

QUARTERLY MAGAZINE FOR PATIENTS

Practice News

NOVEMBER 2015

THE STANDARD

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The
Campbell
Clinic

The Campbell Clinic

Welcome to the second edition of ‘Practice News’

In this edition you will find a case study of a treatment plan carried out by Andrew Legg, one of the Implant Surgeons at the practice. If you are missing all of the teeth in one of your jaws, or both jaws we have multiple options available. We have a ‘Full Arch Options’ brochure available to explain the options and if you would like a copy please don’t hesitate to contact our friendly reception team and they will happily send one out to you.

In our ‘Who we work with’ section I talk about Geistlich Bio Materials who provide the material we use for bones grafts. We like to be transparent about the materials we use and feel we use the highest quality materials available. If you have any questions about any of the materials we use please feel free to ask!

We also introduce you to David Cohen. David is the clinician you would see if you needed a root filling at the practice and has years of experience in this specialty.

I really hope you find this edition of ‘Practice News’ useful and if there is anything particular you would like to see in the next edition please let us know.

Best Wishes

Colin



Full Arch Implant Bridge

This patient was referred to The Campbell Clinic for functional and cosmetic improvements to her upper teeth. She was a retired teacher who had worn her dentures for a significant number of years but was keen to dispense of the denture and improve the look of her unsightly front teeth.

She presented with eight remaining upper teeth of poor prognosis supplemented by an upper removable partial denture. In the lower jaw the remaining front teeth were sound with a lower left molar that had a poor prognosis.

Our consultation focused around

(Figures 1 – 4 – pre op pictures)

the options available to her including possible treatment, cosmetic improvement of her existing teeth and possible fixed replacement of the back teeth. My only other concern was the significant bone loss related to the patient's front teeth due to previous gum disease. As such the discussion then moved onto possible removal of these teeth and a full upper arch reconstruction.

After three lengthy consultations and further discussions we both agreed that full arch reconstruction in the upper jaw was the best long-term solution for her problem. At this point the diagnosis and planning were confirmed using cone beam CT investigation, further clinical examination, study

models and a mock up of the finished restoration.

Options available for full arch upper reconstruction include:

1. A full upper denture
2. A full upper implant retained denture (e.g. on 'press stud' type attachments)
3. A full upper implant supported denture (e.g. Milled Titanium bar and attachments with a horseshoe shaped chrome denture)
4. A full arch fixed bridge

An important point to consider in cases like this is the patient's smile line, which obviously dictates how much tooth the patient shows. This will determine whether it is possible to hide the transition between whatever prosthesis we place and the dental implants themselves particularly if we are choosing a fixed bridge.

Once the patient was fully consented and happy with the approach we were going to adopt she was booked in for removal of her remaining upper teeth, placement of dental implants in the upper jaw and an immediate full arched fixed temporary bridge on the same day.



Figures 5 & 6 show the patient with her new immediate provisional bridge in place.

Figure 7 shows the design of the final bridge using in this case

At this point an impression of the implants is taken and then transferred to the laboratory for production of an upper temporary bridge. Approximately two hours later the bridge is fitted and the patient can walk away with her new smile.

She was obviously delighted with the aesthetic improvement. This was then left for four – six months before the final, permanent bridge was produced.. In the meantime the patient wears the temporary prosthesis and in the first few weeks is advised to eat only a soft diet reducing the pressure placed onto the implants. After four – six months further impressions are taken, once the gums have settled and the final bridge construction can begin.

The final post-operative pictures (Figures 8 & 9) show the final results which the patient was absolutely delighted with. You will notice that there has been no reconstruction on the lower jaw as such but due to bone restrictions there is plan for two individual implants on the lower jaw to be placed, which will retain a lower chrome denture. This will give the patient further posterior support to improve function and aesthetics.

If anyone has any questions regarding the provision of full arch immediate implants or full arch implant reconstruction please contact the practice team on the email address below.

info@campbell-clinic.co.uk

“She was obviously delighted with the aesthetic improvement.”

Wishing you all a very Happy Christmas...



Yes, we know it's early but this is our last newsletter to you before the festive season arrives!

We would like to take this opportunity to thank you for all of your support this year. We know you have a choice about where you go for your dental treatment and we are so happy that you choose us!

If you ever have any comments on the service we provide or suggestions to make it better please just get in touch and let us know.

Wishing you a very Merry Christmas and a Happy New Year!

From all the team at:



Our festive opening times are below:

Monday 21st – Wednesday 23rd December:
Normal Opening Hours

Christmas Eve:
9am-1pm

Christmas Day:
Closed

Monday 28th – Wednesday 30th December:
Normal Opening Hours

New Years Eve:
9am-1pm

New Years Day:
Closed

Monday 4th January:
Normal Opening Hours

Who we work with Part 1: Geistlich



In the last edition of our 'Practice News' I explained how I have had a relationship with the Straumann Dental Implant System since 1998 and during the very early stages of that relationship they introduced me to Geistlich and the concept of Guided Bone Regeneration (Bone Grafts) in implant dentistry.

Bone and tissue regeneration in implant dentistry was in its very early stages in 1998 and has developed massively over the past sixteen years with Geistlich at the forefront of providing exceptional, quality products which are seen as the industry standard throughout the world.

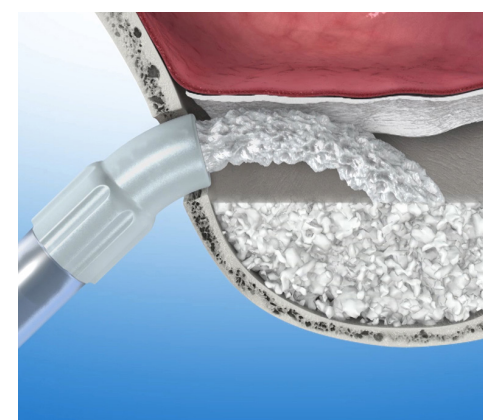
Geistlich are a family owned, Swiss company who have developed in parallel with the implant companies to provide bio materials of the highest standard and reputation. Geistlich products, including Bio-Oss; the bovine bone products and Bio-Gide; the porcine resorbable membrane, are some of the most researched dental materials in the world and over the years Geistlich have been absolutely committed to an evidence based

approach to the development and distribution of their products.

It has been a privilege to be involved with Geistlich, both in education but also recently in a prospective study that we have undertaken at the practice to demonstrate the effects of bone graft procedures in aesthetic implant cases. Our work with Geistlich is again a demonstration of our commitment and loyalty to our suppliers who we endeavour to work with over a long period of time to develop productive relationships that are beneficial to our referring dentists and patients.

If you would like any more information about Geistlich Bio Materials then I would be happy to discuss this with you and to explain why we have used them for such a long time.

Geistlich
Biomaterials



David Cohen

Job Title:
Specialist in Endodontics

My responsibility is to undertake the root canal treatments that are requested by referring dentists.

I have been a dentist for over 40 years, and in Specialist Practice for the last 30.

I still enjoy working with patients and staff and what gives me the greatest buzz is getting patients out of pain.

I have been at the practice for over two years and work there the first and third Mondays and Tuesdays of each month.



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