

“Hey Doc, my teeth have been missing for a while. Do I still have enough bone for dental implant?”

(Bone grafting for dental implant, Part 2)”

In last month's article, I mentioned that some patients who have been missing teeth for a while may not have enough bone for dental implants due to bone shrinkage. Therefore, a bone graft may be required for those patients in order to rebuild the lost bone prior to dental implant placement.

There are several types of bone graft material that can be used to rebuild the jaw bone:

-Autograft: bone from the patient's own body, usually taken from the chin or from the back of upper or lower jaw near the wisdom teeth. If substantial amount of bone is needed, the surgeon can harvest the bone from the patient's hip, shin, rib, skull, etc.

-Allograft: bone from a genetically similar organism. Human cadaver bone from the bone bank falls in this category.

-Xenograft: bone from a genetically dissimilar organism. Bovine (cow) bone is a typical example of xenograft.

-Synthetic bone graft: man-made synthetic biocompatible material. Hydroxyapatite or tricalcium phosphate are examples of synthetic bone graft material.

-Growth factors: they are produced using DNA technology. They consist of either human growth factors or bone morphogenic protein-2 (BMP-2). They stimulate certain body cells to turn into bone. They can be used alone, such as BMP-2, or in conjunction with other bone graft material, to grow bone.

Generally speaking, it takes about 6 to 9 months for a bone graft to mature. The amount of time for the graft to heal depends on the type of grafting material used, the size of the bone defect, etc. The best time to place the implant is when the bone graft has become solid where there is sufficient healing but before it starts to shrink or resorb.

The success rate for bone grafting in the jaws is quite high. However, there is always the possibility that the bone graft can fail, even with using the patient's own bone. Certain medical conditions, such as diabetes, increase the risk of bone graft failure. Smoking compromises healing and can lead to higher failure rate. If the bone graft fails, it can be removed and a second graft can be placed in most situations.

I shall continue my discussion on bone grafting in next month's article.



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