

February 2, 2015



Dr. Morley S. Rubinoff,
Prosthodontist
Implant Dentistry

Suite 100, 2001 Sheppard
Avenue East
Toronto, Ontario, M2J 4Z7

Office: 416 499-1704
Cell: 416 838-1622
Fax: 416 751-1045

Email:
drmorleyrubinoff@bell.net
drmorleyrubinoff@gmail.com

Fellow: International Team for
Implantology (Canada Section)



Cowboys vs “Followers” Surgical Considerations

What’s an Implant “Cowboy”?

So are you a Cowboy or just a Follower. COWBOYS are Mavericks. They take chances. They shoot from the hip! They often go where no dentist has gone before! They take chances that initially appear as “blasphemous” but ultimately may become mainstream accepted treatment. They invented “Teeth in a Day”. “Teeth in an hour”. “All on Four”. “Immediate extraction followed by immediate placement and loading of implants”.

FOLLOWERS have leaders or gurus. They follow their gurus. They don’t stray from “accepted” ways. They follow doctrine and techniques developed for “conservative” dentists.



Are you an Evidence Based Cowboy? Many Cowboys believe that evidence based dentistry and supportive literature are the cornerstones of our profession. But sometimes, in some circumstances, these dentists believe that alternative treatment works! **Does that mean that I agree that “All on four” implant dentistry is preferable to the placement of six implants in an edentulous arch? No, I prefer more implants and a different design of the fixed or fixed/detachable prosthetics that follows surgery.**



“All on Four” Implants

Dr. Daniel Buser, Professor of Oral Surgery in Berne Switzerland and Immediate Past President of the International Team for Implantology (ITI) rarely recommends the placement of a dental implant directly into an extraction socket. He states that bone repair in sockets, remodeling of “Bundle Bone” will always result in loss of buccal plate following extractions so wait!

Sooo, if you decide to place an implant immediately into an extraction socket and restore immediately, are you doomed to failure? Are you a Cowboy???

Life in the “Trenches”

CASE ONE: Our patient has just undergone a full mouth reconstruction and sadly, attends the office with a tooth and its post in her hand. The remaining root is deemed “non restorable”. Treatment choices include the following:



In the real world, these patients don’t want to wait four months. They don’t want to wear a “Flipper Denture” or Essex Retainer”. They want a quick resolution to their problem. The following protocol for Immediate Placement and Loading has shown much success but it is definitely not the recommended way of treating this treatment scenario.

- ◆ **Conventional or Delayed Placement:** Extract root, no socket preservation, insert flipper denture and wait two to four months before placing the implant
- ◆ **Simultaneous Placement:** Extract root, immediate placement of dental implant and bone augmentation as required.

- Do not place implant in the middle of the socket. Off set the implant more to the lingual surface in order to have more space for new buccal bone.
- Consider “Flapless” surgery if the placement of flaps may result in soft tissue recession around adjacent crowns.



Flapless\Extraction\Place Implant



Custom zirconium post



Immediate place post and Temp Cn.



Lithium Disilicate ceramic crown

About my Ceramist:

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



FUTURE BLOGS:

- ◆ Cowboys vs “Followers”- Surgical Considerations
- ◆ Cowboys vs “Followers” - Prosthetic Considerations
- ◆ Occlusal Considerations in Restorative Dentistry
- ◆ The “hype” on fancy “gadgets” to check occlusion.
- ◆ Bikini Dentures vs functional stability in removable Prosthodontics
- ◆ Training Tissues in Implant Dentistry (Emergence Profile)

The Perils of “Thin\Scalloped” Gingiva -a Restorative Perspective

EDITOR'S NOTE:

Blogs are a great way to share information. We all know that there are many ways to complete treatment in dentistry.

Please do not hesitate to contact me if you have any questions with regards to concepts described in my blogs. Further, I am always happy to assist you with patient care concerns from your own office.

CASE TWO:

Our patient is a 57 year old female with a failing maxillary dentition. Upper teeth are mobile. This is a perfect candidate for “All on Four”. We can save our patient a lot of time and money using the technique described here. Are we doing our patient a favor by suggesting “All on Four” as the preferred treatment plan? “Inform before preform.” “If you build it, they will come.” You choose the cliché but this patient has options and we owe our patient full disclosure before treatment commences.



- Part one of treatment:**
- ◆ Extract all upper teeth
 - ◆ Fabricate upper temporary complete denture
 - ◆ Temporary acrylic lower anterior bridge

TREATMENT APPROACH:

If four implants are good, are eight great? Using our understanding of biomechanical forces and the availability of bone, we conclude that after a healing period of 2 months (following extraction), the best location for implants will be in the region of #14,15,16,17 and #24,25,26,27. As our patient remains comfortable with her temporary upper denture, she remained with out a fixed prosthesis until the final prosthetics was inserted. Her opposing dentition has been restored with natural tooth retained prosthetics using porcelain bonded to metal prosthetics.

PLEASE NOTE:

A slower treatment approach, using a denture as the interim prosthesis allowed us to assess the healing in the anterior region and avoid the fabrication of a pink labial flange .

