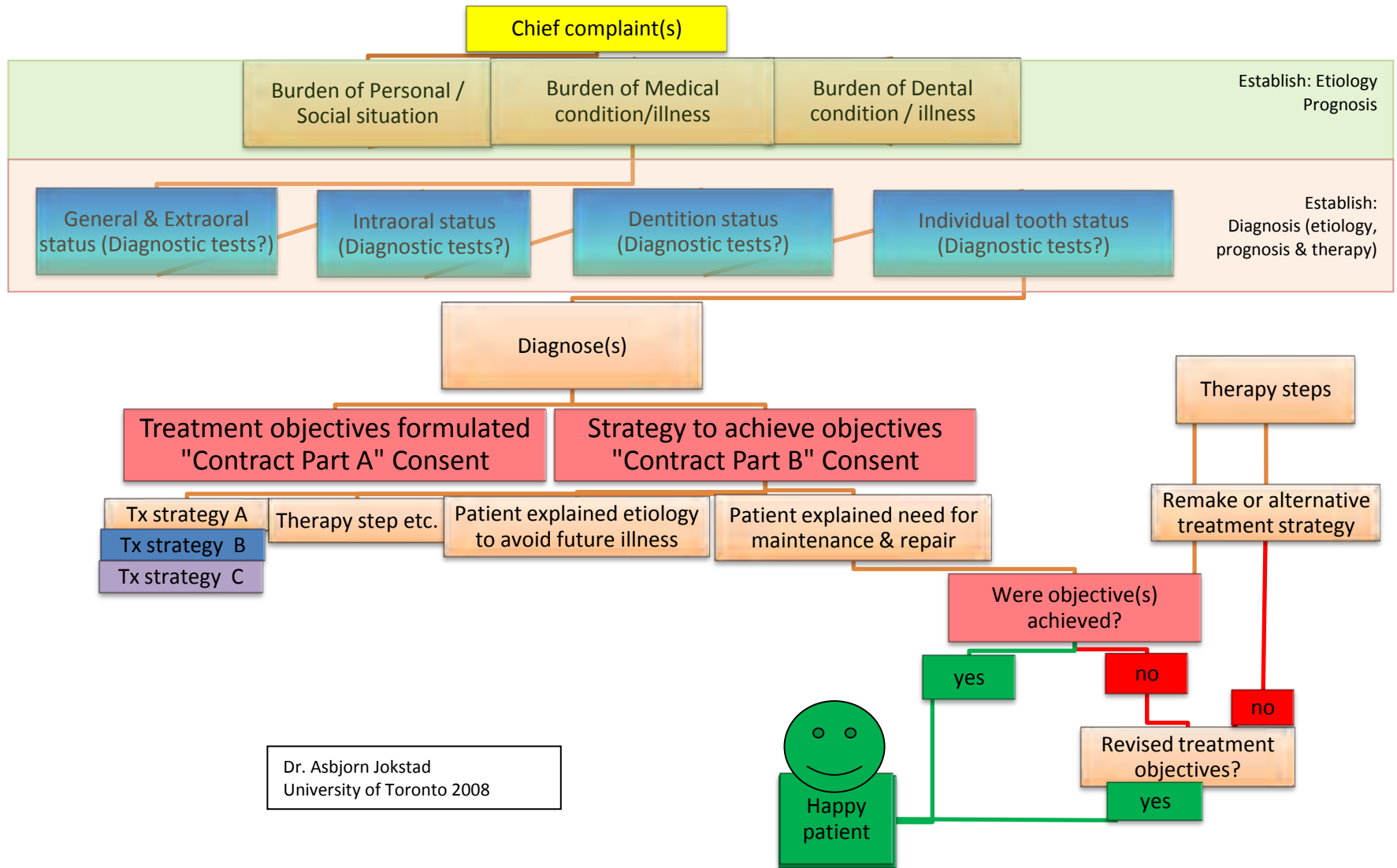
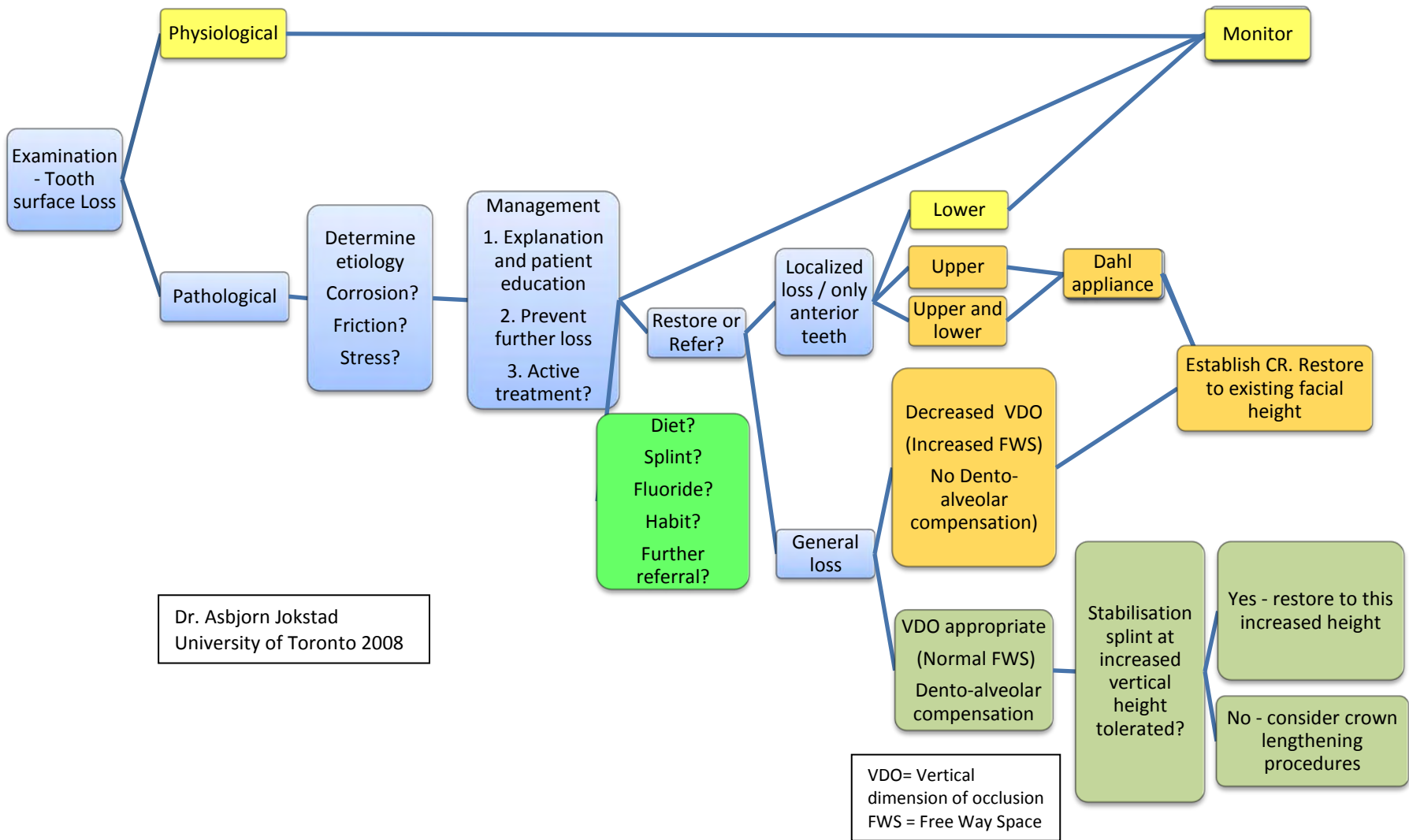


# Clinical Dentistry – Patient Management Flow Diagram

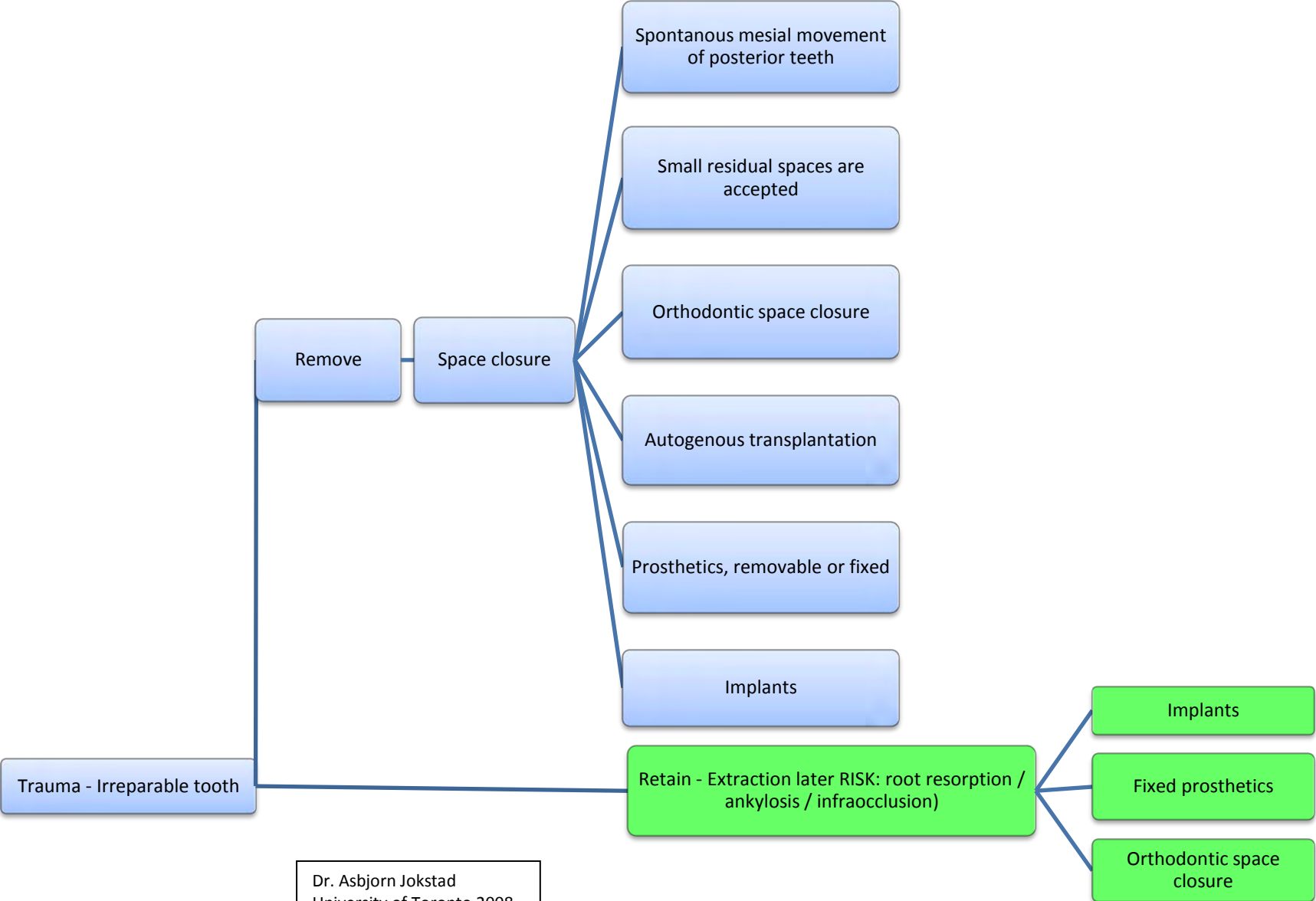


# Tooth Substance Loss – treatment decisions



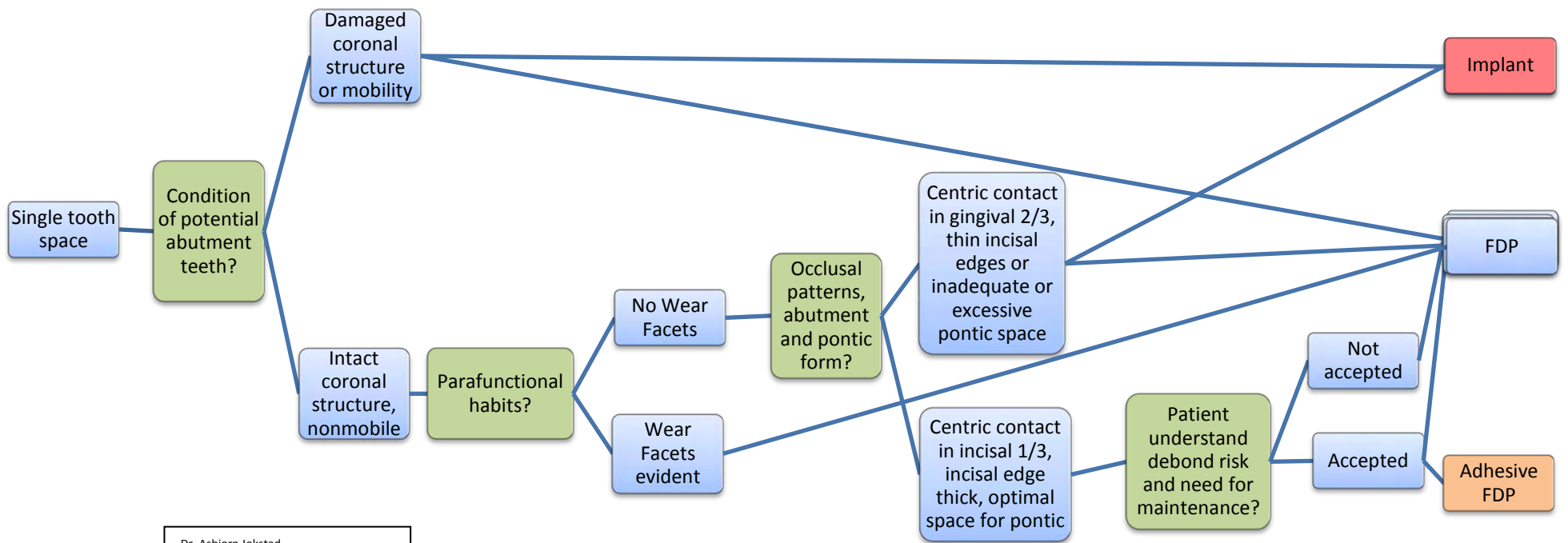
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# Dental Trauma & irreparable tooth – treatment decisions

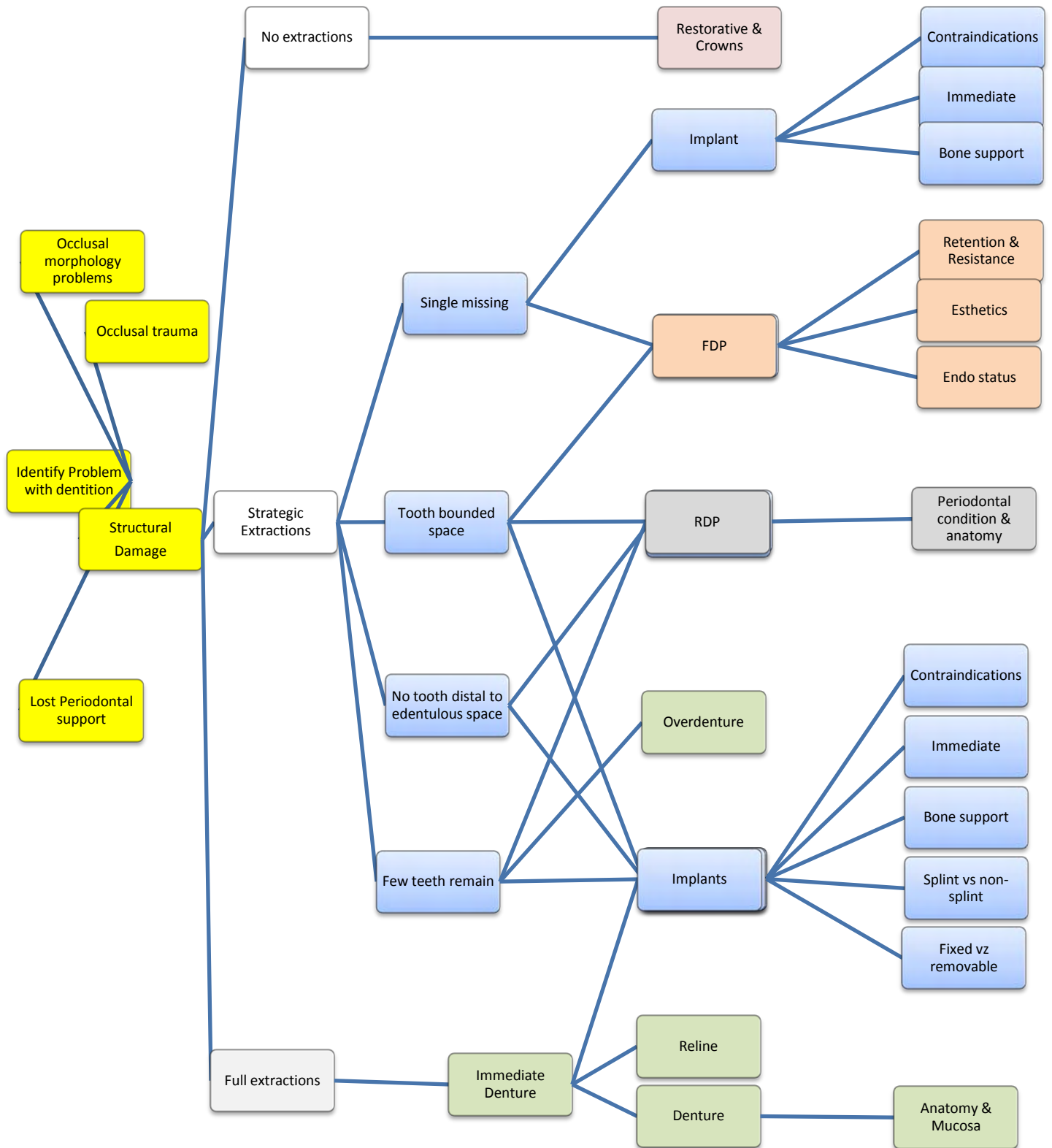


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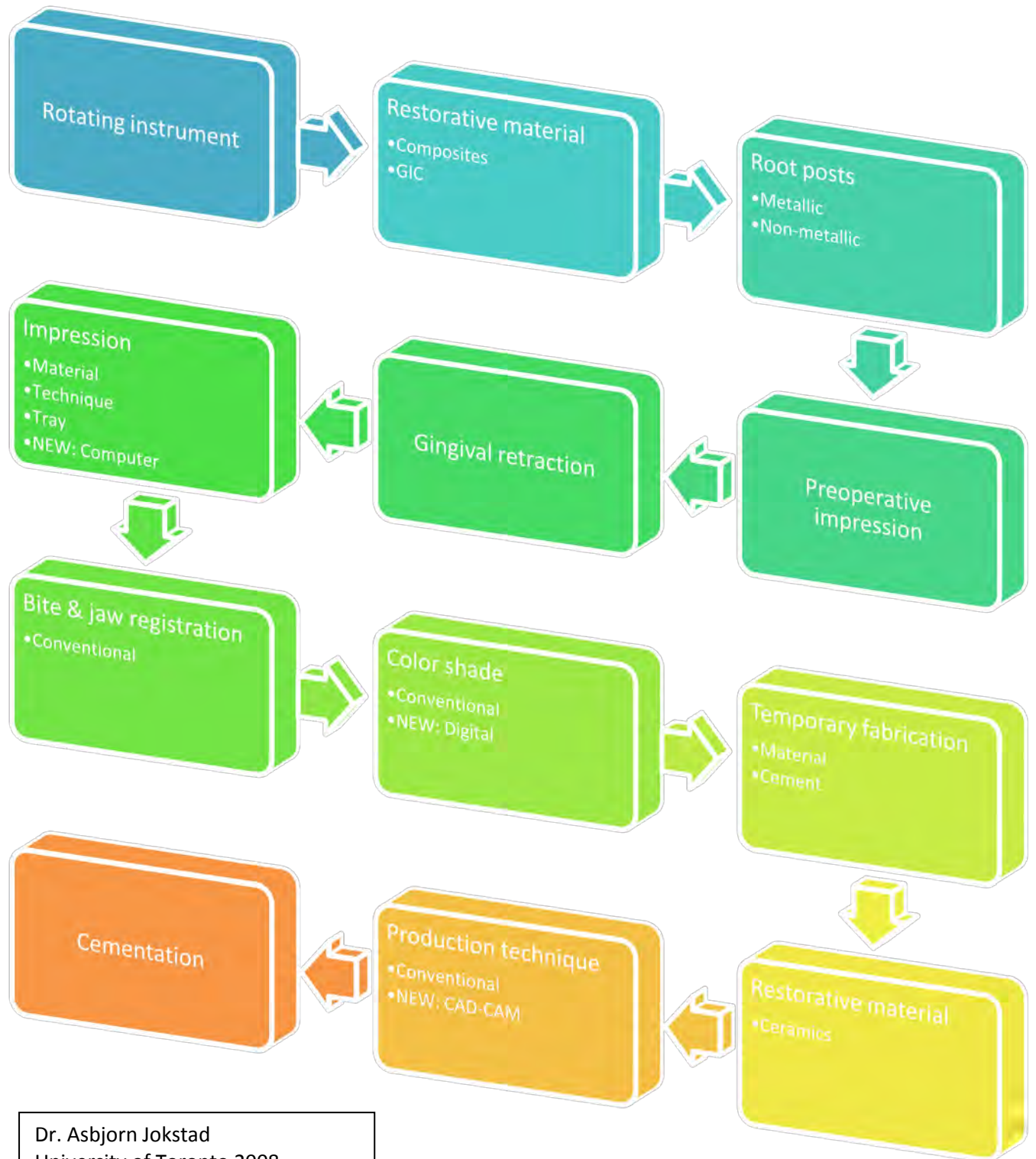
# Single tooth space – treatment decisions



# Structurally Damaged Dentition – treatment decisions



# Restorative Dentistry – treatment flow



# Når bør en fylling revideres? 4 trinns risiko evaluering

## 1. Generell risikoprofil

Manglende oppfølging i recall program eller uregelmessige tannlegebesøk

Systemisk sykdom

Medisinering - bivirkninger

Sigarettrøking

Kosthold

- Sukkerinntak, frekvens
- Tilgjengelighet av snacks

Bruk av fluorider

Lavt sosialt ressurnivå

Lavt kunnskapsnivå om tannsykdommer

Lavt forventningsnivå til tannbehandling

Historikk av gjentatte behandlinger.....

## 2. Risiko nøkkel-markører på oral sykdom

Tidligere karieserfaring eller tap av støttevev i forhold til pasientens alder

Høye plaque-, og/eller blødning-score

Saliva kvantitet og kvalitet

Prevalens av dype periodontal-lommer

## 3. Indikatorer på patogene forhold eller på en progressiv oral sykdom

Periodontal inflammasjonsparametre

Karies og karies-lokalisasjon

Tilstedeværelse av økologiske nisjer med vanskelig tilgang, eksempelvis furkasjoner

Tilstedeværelse av iatrogene faktorer, eksempelvis fyllingsdefekter

## 4. Teknisk perfektjon av fylling

Har fravær av en fyllings tekniske perfektjon en betydning i forhold til din vurdering om mulig risiko for sykdomsutvikling på bestemte steder på eller rundt tannen?

# time point of implant loading / restoration

immediate	early	late
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planning level & decision-making unit






<b>patient</b>	healthy; cooperative/compliant; no occlusal/oral parafunctions		aged patient; reduced wound healing or systemic diseases; smoker; occlusal/oral parafunctions	
	patient's demands on treatment outcome are well defined and feasible		esthetically and/or functionally demanding/complex treatment	
	low smile line		high smile line	
<b>bone</b>	healed bone site		extraction site with mainly good fit of the implant to the bony walls	extraction site with poor fit of the implant to the bony walls
	bone quantity A or B; bone quality I, II or III			reduced bone quantity type C, D or E and/or bone quality type IV
	no peri-implant bone defects directly communicating with implant surface; defect class 0		minor peri-implant bone defects as class 0, I or II and allowing for a transmucosal healing modus	peri-implant bone defects as class III to V and/or sinus lift; defects as class 0, I or II with missing option for a transmucosal healing modus
<b>soft tissue</b>	gingiva morphotype = thick, low scalloped		gingiva morphotype = thin, high scalloped	
	healed soft tissues		extraction site with minor needs for soft tissue grafting and practicable at implant surgery	extraction site with mayor needs for soft tissue grafting
	sufficient amount of soft tissue; sufficient width of keratinized mucosa; no scars or tattoos to be corrected		presence of small-sized soft tissue defects/scars/tattoos where correction is practicable at implant surgery	presence of soft tissue defects with a clear need for correction; presence of scars/tattoos with a need for correction
<b>prosthetics</b>	high diagnostic predictability with regard to design of suprastructure			diagnostic uncertainty of prospective suprastructure
	good control of initial implant load possible (number & length of implants, splinting with suprastructure, infraocclusion)			increased implant loading (reduced number of implants, short implant length, suprastructure unspanned)
	option to produce implant prosthetics fully or at least in part prior to surgery		final prosthetic suprastructure practicable (no provisional necessary)	complex prosthetics; stepwise approach to final design mandatory
<b>team</b>	well established treatment sequences with regard to implant surgery and prosthetics		dental practice/office set-up limited to either surgery or prosthetics	
	excellent communication between clinician(s) and dental technician			limitations (distance, frequency) in communication between clinician(s) and dental technician

bone quantity A-E; bone quality I-IV according to Lekholm & Zarb 1985

bone defect class 0-V according to Glauser 1999



# Comparisons of Dental Products – online resources

	<p><a href="http://www.realityvesthetics.com">http://www.realityvesthetics.com</a></p>	<p><b>Reality.</b> No Subscription but registration necessary for website. Presents and rates products from editors' perspectives and users.</p>
	<p><a href="http://www.cliniciansreport.org/">http://www.cliniciansreport.org/</a></p>	<p><b>Gordon J. Christensen &amp; CR reports.</b> Subscription. Presents and rates products from editors' perspectives and users.</p>
	<p><a href="http://www.dentalproductsreport.com/dpr">http://www.dentalproductsreport.com/dpr</a></p>	<p><b>Dental Products Report.</b> No Subscription but registration necessary. Presents products, but no rating</p>
	<p><a href="http://www.dentalcompare.com/index.asp">http://www.dentalcompare.com/index.asp</a></p>	<p><b>Dental compare.</b> Presents products and allows comparisons. Contain video links for proper handling</p>
	<p><a href="http://www.dentaladvisor.com/">http://www.dentaladvisor.com/</a></p>	<p><b>Dental Advisor.</b> Subscription. Presents and rates products from editors'.</p>

Links checked per March 2009.

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