



A Welcomed Solution

Dental implant technology applied to denture situations is a welcome solution for the dentally handicapped patient and an exciting new area of expansion for the dental professional.

In 1952 a lucky accident in Professor Branemark's modest lab in Lund, Sweden, sparked the genesis of a new dental technology destined to dramatically affect the quality of life for today's 36 million denture wearers in the United States. Dr. Branemark discovered that his bone-anchored titanium microscopes had irreversibly bonded to the living bone tissue of his experiment. A few years later in 1965, "titanium roots" were experimentally implanted in an edentulous patient.

Today, after 40 years of continuous implant technology development and widespread implant use worldwide, the non-removable teeth attached to those first experimental titanium roots are still functioning perfectly.

A Simple Request

A few months ago a 64-year-old patient sat in my dental chair and made a simple request, "Can you fix my teeth so that I can chew normal foods again without pain?" He explained how each year a new tooth had been added to his partial denture



Fig. 1 Failing partial.



Fig. 2 Panorex of the before condition.

as the anchor teeth failed one by one. Upon examination I found that only four mobile teeth remained. The teeth were so badly torqued labially that the partial was seated on the resorbing edentulous ridge rather than the remaining anchor teeth.

My patient is not unique.

Bathroom sinks seem to wear more free-end partial dentures than mouths. This is usually because (1) the denture doesn't feel good, (2) the denture doesn't look good, or (3) the denture doesn't work like real teeth.

Traditional dentistry for tooth loss emphasizes non-surgical bridge procedures, which lead to repeated bridge breakdown, years of frustration, and ultimate full denture placement. However, modern implant technology is a long-term alternative that many patients will select to avoid problems associated with traditional bridges and partial dentures.

My Patient's Solution

My example patient simply wanted to be able to eat without pain. As we explored his current situation and needs, I presented an option which has worked well in my practice as a long term solution: the Ankylos® implant retained SynCone® lower full denture. As I reviewed the benefits, the procedures, and the costs, he was happy to move ahead with my recommendation.

The Ankylos product looks and functions like natural teeth in a restoration system that provides excellent function, aesthetics, and shortened treatment time. Other implant systems require laboratory-fabricated superstructures, which cause problematic



Fig. 3 Panorex after treatment.



Fig. 4 Final result of the implant-supported denture.



delays between implantation and the subsequent restorative fitting. The Ankylos "immediate loading" technology provides: (1) three-dimensional immobilization of the restoration, (2) defined release force, (3) flexibility of design, and (4) good access for oral hygiene.

The Result

A month later my very satisfied patient called me to relate an experience he'd had that day:

"I was eating lunch with a co-worker and when I started chewing raw carrots he stopped me and asked how I was able to do that with a denture. I explained my denture is anchored to the jaw bone with implants so strong I feel like I can eat anything. I told him to call my dentist and find out how he can enjoy these same benefits."

Today millions of people can fully enjoy the benefits of Professor Branemark's 1952 landmark discovery. Dental implant technology has been proven with countless applications that allow people to have full dental quality of life. Fully embracing dental implant technology in your own practice will create many benefits for your patients. ■

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Top 10 Reasons a Dentist Should Place Implants to Attach a SynCone Denture

- 10 Finally, you won't be just another "hader clip Doctor" replacing the conventional sleeves constantly.
- 9 Bone loss associated with traditional dentures will stop. Research shows that implants anchored in the bone provide the stimulation to keep the bone density normal.
- 8 There is no extra hardware or bars for the patient to clean around or to annoyingly rub against their tongue.
- 7 Your patients will notice the immediate comfort and feel associated with real teeth.
- 6 Lower lab costs are extended to both the patient and the doctor.
- 5 You will notice significant time savings, both for you and the patient.
- 4 You will have greater satisfaction with the challenge of performing the latest procedures in the dental field.
- 3 Your practice will increase its bottom line as you perform high end procedures.
- 2 Satisfied patients will become your best referral source for new patients.
- 1 Your patients will enjoy eating, smiling, and talking with new confidence.

Treatment Sequence for Installing Implant-retained Lower Full Denture

1. Treatment records were taken
 - a. Study models
 - b. X-rays
 - c. Bite registration
 - d. Photographs
2. Immediate Denture fabrication
 - a. Impression and fabrication of custom tray
 - b. Wax rim
 - c. Teeth try in
 - d. Final processing
3. Surgical treatment
 - a. Extract remaining teeth
 - b. Sterilize socket with Deka CO₂ laser
 - c. Try in finished immediate denture
 - d. Incision along crest of ridge with Deka CO₂ laser and reflect tissue
 - e. Smooth edentulous ridge to reduce vertical height and increase the buccal-lingual width
 - f. Place 4 implants between the mental foraminae as parallel as possible.
 - g. Place bone grafting material around implants if needed
 - h. Suture
 - i. Place SynCone abutments onto implants (parallism of implants will help determine the angulation of conical heads desired).
 - j. Hollow out the denture to receive SynCone cap (female abutment) and still maintain the same fit of denture as above in step 3c.
 - k. Place SynCone curing sleeve over abutment to prevent acrylic from locking into undercuts.
 - l. Add cold cure acrylic and seat denture.
 - m. Remove denture and trim away any excess acrylic and add to any voids.
 - n. Patient sent home to enjoy his first real meal.