

A BUYER'S GUIDE

# Implant Dentures:

Your guide to details of  
treatments, costs, and options.



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# The answers you've been looking for...

Perhaps you are considering implant dentures but do not really know where to begin. Or maybe you have done some research or had a consultation with your dentist and feel overwhelmed with the cost and the options available. If you've turned to the internet for answers, you have probably found out that it can be difficult to separate the useful information from all the marketing out there.

Seeking treatment for implant dentures can often be anxiety-provoking and even a bit scary as well as exciting. Not only does this involve a significant investment of your time and money, but you will have to choose a provider to care for you throughout the entire journey.

The purpose of this guide is to help clarify all patient-related aspects of implant dentures. It contains information about the most common types of treatments, the procedures and costs involved, and the associated risks and complications. Our goal is to help you, the patient, become well-informed about your treatment options so that you can make treatment decisions you can be happy with for years to come.

# Common complaints

Let's first look at some common complaints about regular dentures:

- "They move around when I eat."
- "It hurts when I bite."
- "They make my gums sore."
- "They make me 'feel' old."
- "The bottom dentures move around all the time."
- "I hate how denture adhesive sticks to my gums."
- "I hate the palate. They make me gag."



# Patient related factors

Implant Dentures can help resolve these issues. But not all implant denture treatments are equal. Each type has its advantages and disadvantages. Also, one type may be recommended over another depending on several patient related factors such as:

- Amount of bone available
- Lip support needed
- Grinding habits
- Cosmetic preferences
- Preference for removable vs. permanent



# What are Implant Dentures?

An Implant Denture is a prosthetic appliance that replaces an entire arch of missing teeth and utilizes implants for retention and support. Retention determines how well the dentures will stay in and keep from "popping loose." Support is a measure of how well the dentures resist biting forces - the better the support, the better biting force you will have and the less push down on your gums.

Regular dentures rely on your gums and jawbone for retention and support. Even in the ideal "denture candidate," retention and support are dramatically less than if implants were to be used. This is especially true for the lower jaw. Dentures in the lower jaw can often be problematic as they move around. Several patients report that the lower dentures never seem to feel "quite right." By using implants, the prosthesis can be anchored securely to greatly improve the patient's ability to eat, speak, and laugh freely without fear that their dentures will come loose.

# Overdentures and Fixed Dentures

There are two basic types of implant dentures: Overdentures and Fixed Dentures.

**OVERDENTURES** are just like regular dentures that “snap-in” to implants. They are removable by the patient. They are made of acrylic and still have the regular extensions and borders like regular dentures. This means they still cover your palate and may still apply pressure to the gums. With some designs these extensions can be minimized. (See Next Section: The Bar Overdenture)



**FIXED DENTURES** are different because they are directly screwed onto the implants and not removable by the patient. They have a slim profile and do not cover the gums. They can be made of a variety of materials depending on individual patient factors and preferences. These are also commonly called “Permanent Dentures”, “Fixed Bridges”, or “All-on-Four”.



# The 2-Implant Overdenture

In this option, two implants are placed in the anterior region of the lower jaw. After a 3 month healing period, your regular denture is made to “snap-in” to the implants. This treatment offers better retention of the denture. However it does not offer better biting force or relief from sore gums. The denture still relies on covering a large surface area of your gums for support.



This type of treatment is only done for the lower jaw.

## ADVANTAGES

- Most affordable implant denture option
- Greatly improved retention from regular dentures
- Tend to experience less fractures, wear, and repairs over time compared with other options
- Can provide additional lip support





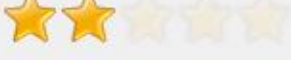

## DISADVANTAGES

- Bite strength might not feel very different compared to a regular denture
- Will still move up and down when eating



# The 2-Implant Overdenture

## Performance

Retention	
Stability	
Bite force	
Esthetics	
Natural "feel"	
Maintenance & Repair	

## Cost

Dental Implants x2	\$2,800
Implant-Denture Connector x2	\$1,200
Denture (lower)	\$2,000*
Total Cost**	\$6,000

\*This is the price if you are having new lower dentures also. If you have dentures that are in good condition, it is possible to utilize them as your implant dentures.

\*\*Cost based on 2014 prices at Millenium Dental in California. Treatment may vary by location and by several factors including patient-specific oral conditions.

# The 4-Implant Overdenture

This option is essentially the same as the 2-implant overdenture except that there are more implants involved. The denture “snaps-in” and is removable by the patient. Although the function of the implant is mainly to retain the denture (keep it from falling out) there is a little bit of extra bite-force gained from the additional implants. The denture still relies on covering a large surface area of your gums for support.

This type of treatment is available for the upper and lower jaws.



## ADVANTAGES







- Greatly improved retention from regular dentures
- Tend to experience less fractures, wear, and repairs over time compared with other options
- Can provide additional lip support

## DISADVANTAGES

- Requires palatal coverage
- Bite strength might not feel very different compared to a regular denture
- Will still have some up-and-down movement when eating

# The 4-Implant Overdenture

## Performance

Retention	
Stability	
Bite force	
Esthetics	
Natural "feel"	
Maintenance & Repair	

## Cost

Dental Implants x4	\$5,600
Implant-Denture Connector x4	\$2,400
Denture (lower)	\$2,000*
Total Cost**	\$10,000

\*This is the price if you are having new lower dentures also. If you have dentures that are in good condition, it is possible to utilize them as your implant dentures.

\*\*Cost based on 2014 prices at Millenium Dental in California. Treatment may vary by location and by several factors including patient-specific oral conditions.

# Why should I get anything more than the 2 or 4-Implant Overdenture?



## ADVANTAGES

- Reduced or NO palatal coverage
- Increased biting force
- Increased stability – virtually no movement
- **Connecting the implants with a metal bar or a fixed prosthesis actually protects them from bone loss over time.**

## DISADVANTAGES

- More diligent maintenance necessary
- Increased cost

# The 4-Implant Bar Overdenture

In this option, four implants are placed in the jaw and after healing they are connected with a metal bar. The denture is made to “snap-on” to the bar. This bar provides significantly improved support for the denture, allowing you to bite much stronger and practically immobilizing the denture during all movements. To withstand the increased forces, the denture is often reinforced with a metal framework. This treatment is available for the upper and/or lower jaws.



## ADVANTAGES

- Greatly improved retention
- Increased biting force
- Just as stable as the “fixed” options
- Tends to experience less fractures, wear, and repairs over time compared to fixed dentures
- Can provide additional lip support
- Easier to repair than fixed dentures

## DISADVANTAGES

- May require some palatal coverage



# The 4-Implant Bar Overdenture

## Performance

Retention	★★★★☆
Stability	★★★★☆
Bite force	★★★★★
Esthetics	★★★★☆
Natural "feel"	★★★☆☆
Maintenance & Repair	★★★★☆

## Cost

Dental Implants x4	\$5,600
Implant-Denture Connector x4	\$2,400
Metal Bar	\$4,000
Metal Reinforced Denture	\$3,000
Total Cost*	\$15,000

\*Cost based on 2014 prices at Millenium Dental in California. Treatment may vary based on individual patient situation. The cost is for the arch that you wish to improve with implants.

# How does a “fixed denture” compare to a Bar-Supported Overdenture?



## ADVANTAGES

- Very slim profile
- Fixed (not removable by patient)
- No palatal coverage
- Extremely stable - will not move at all

## DISADVANTAGES

- Repairs are more difficult
- Hygiene access is more difficult

# The Acrylic-Titanium Hybrid

This prosthesis is called a hybrid because it is essentially made up of two materials: the acrylic teeth and gums, and an underlying titanium framework. While standard denture teeth are used in this prosthesis, an acrylic hybrid will feel significantly stronger than a regular denture because it is tightly secured to several implants. It is not removable by the patient but the dentist can remove it as needed. This is a relatively cost-effective choice for patients who want teeth that feel natural and allow them to bite harder.



## ADVANTAGES

- Slim profile
- Fixed (not removable by patient)
- No palatal coverage
- Very strong base (milled titanium)
- Stronger biting force
- Extremely stable - will not move at all

## DISADVANTAGES

- Denture teeth can exhibit wear over time, especially if patients tends to grind teeth
- While this prosthesis is strong, it may still exhibit fractures, loss of tooth, and will require repairs over time



# The Acrylic-Titanium Hybrid

## Performance

Retention	★★★★★
Stability	★★★★★
Bite force	★★★★★
Esthetics	★★★★☆
Natural "feel"	★★★★★
Maintenance & Repair	★★★☆☆

## Cost

Dental Implants x4	\$5,600
Hybrid Prosthesis	\$14,000
Total Cost*	\$19,600

\*Cost based on 2014 prices at Millenium Dental in California. Treatment may vary based on individual patient situation. The cost is for the arch that you wish to improve with implants.

# The Monolithic Zirconia Bridge

This prosthesis is machine-milled from a block of zirconium. After milling it is colored, stained, and glazed to attempt to capture a more natural appearance. Zirconia is the strongest material available in dentistry today, so this prosthesis is as durable as it gets. The compromise is that it lacks the translucency of natural teeth. Also, being difficult to color, it often results in a “too white” or mono-colored appearance.



## ADVANTAGES

- As durable and strong as it gets
- Minimal wear of teeth
- Slim profile
- Fixed (not removable by patient)
- No palatal coverage
- Stronger biting force
- Extremely stable, will not move at all

## DISADVANTAGES

- Teeth can often appear non-translucent and “too white”
- While less likely to exhibit fractures, they can be difficult to repair if they do occur

# The Monolithic Zirconia Bridge

## Performance

Retention	★★★★★
Stability	★★★★★
Bite force	★★★★★
Esthetics	★★★☆☆
Natural "feel"	★★★★★
Maintenance & Repair	★★★★☆

## Cost

Dental Implants x4	\$5,600
Zirconium Prosthesis	\$15,400
Total Cost*	\$21,000

\*Cost based on 2014 prices at Millenium Dental in California. Treatment may vary based on individual patient situation. The cost is for the arch that you wish to improve with implants.

# Procera Implant Bridge (PIB) with Porcelain Veneer

The Procera Implant Bridge consists of a zirconium base over which a highly esthetic layer of porcelain is applied. The porcelain adds translucency, depth, and color tones to the opaque zirconium. The biting surfaces are in zirconium to minimize tooth wear or fracture of porcelain. The PIB is a combination of durability and a beautiful porcelain finish.



## ADVANTAGES

- High cosmetic appearance
- Minimal wear of teeth
- Slim profile
- Fixed (not removable by patient)
- No palatal coverage
- Strongest material available (Zirconium)
- Stronger biting force
- Extremely stable, will not move at all

## DISADVANTAGES

- Some small porcelain chipping can occur over time that can usually be repaired chairside
- Large fracture of the prosthesis due to trauma may necessitate the remaking of the entire prosthesis

# The Procera Implant Bridge

## Performance

Retention	★★★★★
Stability	★★★★★
Bite force	★★★★★
Esthetics	★★★★★
Natural "feel"	★★★★★
Maintenance & Repair	★★★☆☆

## Cost

Dental Implants x4	\$5,600
PIB with veneer	\$17,400
Total Cost*	\$23,000

\*Cost based on 2014 prices at Millenium Dental in California. Treatment may vary based on individual patient situation. The cost is for the arch that you wish to improve with implants.

# Procera Implant Bridge (PIB) with Individual Crowns

This prosthesis is the “Ferrari” of implant dentures. It consists of a base which can be made out of zirconium or a metal alloy, over which is cemented a whole row of individual highly-esthetic ceramic crowns. The use of individual crowns is desirable because they allow for the best cosmetic result. Also, in the event of physical trauma or grinding of teeth it is more likely that a crown will become dislodged rather than fractured. In this case, the patient can simply come to the office where the crown can easily be re-cemented.



## ADVANTAGES

- Fracture-resistance mechanism
- Highest cosmetic appearance possible
- Minimal wear of teeth
- Slim profile
- Fixed (not removable by patient)
- No palatal coverage
- Strongest material available (Zirconium)
- Stronger biting force
- Extremely stable, will not move at all

## DISADVANTAGES

- Some small porcelain chipping can occur over time that can usually be repaired chairside

# Procera Implant Bridge (PIB) with Individual Crowns

## Performance

Retention	★★★★★
Stability	★★★★★
Bite force	★★★★★
Esthetics	★★★★★
Natural "feel"	★★★★★
Maintenance & Repair	★★★★★

## Cost

Dental Implants x4	\$5,600
Procera Framework	\$15,400
Crowns	\$11,400
Total Cost*	\$32,400

\*Cost based on 2014 prices at Millenium Dental in California. Treatment may vary based on individual patient situation. The cost is for the arch that you wish to improve with implants.

# What is the “All-on-Four” Treatment?

The “All-on-Four” treatment is a popular protocol in use for fixed dentures. What is unique about this protocol is that only 4 implants are used to support an entire arch of teeth rather than utilizing 6 or 8 as was previously the norm.

By placing the posterior implants at an angle, it is possible to overcome anatomical limitations such as the maxillary sinus in the upper jaw or the inferior alveolar nerve in the lower jaw.



What is most attractive about this treatment protocol is that it is possible to have all the surgical components completed in one single appointment. Also at this same appointment it is possible to “immediately load” the implants or in other words to connect a temporary fixed denture to the implants.

The success rates of the “All-on-Four” method are widely published and shown to be just as successful compared to utilizing more implants. Most studies find the success of the implants and prosthesis to be above 95% over 5 years and above 90% over 10 years. It is important for the patient to understand that there will be some wear or chipping of the teeth over time. This is why regular check-ups are vital to ensure the longevity of the prosthesis and the implants.



# Mini-implants vs. Conventional Implants

Mini-implants are essentially a conventional implant of a very small diameter. They are popular with patients because they are typically more affordable than conventional implants. Dentists like them because the surgical technique is very simple compared to conventional implants.

Mini implants can be useful for treatments such as the 2-implant or 4-implant Overdenture. However, their small size prevents them from being useful for any other type of implant denture.

Make sure to evaluate all implant-denture treatment options before deciding to have mini-implants placed, because if you do want to “upgrade” to a fixed denture in the future, the mini-implants typically have to be removed.



# Appointment Sequence for Fixed Dentures & Bar Overdentures

## APPOINTMENT 1

15% Progress

### *Consultation and Cone Beam Imaging*

The first appointment consists of an in-depth discussion of the patient's needs and expectations followed by a thorough intra-oral examination and gathering of dental records. If the patient and doctor decide that implants are the preferred treatment, the necessary radiographic imaging is acquired. Sometimes a simple panoramic x-ray may be used but often a Cone Beam CT (CBCT) is preferred to acquire a 3D image of the patient's jaws. The CBCT can also be used to make a surgical guide which can make the surgery more predictable and less invasive.

While the patient does not have to be 100% sure about which fixed denture they want at this point, they have to make the final decision by appointment #6: "The Try-In."

## APPOINTMENT 2

20% Progress

### *Records for denture fabrication (this step might not be necessary if you already have a denture)*

If a new denture is being made, a record of the patient's bite is taken at the second appointment. Also, during this appointment, the front teeth are tried in and the patient can approve their positions. If the patient currently has teeth which will be extracted, the positions of the existing teeth will be used as a reference for the fabrication of the dentures.

# Appointment Sequence for Fixed Dentures & Bar Overdentures

## APPOINTMENT 3

50% Progress

### *Extractions and Implant Placement*

Extractions and any “leveling” of the jawbone is completed at this appointment before placing all the implants required to support the implant denture. If the implants achieve a strong enough anchorage to the jawbone, it is possible to do what is called “immediate loading” or to immediately connect a denture to the implants. (This can be the patient’s existing denture, or a newly made one.) This immediately loaded denture is only temporary and is meant to be used for 3-4 months while the bone around the implant heals. This immediately loaded denture does commonly experience small fractures or loosening but repair is typically simple and can be accomplished in one dental visit.

## APPOINTMENT 4

60% Progress

### *Implant Impressions*

After the 3-4 month healing period, your prosthodontist can start to make your permanent denture. This appointment consists of taking a record of the exact positioning of all the implants in your jaw. This is accomplished by placing some special connections on your implants, then making a mold by using a dental tray filled with a silicone material. The material is placed in your mouth and left to harden for about 5 minutes. After this, the appointment is complete and the dentist can put your old denture back on.

# Appointment Sequence for Fixed Dentures & Bar Overdentures

## APPOINTMENT 5

75% Progress

### *Impression Verification, Bite Record, and Anterior Try-In*

There is a lot to accomplish in this appointment so it can be a very long appointment. Sometimes this part can be broken up into two visits.

First, the mold from the last appointment has already been used to make models of your jaw. Now the dentist needs to verify that the models are accurate. (This is necessary because some distortions occur during fabrication of the model.) A plastic device is connected to your implants, then it is placed back onto the models. If it "fits" the same way, then the models are accurate.

Next, a record is made of how your jaws come together. Your prosthodontist does this by placing special wax trays on your jaws and having you make a few key jaw movements.

Finally, the six front teeth are arranged and the patient can request changes in tooth shape, shade, and position. It may be helpful to bring a friend along for this appointment so they can provide an opinion about the teeth arrangement.

# Appointment Sequence for Fixed Dentures & Bar Overdentures

## APPOINTMENT 6

85% Progress

### *The Try-In*

All of the teeth have been arranged to their exact positions on the denture by this point. The entire set is tried in to double-check that all of them are coming together properly. By this appointment, the patient should make their final decision about which type of prosthesis they desire:

- The Bar-Overdenture
- The Acrylic Hybrid
- The Monolithic Zirconium Bridge
- The Procera Implant Bridge with Porcelain Veneer
- The Procera Implant Bridge with Individual Crowns

For an Acrylic-Titanium Hybrid prosthesis, if everything is perfect, then it is sent to the laboratory for permanent processing. Sometimes for the zirconium prostheses, one additional try-in appointment is necessary.

# Appointment Sequence for Fixed Dentures & Bar Overdentures

## APPOINTMENT 7

95% Progress

### *The Delivery*

The final prosthesis has been finished and polished, and is ready for insertion. The prosthesis is mounted onto your implants and any necessary adjustments are made so that it fits you just right. This is the appointment where afterwards, you can go out to eat a steak dinner!

## APPOINTMENT 8

100% Finished

### *24-hour Follow Up*

Some minor adjustments may or may not be necessary at this point as your muscles become accustomed to the new set of teeth.

### *Long-term Follow Up*

Patients should return to the dentist at least once per year to monitor the prosthesis. (In our practice, we ask that patients return every 6 months for a check-up.) This will ensure the best function and longevity of the prosthesis possible.

# Home Care

A permanent denture should floss under the prosthesis daily with the aid of floss threaders (an example shown below). A water flosser (eg. WaterPik) can also be very helpful. Be careful the first time that you use the WaterPik with a permanent denture as it can squirt water everywhere until you get a feel for how to use it properly.

Also it is recommended that the patient follows a 6 month check-up regimen during which the prosthesis can be removed by the dentist and cleaned if necessary. A patient can expect to experience minor fractures over the life of the prosthesis. The prosthesis can last as little as 7 years or over 15 years depending on several patient-specific factors and how closely the check-up schedule is followed.



# Risks & Complications

## *Risk of Implant Failure*

Dental implants have a remarkably high success rate. The accepted values of success are about 95% in the lower jaw and 90% in the upper jaw over 10 years. Given those success rates, it is very probably that your dental implants will be with you forever.

However, occasionally an implant fails to integrate into the patient's natural bone. Other times there is significant bone loss around the implants. These problems are not common, but they do happen. The risk of failure tends to be higher in patients who are smokers or have a systemic condition which may impair wound healing, such as diabetes. (Diabetic patients can be candidates for dental implants as long as their condition is stabilized.)

If a dental implant does fail, it will typically fail within the first year. Thus, the failed implant can be removed and a new implant can be put into its place. Usually the patient will have to pay the full price of the implant for a "second attempt." Make sure to ask your dentist what their policy is on failed implants and the price for a new implant at the failed site.

Again, implant failure is **very unlikely** but it is a risk that all patients should understand and accept before embarking on implant treatment.



# Risks & Complications

## *Risk of Prosthetic Failure*

The documented success rates of fixed dentures in the literature is about 95% over 7 years. Your prosthesis can last you a very long time depending on several factors:

- 1) How well the procedure was planned
- 2) How carefully you follow the check-up schedule
- 3) How active or dysfunctional your muscles of mastication are

Fixed denture treatment is a very technique-sensitive process. It is important that the entire case is planned meticulously by an experienced prosthodontist. If implants are placed prior to proper prosthetic planning, the patient may be left with insufficient space for prosthetic materials - this often leads to easy breakage and destruction of the prosthesis. Even if the case is planned perfectly, there is still some breakage or wear to be expected over time - especially for patients who tend to clench or grind their teeth.

Following a 6-month check-up allows the dentist to detect potential issues before they cause a problem. The better you stick to a regular recall schedule, the better your prosthesis will be.

# Risks & Complications

These are some pictures of cases which didn't have sufficient room for all the restorative materials. Proper planning ensures that the material has enough thickness to withstand the daily forces applied to your fixed dentures. It is important that a comprehensive plan must be carefully formulated **before** any implants are placed.



# Frequently Asked Questions

*Am I a candidate for fixed dentures?*

Some conditions make a person ineligible for dental implant therapy. These conditions include but are not limited to the following: any uncontrolled systemic disease such as diabetes, history of using intravenous bisphosphonates, radiation therapy to the jaws, and some bone diseases such as multiple myeloma.

Aside from this, patients require sufficient bone quantity for anchorage of the dental implants. With the use of Cone Beam CT imaging and guided surgery, the number of people who are not candidates is decreasing significantly. With careful and detailed planning, there is a way to make fixed dentures for most people. That said, some patients with very deficient bone quantity may require bone augmentation or other procedures in order to become a candidate for fixed dentures. This can be determined at initial visit after a thorough exam and imaging.

Finally, it is very important to tell your dentist if you grind or clench your teeth. These habits may lead to you breaking your permanent dentures. If this may be an issue, your dentist can plan ahead and incorporate anti-wear designs into your permanent denture. This might mean that a stronger material such as zirconium will need to be used.

# Frequently Asked Questions

*Should I get my denture “immediately loaded” to the implants?*

What many people do not know about this treatment is that there are actually two phases of prostheses made. The first one made is a temporary fixed denture that can be placed at the time of surgery. This is what dentists mean by “immediate placement.” This immediately placed prosthesis is worn from the time of the surgery until about 4 months later, when there has been sufficient healing time to make the final prosthesis. The final prosthesis is different because it often has a metal or zirconium framework that makes it much stronger. This strength also adds to the longevity of your individual dental implants as well.

One thing to be aware of is that the immediately placed temporary prosthesis commonly has to undergo repairs during the healing time. This is an important consideration for patients who do not want to have to go to the dentist during their healing time. Another option is to wear a conventional removable denture during the healing time. If the patient is able to wear a conventional removable denture, the patient will minimize any repairs that have to be made during the healing period. The patient will still have to make some trips to the dentist however, to have the denture adjusted every now and then.

# Frequently Asked Questions

*What is the success rate for fixed dentures or All-on-Four?*

The All-on-Four procedure (aka permanent dentures, fixed dentures) consists of two main components: surgical and prosthetic. Both components have widely documented success rates in the higher 90%'s over 5-10 years. This treatment is very successful and it can make a tremendous difference in a patient's quality of life.

However it would not be fair to promise that your dentures are going to be "problem-free." Everything in dentistry eventually breaks and has to be repaired - including permanent dentures. This is especially true if the case is not planned properly from the beginning. There are countless instances where implants are placed and there is not "enough space" allowed for the material.

Over time, the prosthetic teeth may wear or chip and will need to be replaced. The rate of this wear depends on many things. There are several different materials that can be used to make permanent dentures, including: acrylic & titanium, or zirconium & porcelain. These materials have different implications for the cosmetic outcome and durability of the prosthesis.

# Frequently Asked Questions

*What happens if they break?*

At some point, you will need to have your permanent denture repaired or replaced. Some offices offer guarantees on their prosthetics. Make sure that you ask about this before embarking on any of these treatments. In our office, we offer a guarantee on our work as long as the patient adheres to the regular 6 month check-up schedule. By following this schedule, we can usually catch any potential issues before they cause permanent damage to the structure.

Even if there is no traumatic event that may have damaged the prosthesis, a check-up is important because your bite changes on a daily basis. Your "occlusion" or the manner in which your jaws related to one another fluctuates with the degree of muscle tension in your face and with the condition of your temporomandibular joint. Therefore, the prosthetics have to "keep up with" and "coexist" with your body. At each check-up, we will examine your occlusion and make sure it is exactly where it should be.

# Frequently Asked Questions

*Does the procedure hurt? Will I need to be "put under?"*

The entire procedure can be done under local anesthesia (local injections with "Novacaine"). If you are a bit nervous or apprehensive, some clinics may offer IV sedation for the procedure. This consists of an IV being placed into your forearm and administration of medication that will "put you under" for the length of the procedure.

While the procedure itself should not hurt, the recovery can be uncomfortable. Symptoms such as soreness, tenderness, some bleeding, and significant swelling can be expected after the surgical procedures. If the dentures are not "loaded immediately," you will have to go back to the dental clinic for frequent adjustments of areas where the denture is rubbing your gums. This irritation of the gums by the denture is often very bothersome to patients and may cause them to want to leave the dentures out of their mouths.

# Frequently Asked Questions

*What kind of dental specialist should I go to?*

Surgical placement of implants is only one part of the procedure, but the prosthetic restoration or “putting the teeth on” is a very technique sensitive and complex process - especially when it comes to full mouth rehabilitations. Because a prosthodontist takes the case from start-to-finish, they might be the best specialty to decide how the implants should be placed to have the best cosmetic result with the best prosthetic longevity.

Of course, in some cases, such as with patients with limited amounts of bone, more advanced surgical technique may be required. For procedures such as a sinus lift, or significant bone grafting, it may be necessary to incorporate a periodontist or oral surgeon into the team. However, with the use of advanced imaging (Cone Beam CT), most surgical obstacles can be managed on a computer before the operation.

There are many short-courses or even “mini-residencies” that train general dentists in implant placement. Most of the general dentists who offer implant treatment do excellent work. However, especially for big cases such as these, it would be prudent to seek the opinion of a specialist who has encountered and dealt with both prosthetic and surgical implant complications during their residency. The downside to seeing a specialist is that you pay a premium for their services.



# Frequently Asked Questions

*Is it possible to be allergic to the dental implant material?*

It is very rare that a titanium implant would cause an allergic reaction - but it is possible and it has been reported in the literature. Patients who have other metal allergies may be particularly susceptible. In these cases it may be recommended for the patient to see a physician who specializes in Allergy & Immunology to do a "patch" test for titanium allergy.

# Documentation

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Documentation of Your Implant  
Denture Treatment

# Checklist

## Appointment Checklist for Fixed Dentures & Bar Overdentures

\_\_\_\_\_ Consultation and Cone Beam Imaging

\_\_\_\_\_ Records for denture fabrication

\_\_\_\_\_ Extractions

\_\_\_\_\_ Implant Placement

\_\_\_\_\_ Implant Impressions

\_\_\_\_\_ Implant Verification

\_\_\_\_\_ Bite Records & Anterior Try-in

\_\_\_\_\_ Complete Try-in

\_\_\_\_\_ The delivery

# Documentation of Components

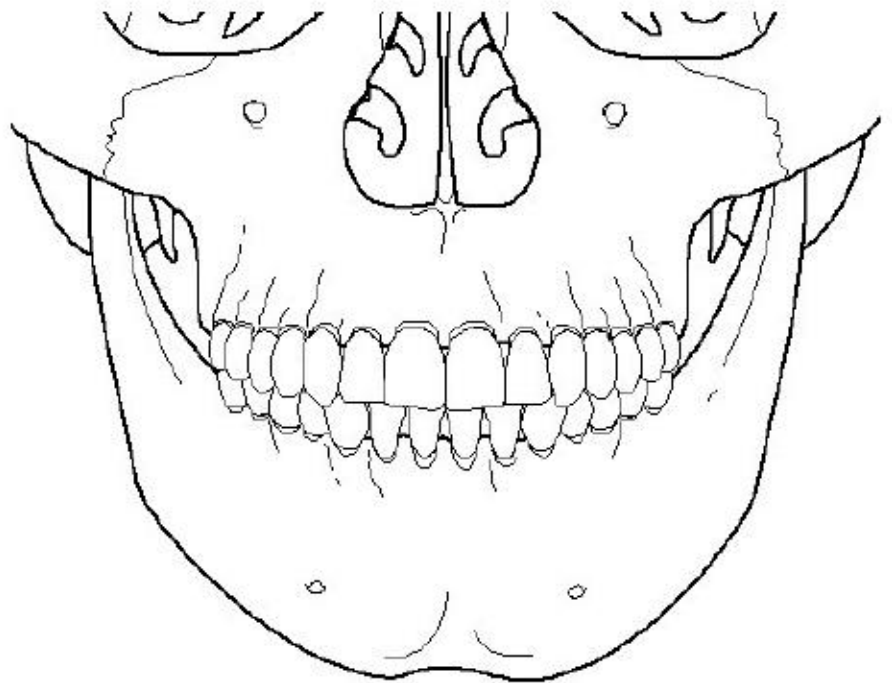
Implant Surgeon:

Restoring Prosthodontist:

Date of Surgery:

Types of implants and positions:

Indicate implant location, size, and type on figure below:



Multi-unit Abutments Used:

Type of Prosthesis:

Date to begin fabrication of permanent prosthesis:

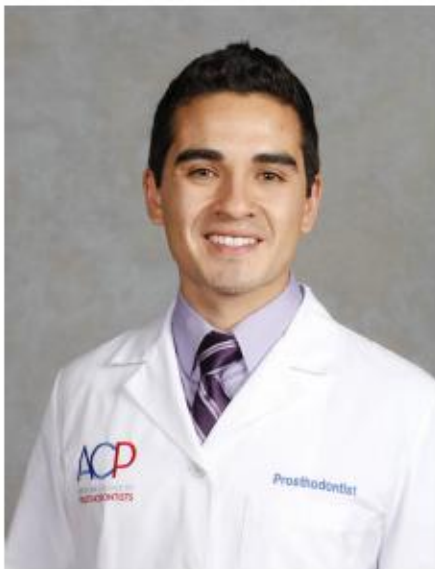
Date of Prosthesis delivery:

# Guarantee

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Attach Guarantee from Dentist Here  
for Future Reference

# Ivan Chicchon DDS



Dr. Ivan Chicchon is a dentist serving the California Central Valley and Bay Area. He received his general dental training at the prestigious Arthur A. Dugoni School of Dentistry in San Francisco. He is trained in advanced dental prosthetics and implant surgery by the Graduate Prosthodontics Specialty Program at the University of Michigan.

He routinely practices treatment for dental implant dentures from start-to-finish, beginning with the surgical plan and placement of dental implants all the way to long-term care and follow-up. Implant dentures at his office come with a guarantee and maintenance plan.

As always, consultations are free and he is available to answer questions via email.

He can be reached via his website:

[www.DrIvanDDS.com](http://www.DrIvanDDS.com)

Designed by Seewan Chiu DDS