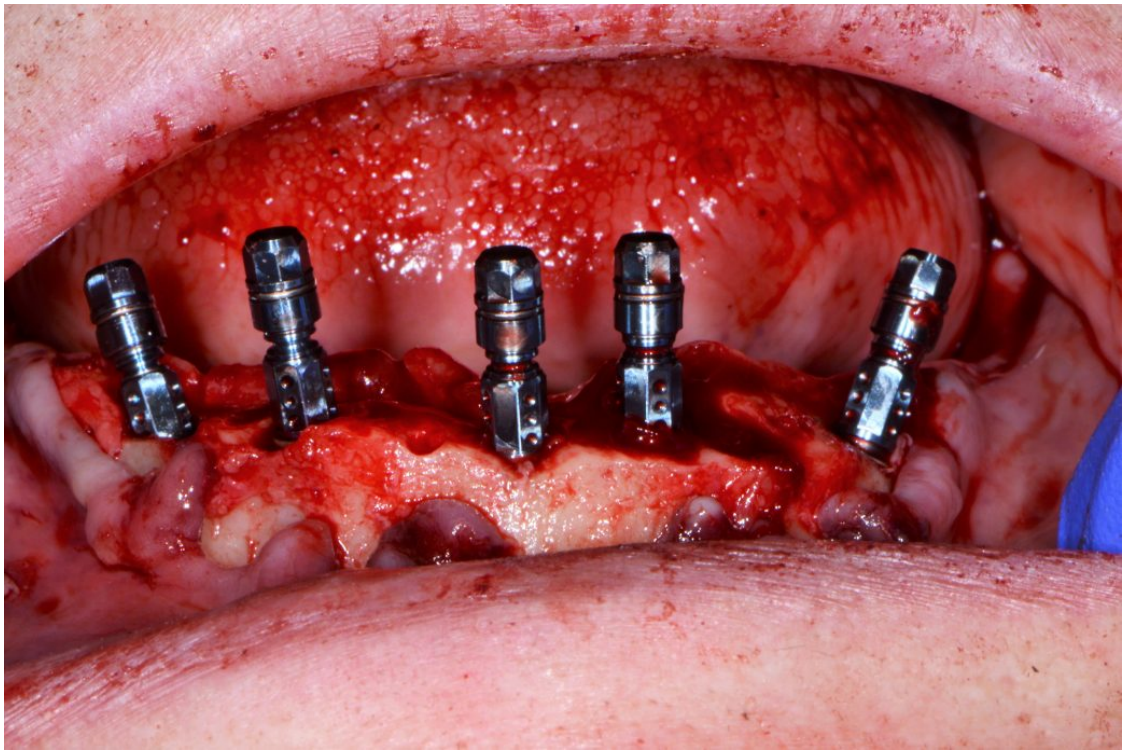


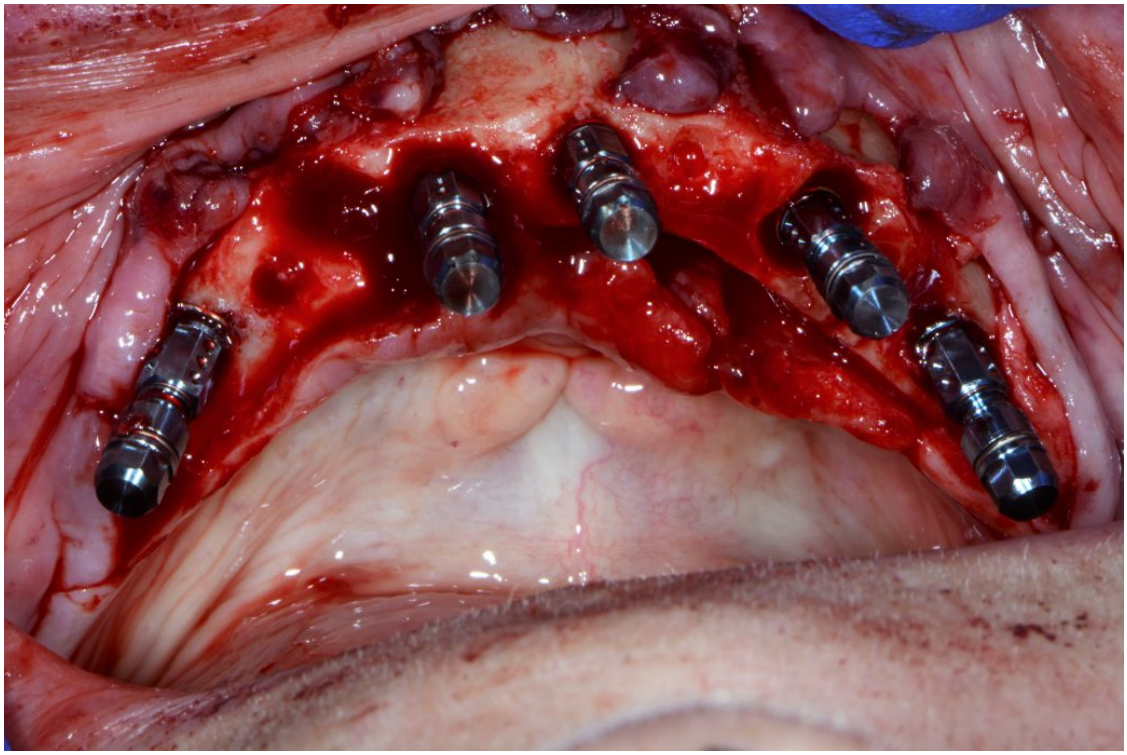




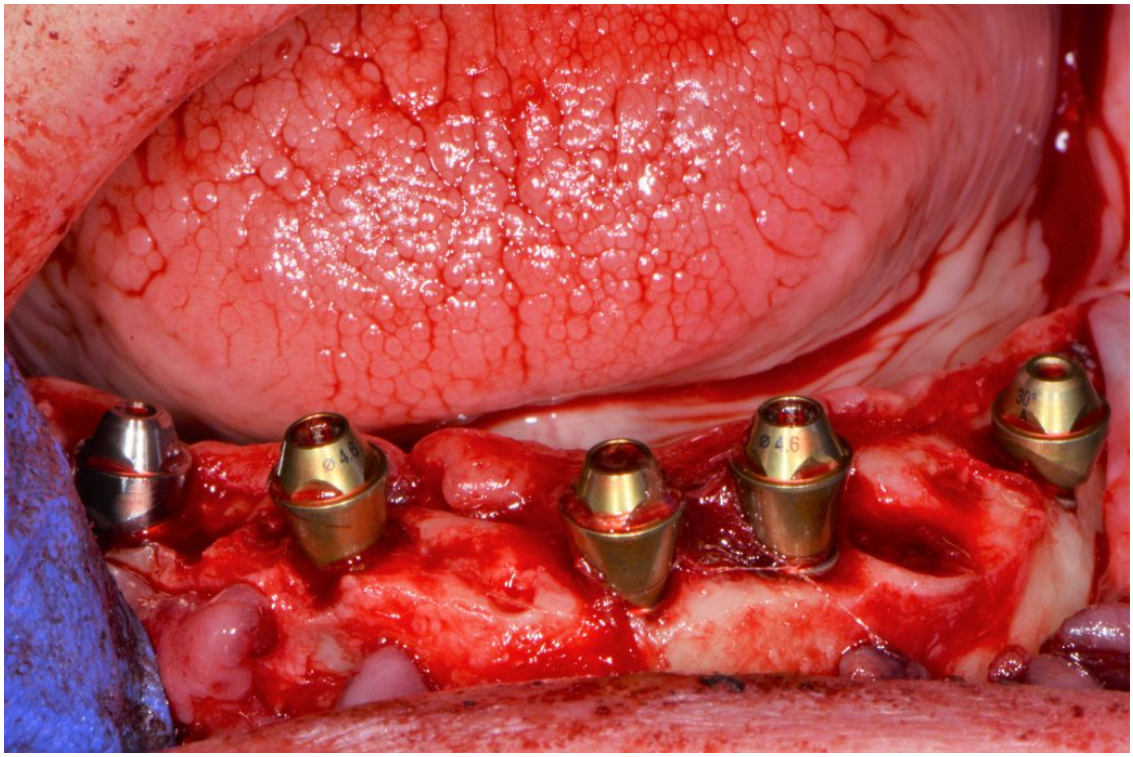
After pilots were drilled I extended a full thickness flap to see my surgical area. The bone was so thin that I had to remove 5-7 mm of height so I could get enough width for my implants. The remaining of the osteotomies were drilled freehand using direct site and using my pilots.

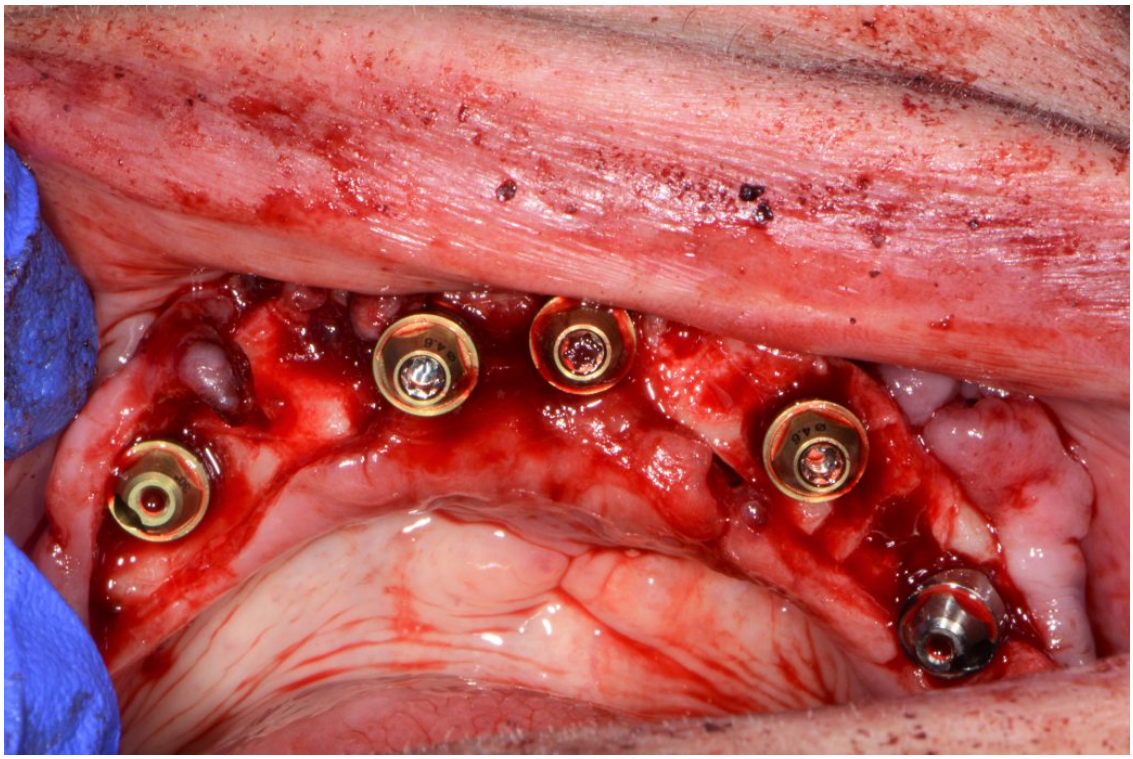


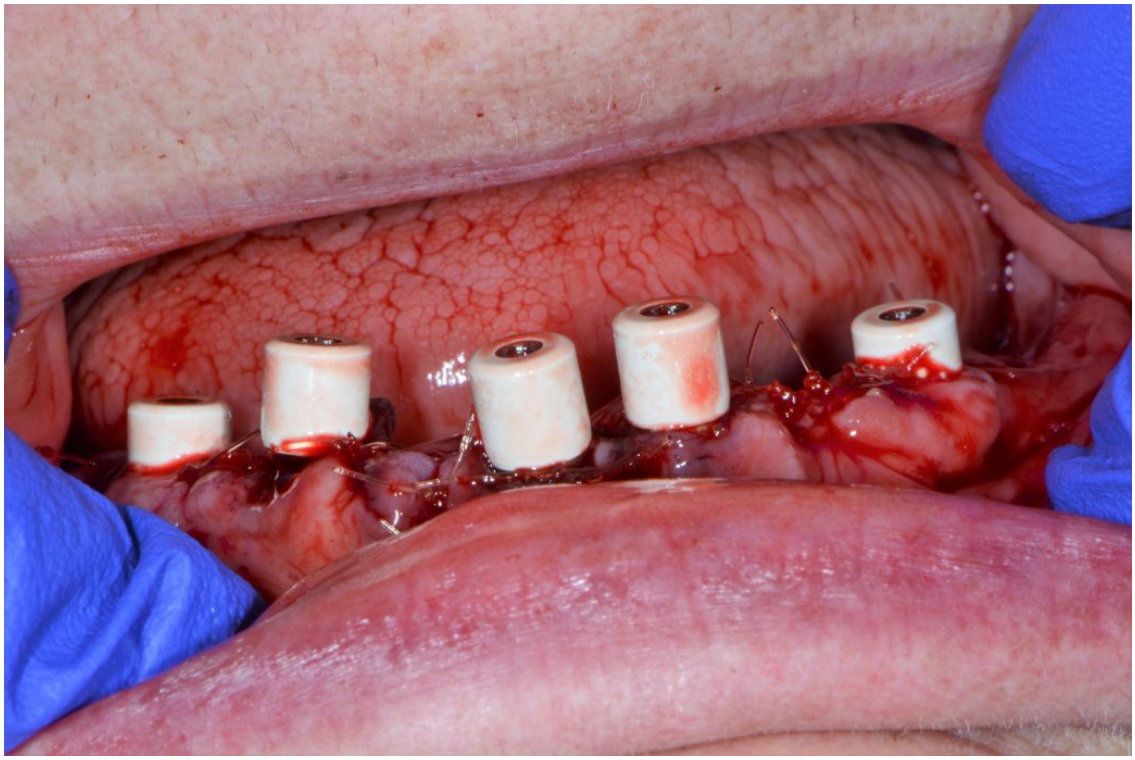


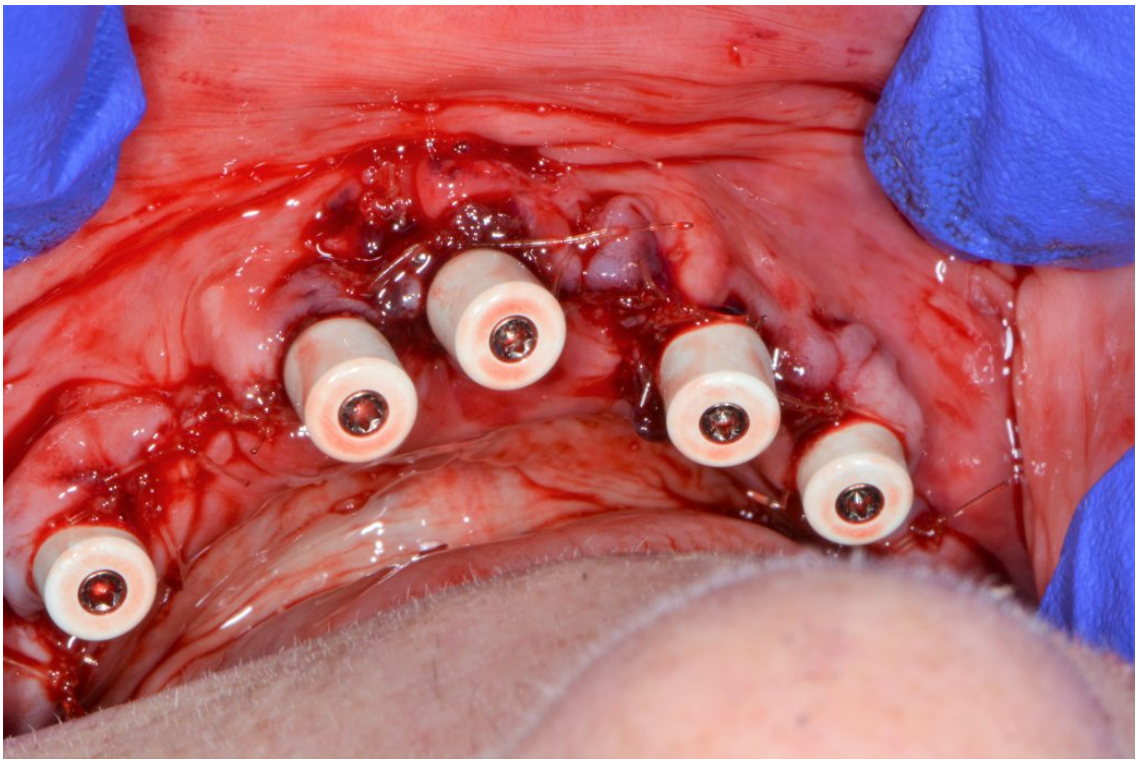


All implants achieved 35ncm or better so Multiunit abutments were placed next. I used 30 degree on the posterior implants 21 and 29 position. I used straight abutments on 23,25 positions and a 17 degree on the 26 position. White caps were placed and sutured closed with a monocryl resorbable suture.



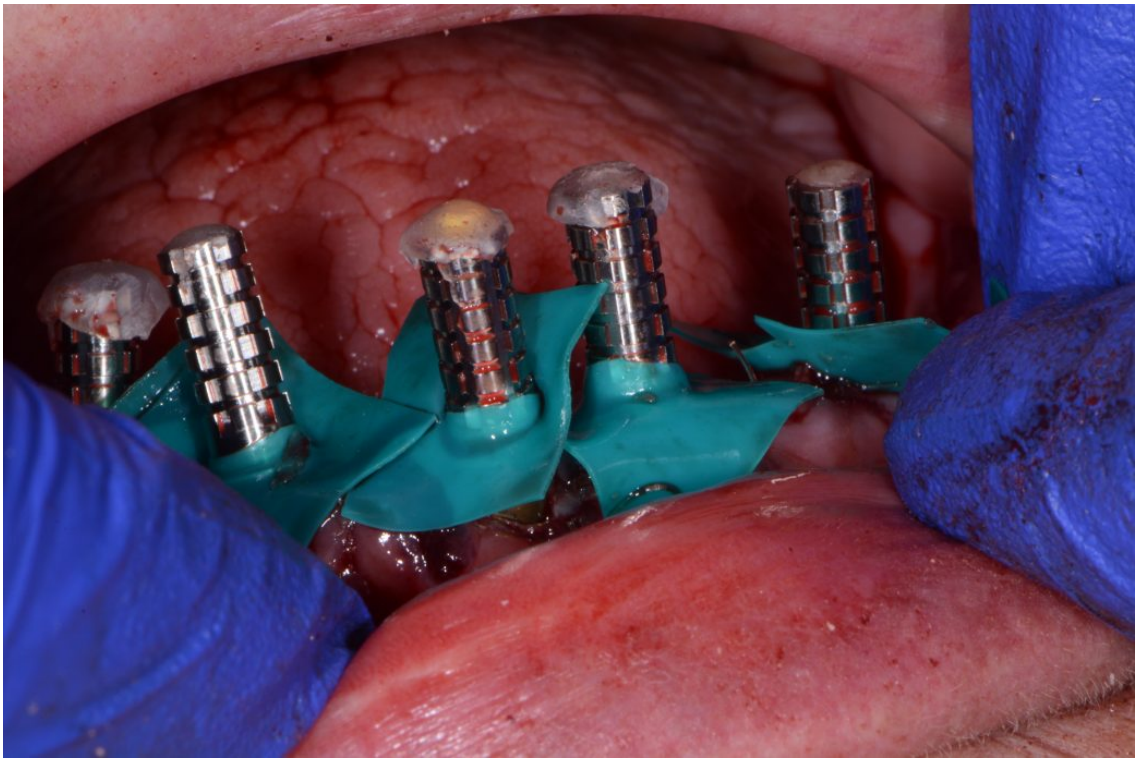




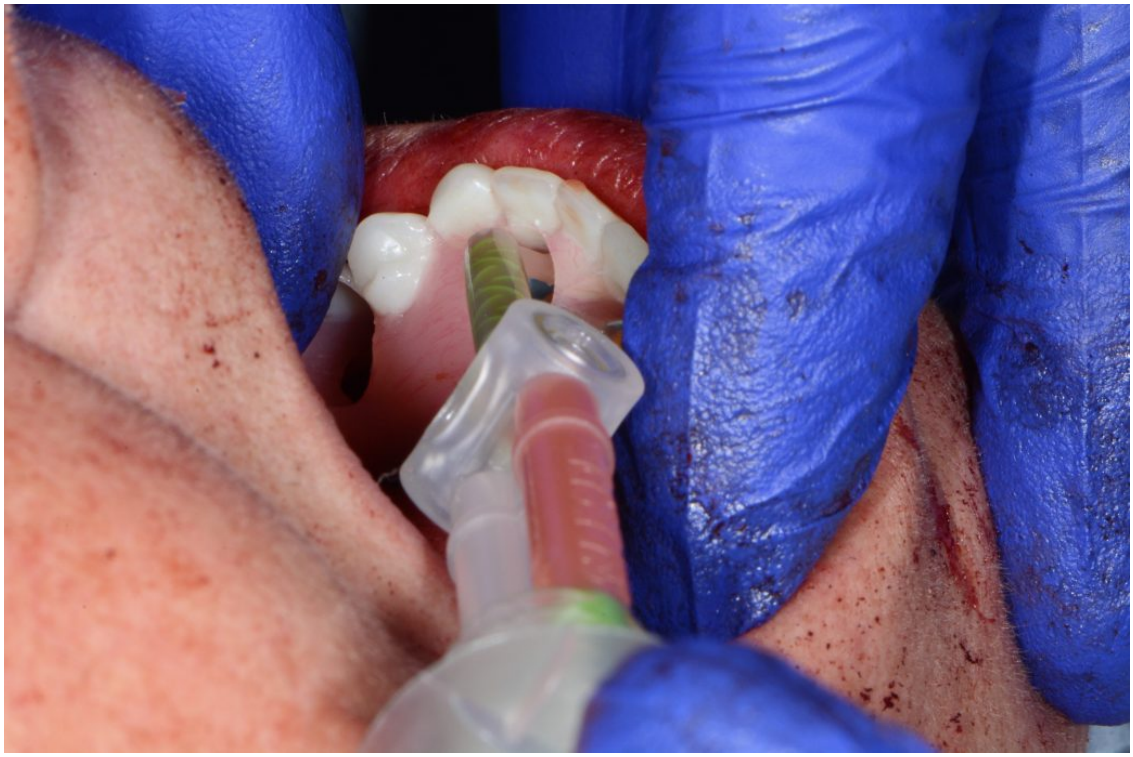


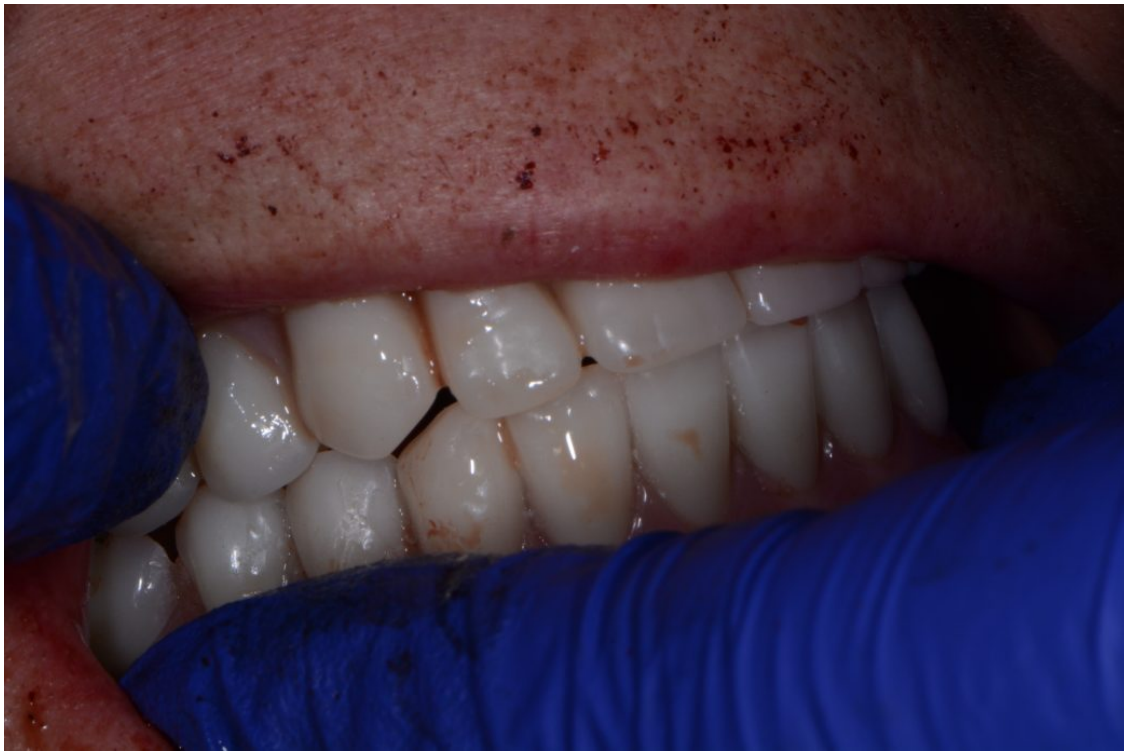
After that was completed take blue mousse or Futar and place it on the intaglio surface of the lower denture your converting. The impression will help guide where to drill through the denture so

the denture will seat passively over the implants. After that place non engaging temp cylinders on your implants. Place pieces of rubber dam to protect the implant areas since you have sutures tying the tissue together. It will act as a barrier for the next step.



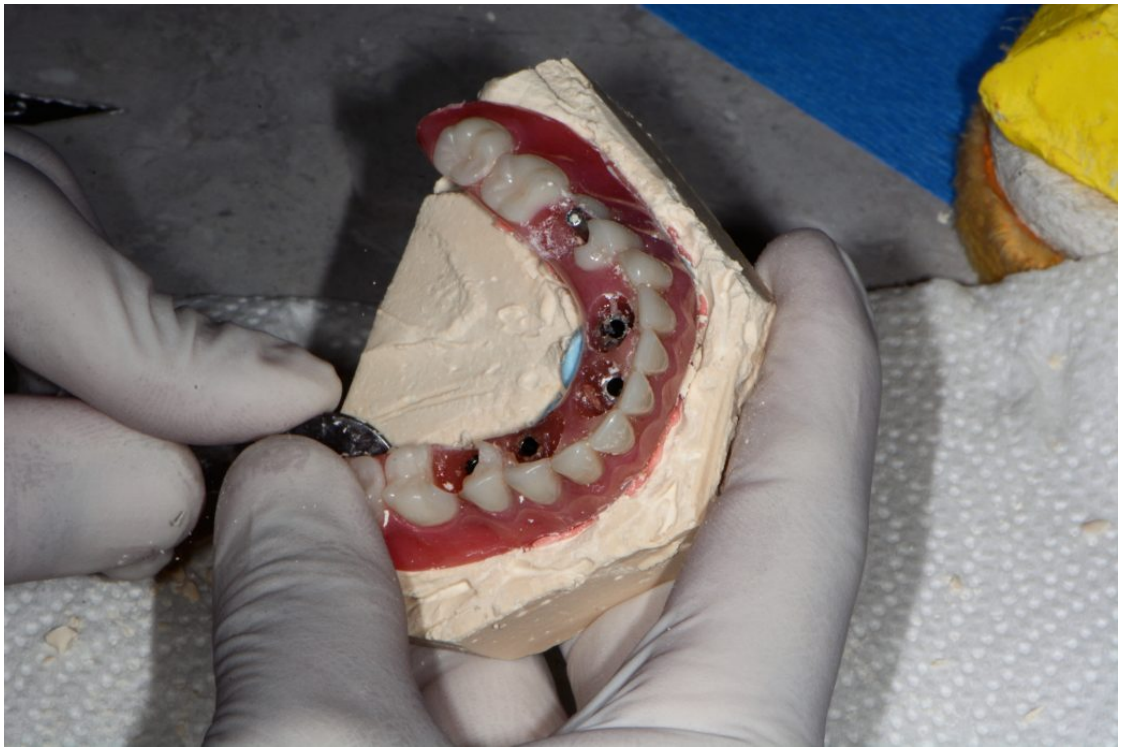
Also place teflon and wax to cover up the screw hole areas. Double check the denture sits passively and check the patients bite so the patient goes up into occlusion. After that place lower denture in and flow acrylic around the cylinders. Once you have done that, have the patient close into occlusion until acrylic sets.

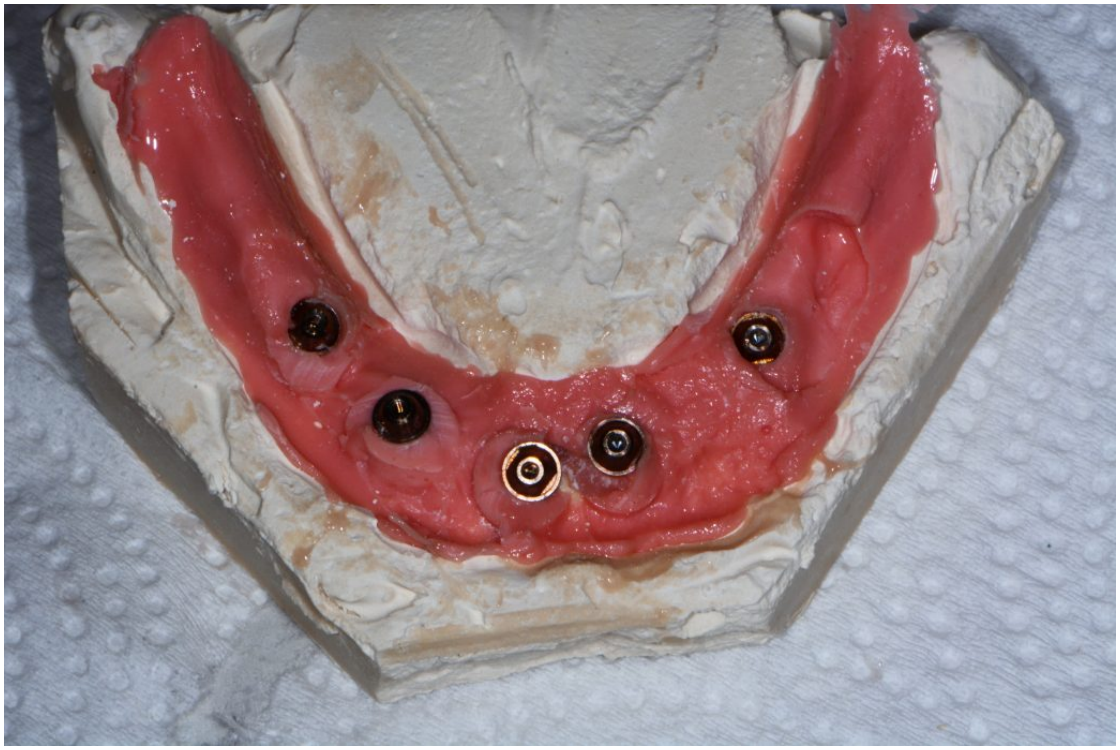




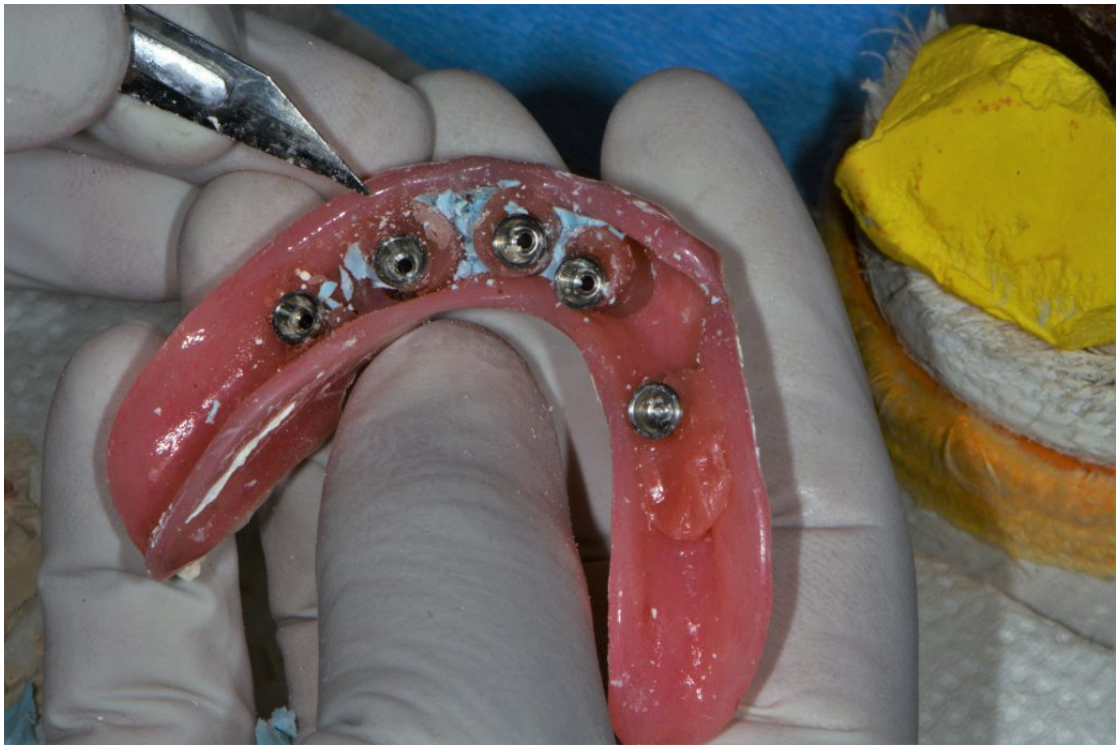
After the acrylic sets then remove the lower and place white caps back on and make sure the patient is numb and comfortable. Also go back and make sure all your sutures are secure. If not add some more. Patient now can relax as her lower hybrid is finished.

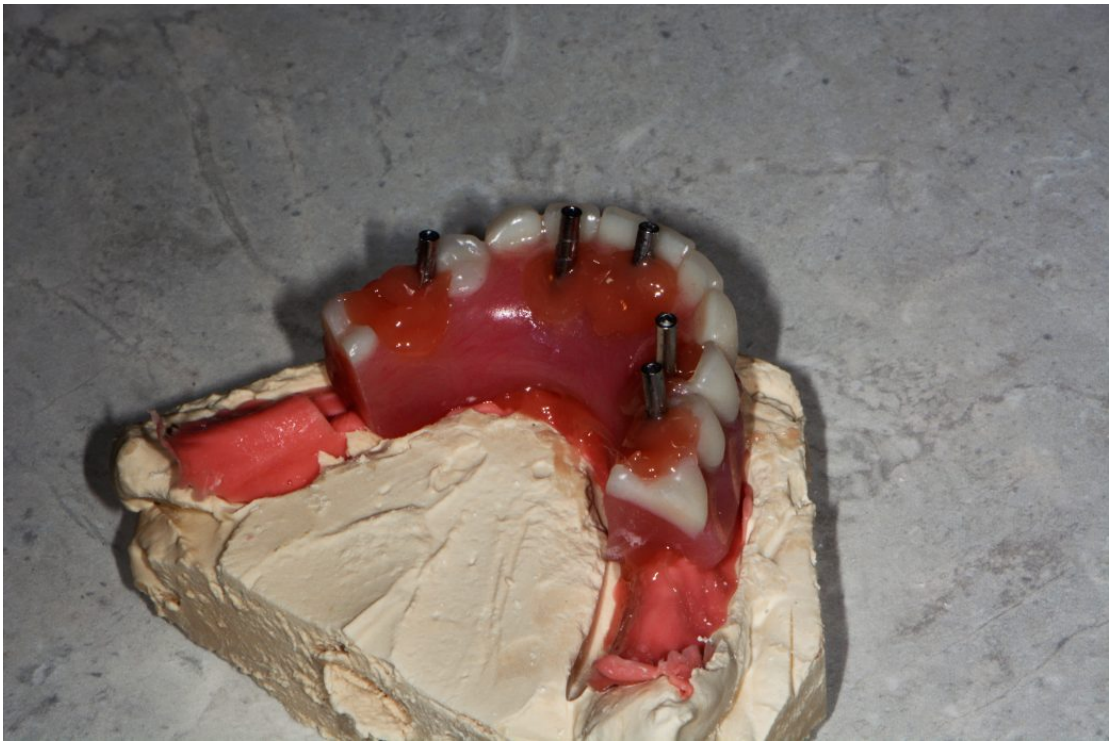
Using the lower you can make a model for the future. It will be used to make the jig for the final impression, also it is helpful for any repairs that might need to be done during the healing phase.

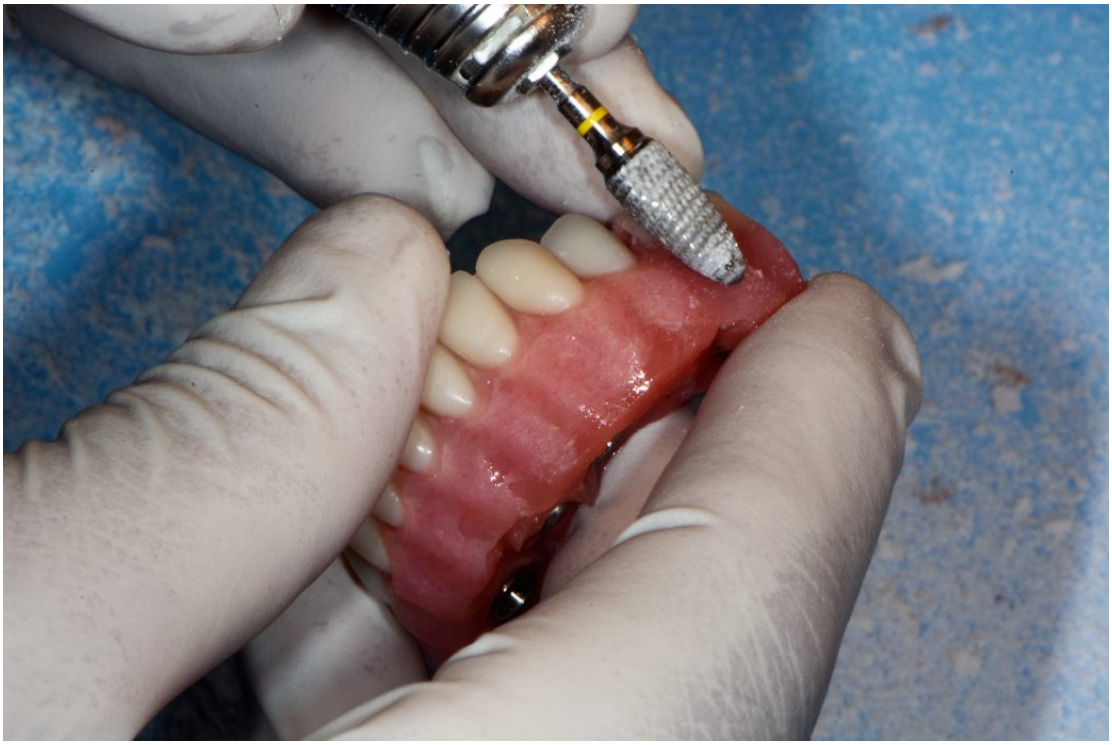


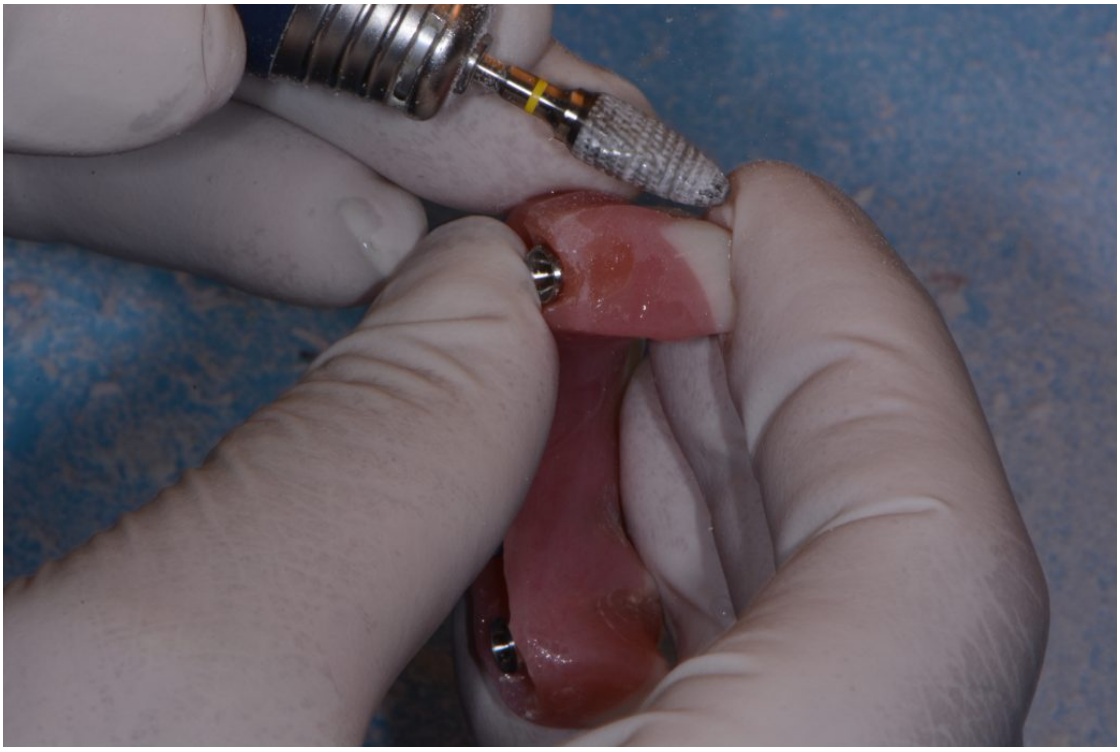


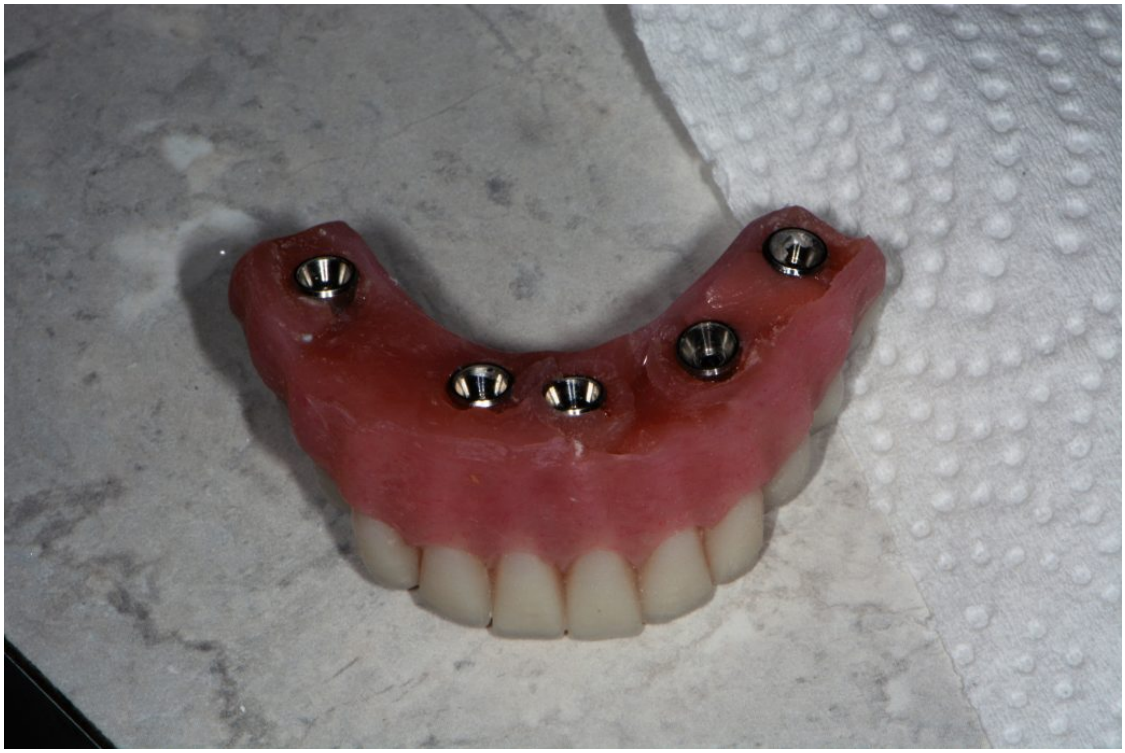
All areas were filled in with acrylic, shaped and polished. Molar teeth were removed not to out torquing forces on the implants.



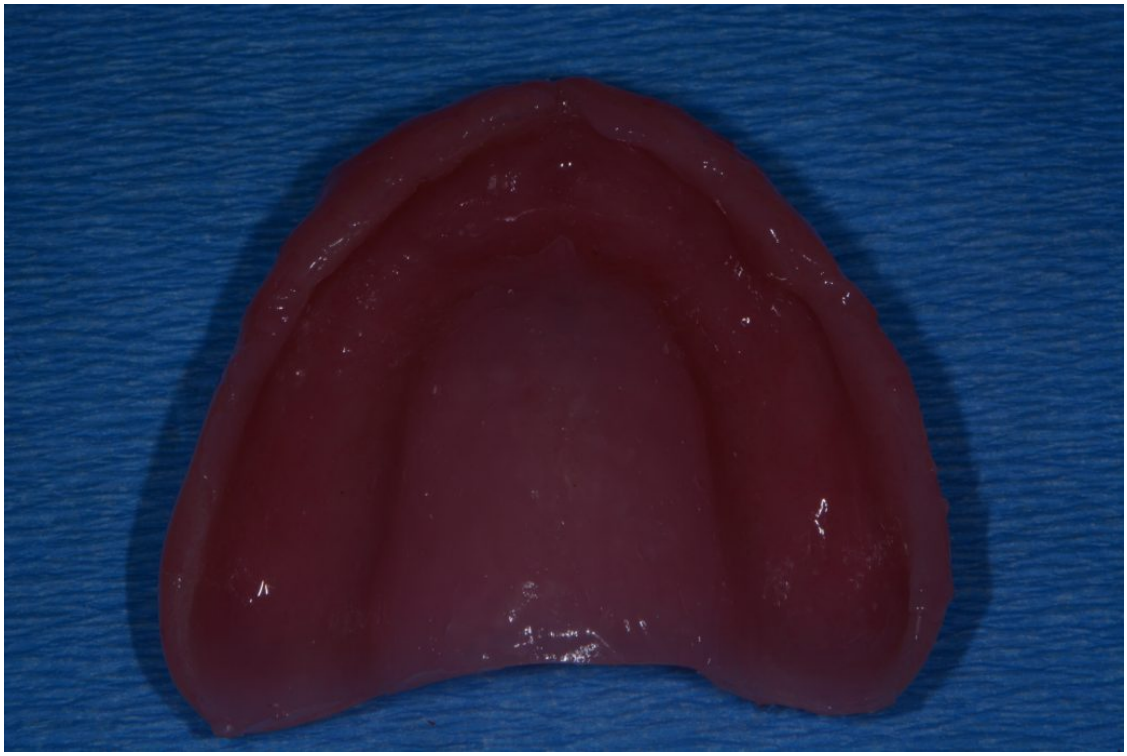


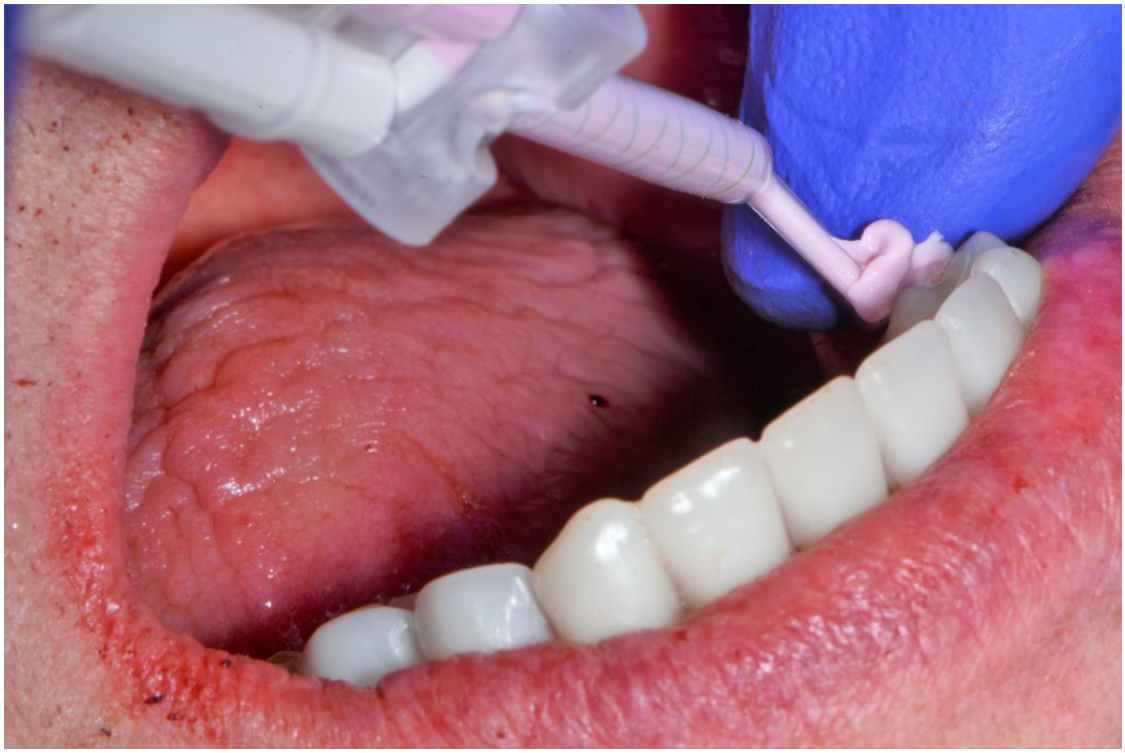




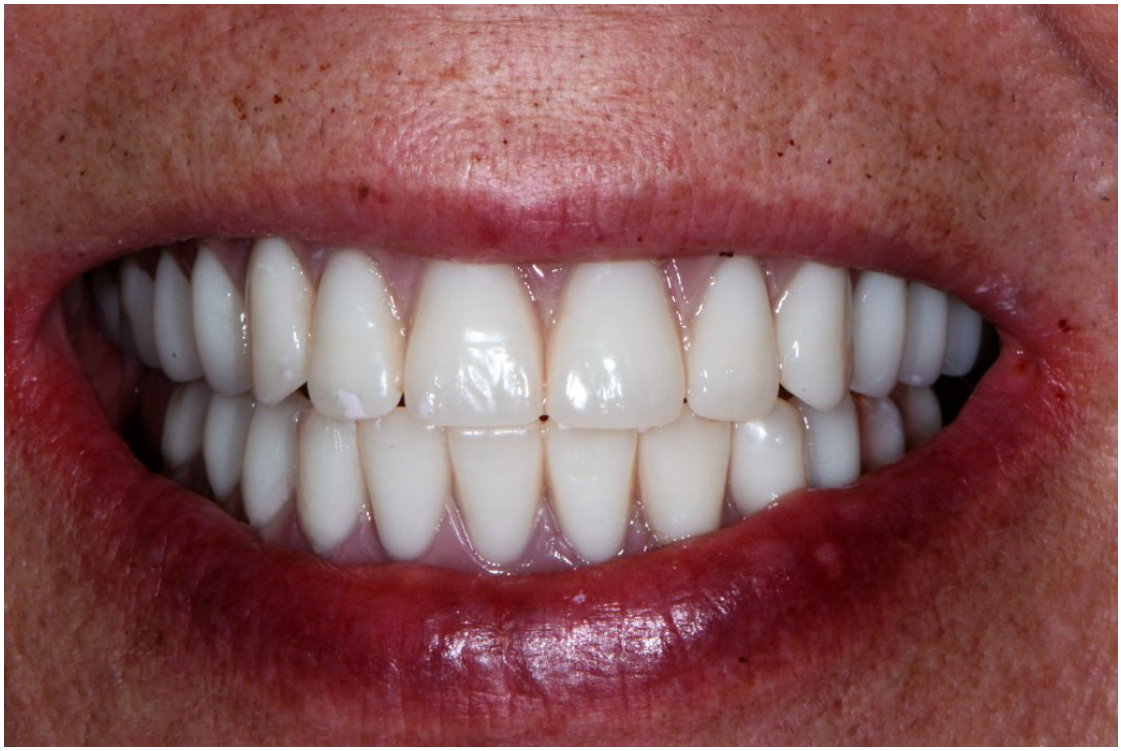


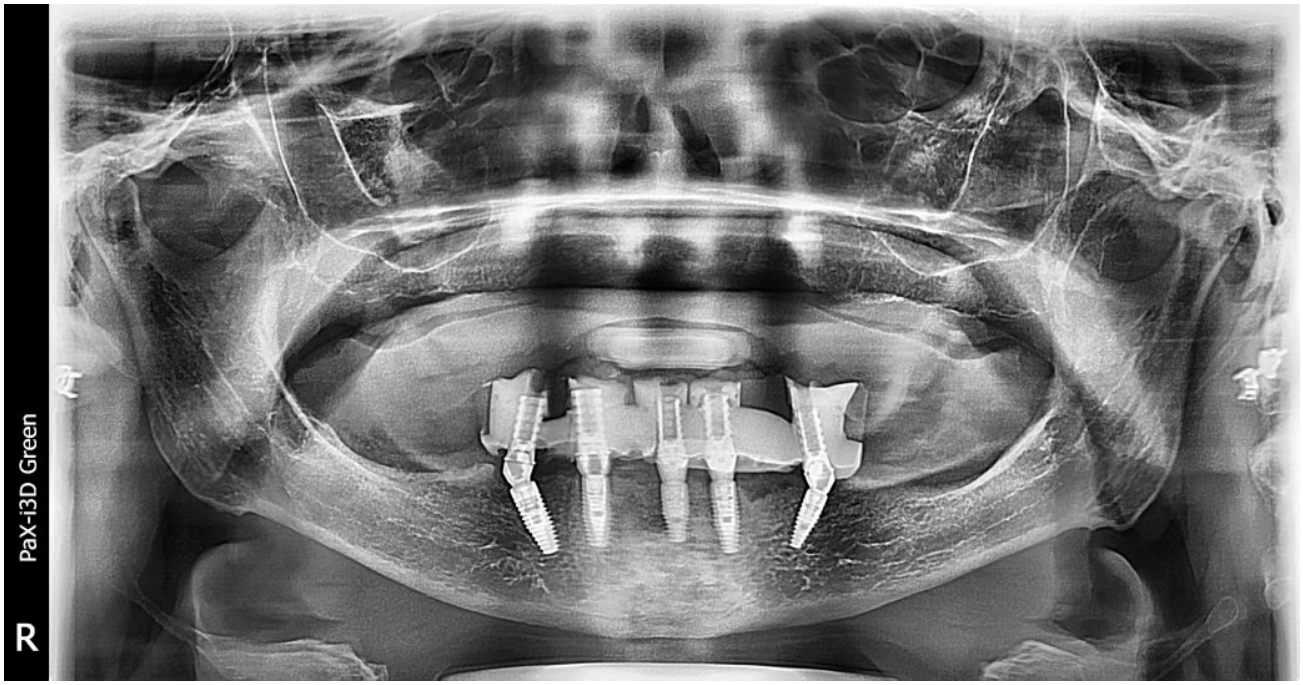
Upper denture was trimmed and finished with Mucopren and lower temp hybrid was placed. Access holes were protected with teflon tape, the yellow thicker kind, and impression material.





Final Smile until we can fabricate her final hybrid after healing.

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