

Patient Assessment

IMPLANTOLOGY YEAR COURSE
Module 2

STUART ELLIS BDS MFGDP(UK) DPDS MSc
Course Director
Cavendish House Implant Centre
Cambridge

- Local
- General


Local Considerations

- Bone
- Available space
- Periodontal Health
- Remaining teeth
- Oral Hygiene
- Parafunctional activities

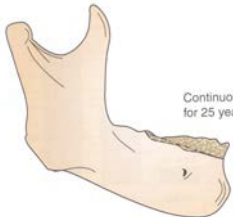
Bone

- 1.Quantity
- 2.Quality

Bone Quantity

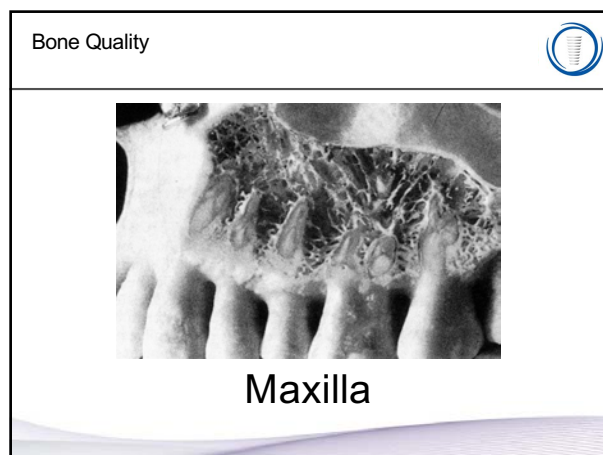
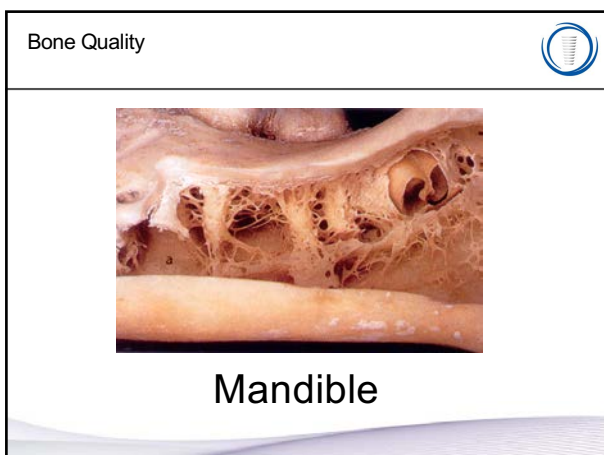
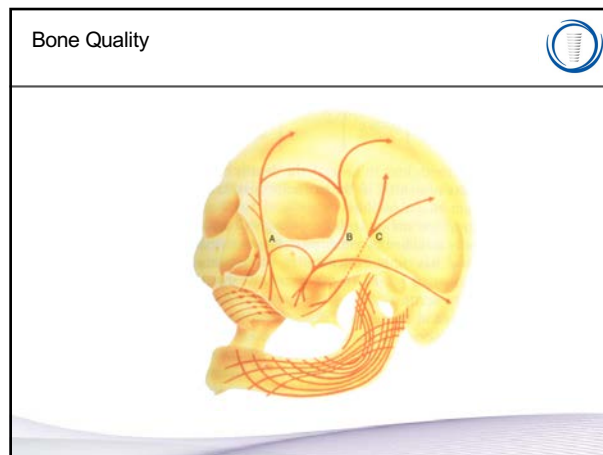
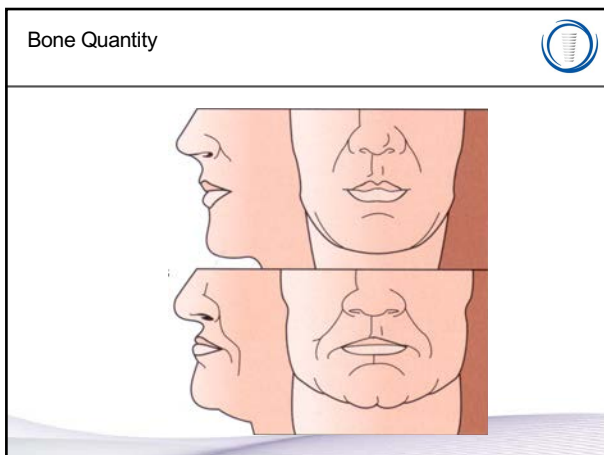
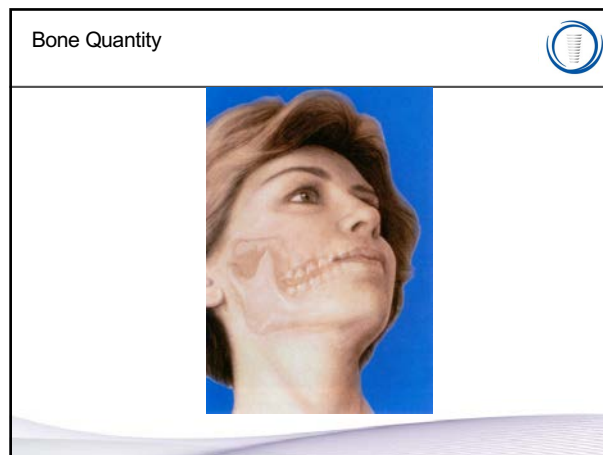
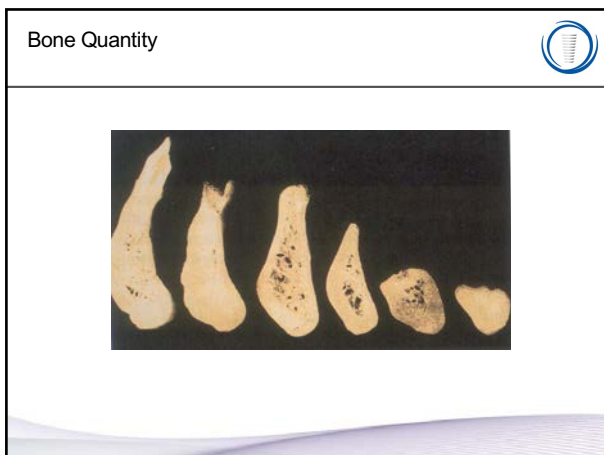


Bone Quantity



Continuous loss for 25 years

4mm average height loss in first year



Bone Quality

D1 D2 D3 D4

D1 BONE

- Poor blood supply
- Difficult to drill through
- Like drilling through oak
- Overheating during drilling
- Necrosis from heat

D2 BONE

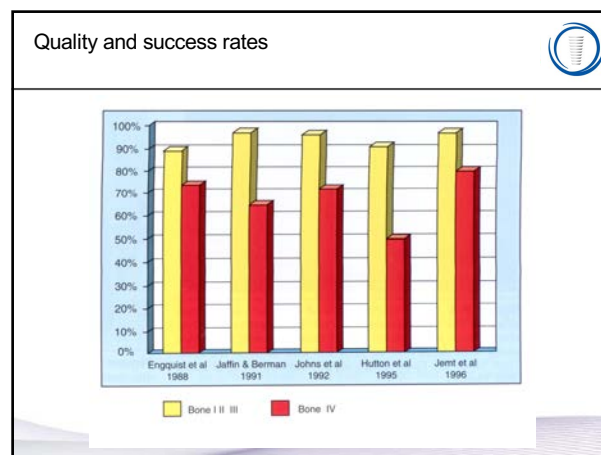
75%
'Pine'

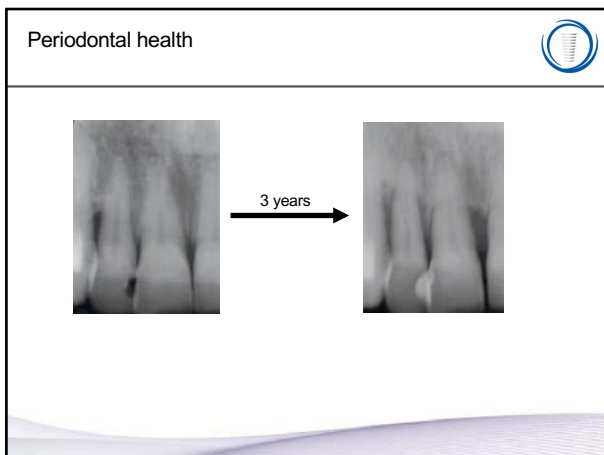
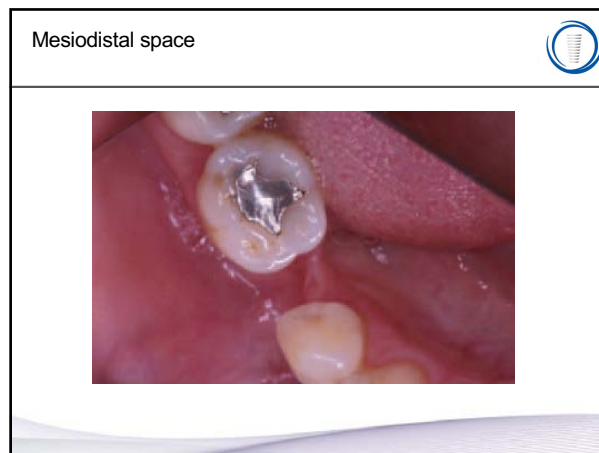
D3 BONE

60%
'Balsa'

D4 BONE

<30%
'Styrofoam'





Periodontal health

Attaining an accurate prognosis of periodontally involved teeth is problematic

Periodontal health

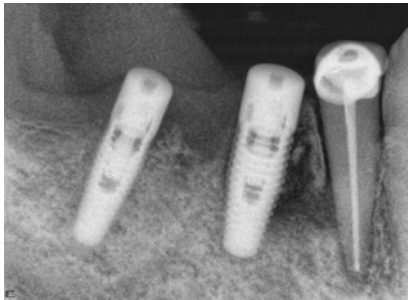
McGuire M K, Nunn M E. Prognosis versus actual outcome. III. The effectiveness of clinical parameters in accurately predicting tooth survival. *J Periodontol* 1996; 67: 66-74.

- 100 patients with 2,509 teeth under maintenance care for up to 15 years
- There was great variability in survival time for teeth lost
- Teeth lost with an initial prognosis of good had a survival range of four months to 12 years.
- Initial prognosis did not adequately predict tooth survival
- *'projections were no more predictable than a coin toss'*


Periodontal health

BOP still represents the most reliable clinical predictor for disease 'activity' during periodontal maintenance BUT NOT NECESSARILY FUTURE PROGNOSIS

Remaining teeth



Oral Hygiene



Parafunctional activity

Human mastication can produce biting forces of up to 2200N in normal patients

Parafunctional activity

BRUXISM

- Horizontal, non functional grinding of teeth
- Like weightlifters exercised muscles increase in strength
- Average maximum bite force approx 500N
- Bruxism average maximum bite force may be DOUBLE
- Severe bruxists have been recorded with maximum bite forces of > 4000N

Parafunctional activity

CLENCHING


CONSTANT OCCLUSAL FORCE WITHOUT LATERAL MOVEMENT

- Clenching position does not always correspond to CO
- Jaw may be positioned in any direction before the static load
- Often exists in combination with bruxism
- Occlusal wear less obvious or even absent compared to bruxism
- Tongue scalloping often seen (vacuum created in mouth)

Parafunctional activity

COMPLICATIONS

- Abutment screw loosening
- Crown cement failure
- Material fractures (porcelain etc)
- Crestal bone loss





Marketing

It all starts here.....

Necessary Evil

A collage of four images: a cartoon bank sign with a tooth, a person at a computer, a stack of papers, and a house on a mortgage document.

Gurus

A man in a black shirt is working behind a counter in a coffee shop, with a "BAR RANCHO" sign visible.

- Pulled down all his signs
- Locked his front door
- Sawed up his reception desk
- Bought a Cappuccino machine instead!
- Fired half his patients
- Took his name out of the telephone book

Yet now...

- Works just 23 hours per week
- Takes home 2.5x more money
- Loves going to work and is really happy!

Gurus


A collage of images including a book titled "MONITORING YOUR CUSTOMER SKUES FORCE", a stack of blue banknotes, and another book titled "ADD!".

Gurus

A collage of images including a book titled "Dentist Profit Systems" with a quote: "The Internet's #1 Site For Dentists Who Want to Attract Patients Who Pay, Stay and Refer!", a circular logo for "MILLION-DOLLAR PRACTICE", and a book titled "MILLION-DOLLAR PRACTICE" by DUANE A. SCHMIDT, DMD.

Top Tip 




Our experiences




~~Marketing~~
Communication

Our experiences 

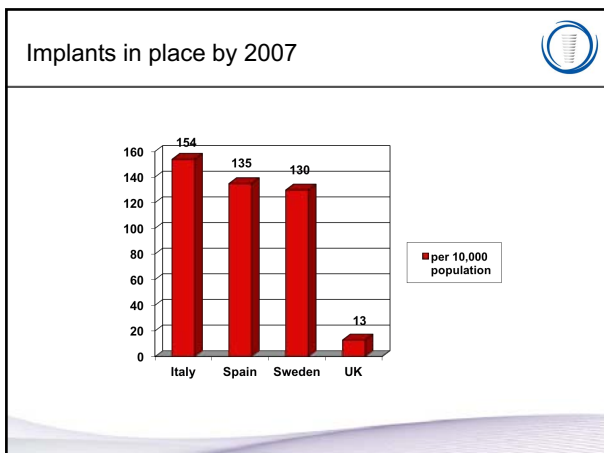
Our own fears:

- No demand
- Implants are too expensive for my patients
- Patients prefer cheaper options
- I'm no good at 'selling'

DEMAND 

No demand???

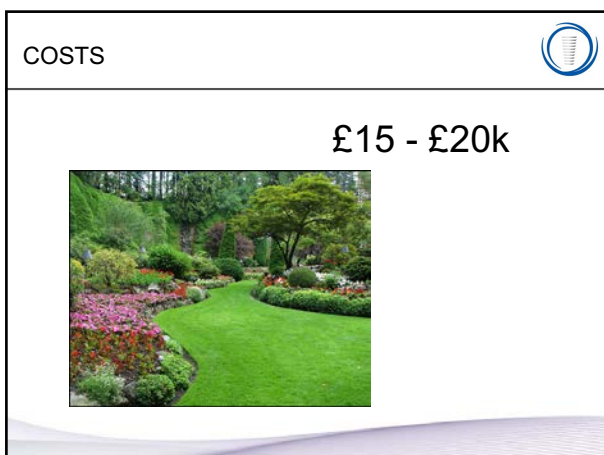
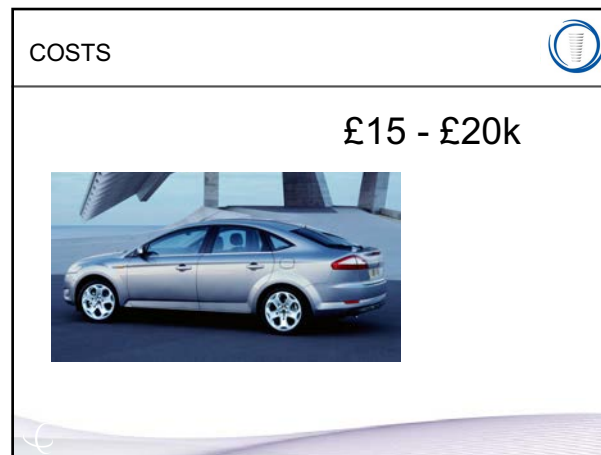
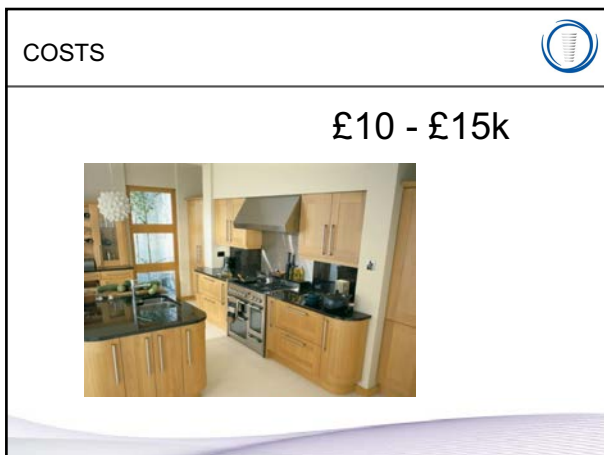
- 2007 Nobel Biocare's income was €1050m
- Market share 37%
- Pre-tax profit on this was €340m
- Growing at over 15% per year
- European growth prediction - >20% annually
- UK implant penetration very low – untapped market



COSTS

Average TOTAL costs:

- £2,500 single implant
- £6,000 3 unit bridge on 2 implants
- £15,000 'All-On-4™'
- £20,000 full arch porcelain bridge



COSTS

Do patients prefer the cheapest options?

- Cheapest cars?
- Cheapest clothes?
- Cheapest shoes?
- Cheapest food?
- Cheapest houses?

COSTS

COSTS

Never pre-judge a patients ability or willingness to pay

- Their choice – not ours
- Many have cash sums put away
- Cheap does not always been best value
- Perceived value

COSTS

COSTS

Communication rules

- Inform EVERY patient
- Impartiality of advice
- Use simple layman's language
- Never use 'spin-speak' – talk plainly
- Talk in third person 'Dentists consider.....'
- If asked give an unbiased opinion on clinical requirements
- Use images


COSTS

BDA – Pictures for Patients


PROTOCOL

Discuss implants with:-

- EVERY patient due to have an extraction
- EVERY patient who has recently (within last 12 months) lost a tooth
- EVERY patient wearing dentures


PATIENT DUE TO LOSE TOOTH 


I will explain your options for the space left after you have lost this tooth....

PATIENT DUE TO LOSE TOOTH 

Dentures


- Show PFP photos



PATIENT DUE TO LOSE TOOTH 

Bridges


Advantages – quick solution, cost is between RPD & implants



PATIENT DUE TO LOSE TOOTH 

Leave

- Eating difficulties
- Speech alteration
- Tilting adjacent teeth
- Over eruption opposing teeth
- Bone loss

PATIENT DUE TO LOSE TOOTH 

Implants

- Show PFP photos -
- Disadvantages – most costly option, number of appointments & average 4-6 month wait for adequate integration before loading
- Advantages – 'Gold Standard'. Excellent survivability rates (about 96% at 5 years). Most like a real tooth. Comfort. No damage to neighbouring teeth. No visible metal clasps.



CAMBRIDGE ACADEMY OF DENTAL IMPLANTOLOGY