

Fixed\Detachable Implant retained Prostheses

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RUBINOFF PROSTHODONTICS

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Everyone wants a "Fixed" Prosthesis so why bother with removable components?

This is a great question for an oral or written examination! In dental implant prosthodontics. Let's cover some of the key points and then explore their relevance in this blog.

- Proprioception: The removable portion of the fixed\detachable prosthesis makes contact with oral tissues. This helps to modulate bite force, and thus, masticatory function.
- Cleanse Ability: Many fixed implant prostheses are very hard to clean whereas fixed\detachable prosthesis may be maintained easier.
- 3) Ease of Repair: Most fixed\detachable prostheses can be altered, adjusted, or parts replaced in minutes simply by separating the fixed from the detachable section, often at chairside.
- Cost: A fixed\detachable prosthesis is usually about half the price of a fixed implant retained prosthesis.
- Simplicity: Locators or bars are easier to place and to restore than a fixed reconstruction. MAYBE!





CASE ONE:

Patient concerns:

- Costs: He wants an implant retained restoration but has financial limitations.
- Parafunction: He has been clinching his teeth for as long as he can remember. He always used to break the palatal connector on his old maxillary prosthesis.

Treatment Plan:

- Fabrication of surgical templante
- Surgical placement of 6 maxillary implants (Straumann Tissue Level)
- Fabrication of a maxillary fixed\detachable prosthesis using the Bredent System
- Fabrication of a lower removable partial denture -













Rubinoff Prosthodontics

About my Lab Technician:

Masoud Niknejad of Picasso Dental Studios is a Master Ceramist. He maintains his own laboratory in Richmond Hill, Ontario.



IMPORTANT TREATMENT STEPS

Case One: (Continued)

- Dentist must complete full wax try-in chairside before laboratory commences fabrication of bar and housing.
- Laboratory must utilize a buccal and occlusal putty matrix to ensure correct placement of bar and housing relative to the teeth.

POSSIBLE COMPLICATIONS:

- Stud snaps may require replacement
- Some patients develop hyperplastic tissue response to the bar due to pour oral hygiene care. (see enclosed photo).





Dr. Jim Hyland
President: Oravital Inc

TREATMENT REGIMEN: Available through www.oravital.com

Dr. Jim Hyland, President of Oravital Inc suggest the following treatment Protocol for hyperemic, hypertrophic tissues:

1st: Review medical history - cannot take patient off Warfarin

2nd: Modify toothbrush: cut at end to make a tuft for massage around the bar.

3rd: <u>Home mouth rinse</u>: Oravital's FM4 RINSE: Proprietary compound made up of Metronidazole, Nystatin, and Amoxicillin– rinsing three times per day for two weeks.

4th: Apply cream to tissues and inside denture: Oravital's CHX: apply the cream twice daily around bar and inside of denture for 2 weeks

5th: Apply Waterlase Laser: With or without anaesthetic to remove hyperplastic tissue

6th: Maintain with modified Tuft Brush and Superfloss

CASE TWO: Retreatment due to Parafunctional Forces:

Our patient is a 60 year old male with a long history of bruxism. He has been wearing a fixed\detachable Hader Bar with an implant over denture. The Hader Bar clips are frequently folding over and thus losing their retention. The mandibular anterior teeth have destroyed the palatal acrylic of the maxillary prosthesis twice. TIME FOR A REMAKE.















