
What to Expect from Restorative Treatment

Periodontal Evaluation and Why Referral

Crown lengthening procedures for teeth. This procedure is done to expose your teeth, in order to accommodate restorations to properly portray your dental features. Refer you to a periodontist to evaluate the health of gums and the bone around the teeth. If you are under the treatment of a periodontist, please follow the recommendations that have made for you regarding your periodontal status. To obtain an opinion regarding your periodontal status. This will enable us to assess the health of your supporting structures around the teeth (bone and gums).

Occlusal Treatment

An occlusal bite splint may be fabricated for you either prior to treatment, during treatment or after treatment. If this is necessary, it is used to diagnose any irregularities in jaw muscle function and will provide us with proper jaw position in relationship of the teeth.

Endodontic Evaluation

In some reconstructive procedures, when large restorations exist or excessive reduction is required, the nerves may be unduly irritated. At this time, root canal treatment may be required on these teeth. When root canal treatment is performed, either a pre-fabricated or cast-post and core is required to reinforce the root and coronal structures of the teeth.

Surgical Evaluation

When a tooth is traumatized or fractured

The ideal treatment is to remove it and replace it with an implant at the same time; if the bone surrounding the tooth is still intact. Depending on the stability achieved with the implant, a provisional tooth may be fabricated; otherwise, a transitional removable appliance will be necessary (this is only for aesthetic purposes). If the bone surrounding the tooth being removed is not intact, an implant will not be inserted and bone-grafting procedures will be necessary. The existing bone will determine whether artificial or your own bone will be required. This may or may not be done at the time of the initial surgery. This is reviewed with you during consultation and if you have any further questions, please do not hesitate to call to set up an appointment to review this again.

Implants can then be inserted into the edentulous areas and a provisional prosthesis may be fabricated. This depends on the stability of the implant in the bone. Surgical outcomes of extractions and implant placement were reviewed, if you have any further questions, please contact me. Please see other surgery information Referral for pre-prosthetic evaluation regarding the existing excessive tissue on the edentulous ridges of the upper and lower segments. Referral for an orthognathic evaluation regarding the existing malocclusion (discrepancy between the upper and lower jaws). Referral for an evaluation regarding the extraction of the questionable teeth. Referral for an evaluation regarding bone-grafting procedures for edentulous segments.

Surgical outcomes of extractions and implant placement see “about to lose your teeth and have implants placed. If you have any further questions, please contact me.

When dental implants are recommended

I would recommend the insertion of a dental implant into the edentulous area. After the required time of integration (bone growing to the implant), we would then fabricate a crown onto this implant. These implants may be placed either in a two-phase surgical procedure, or a one-stage procedure. Depending on the bone and how the tissues appear at the time of surgery, the decision will be made. If I can place them in one surgery procedure, then this will save you a secondary anesthetic and surgery; thus expediting the procedure and decreasing the number of appointments for you. It is my experience that I also find this will again, depending on the surrounding tissues, enhance esthetic results for the final restoration.

In a normal situation, the integration of the implants for the lower jaw is approximately three to four months, and in the upper jaw, six to eight months. The restorative phase takes approximately, depending on the extent of it, anywhere from six to twelve weeks. If the tooth has been lost for some time due to an accident or infection; the bone may be lost due to a normal shrinking process.

When Bone Augmentation is recommended

In order to optimize the best results, you may have several options, which will be discussed with you during our consultation.

The following are the options that are available:

Autogenous Bone

Autogenous bone is considered by many to be the “gold standard” graft material. Autogenous bone is taking bone from another part of the body and transferred into the necessary site. Most often this is a hospital procedure where bone is taken from the iliac crest (front of hip). If a small amount of bone is required, sometimes this is taken from additional parts of a non-surgical site. (For example, chin or tuberosity) With any major surgical procedures, there may be possible complications such as: discomfort and swelling, and concern for further resorption of this newly augmented bone while waiting maturity.

Allograft

In our practice we use demineralized freeze-dried bone allograft supplied through HEALTH CANADA approved dealers. Historically, allografts have been used to overcome the limited supply of autogenous (one's own) bone. Donor bone has been properly screened, processed by a series of cleaning or sterilization procedures, and then lyophilized and has been shown to effectively produce a graft that is safe and sterile.

Demineralized free-dried bone is purchased through this service, and is applied into the areas that are required for grafting. By using allograft material, a second surgical site where donor bone is taken is not necessary. In addition to demineralized freeze-dried bone, membrane may also be used as a soft tissue graft or as a membrane barrier during bone regeneration.

Xenografts (Natural hydroxyl appetite (bovine bone)

This is genetically engineered natural bovine substance which is used in the augmentation process similar to the demineralized freeze-dried bone in small areas.

Synthetic Bone

Although research and development is being done in this field, our practice at this time does not utilize any synthetic alternative.

Blood Related Products

Use of one's own blood to extract the growth factors are becoming the norm in dental practices. Please understand that the amount of bone regenerated is a result of your body response. There is no guarantee and this step may be required to be done several times to generate bone depending on your expectations.

Orthodontic Evaluation

Simple and for Restorative Purposes

I am recommending orthodontic tooth movement to better realigning your mal-position teeth in order to facilitate restoring them to a more ideal functional manner.

Complex Conditions

Referral for an evaluation regarding the correction of the existing malocclusion.

Restorative Dentistry

Veneer Preparations

The fabrication of veneers is recommended as a conservative approach for esthetic correction. The veneers, similar to crowns, are used to replace lost or discoloured tooth tissue; however, unlike crowns, the reduction of tooth tissue is very minimal. The day veneer preparations are undertaken, the necessary impressions and jaw records are taken and the patient goes home with temporary veneer replacements. These are only temporary, the colour and fit are never proper, do not be alarmed. They do not resemble the permanent restorations. At your next appointment, your new veneers are revealed and bonded only if they meet with both of our expectations; otherwise, they will be redone. The purpose of veneers is to improve the existing conditions; I want to meet those requirements and at times we may need to remake them to alter shades. If this does occur, you will be wearing the temporary teeth until the next appointment.

Please note, like all dental procedures, even with the slightest tooth structure removal, you may experience tooth sensitivity. This usually goes away; however, there is always the remote possibility of it being permanent and this would require the nerve of the tooth to undergo removal. In addition, these veneers are bonded to tooth structure. The bonding is very strong and should give you many years of service. However, the veneers are like diamonds; if hit or traumatized in the wrong way, they may fracture or come off. Depending on the situation, they can be re-bonded or remade. Since this is a cosmetic procedure, no guarantees can be made. But, be reassured, I have veneers in patients' mouths that have been functioning for over 25 years and with proper use, they are a very viable treatment option.