

# ***PROSTHODONTICS***

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4th year Lecture series  
Fall 2007 **Theme: The costs and  
benefits of prosthodontic  
interventions**

Asbjørn Jokstad  
Head, Prosthodontics

# The costs and benefits of prosthodontic interventions

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- **The costs can be small and the benefits large often with a minimalist approach – and vice versa**

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- All prosthodontic interventions include a biological cost – although also provide benefits
- The costs can be small and the benefits large often with a minimalist approach – and vice versa
- **Exact information to the patient about oral condition and prognosis with or without therapy – evidence based when possible – is required to allow the patient to make an informed decision consistent with his or her treatment needs and preferences**



# The costs and benefits of prosthodontic interventions

- 1. Sept 13. The concept of risk factors and of prognostic factors in treatment planning, choice of interventions and prognosis. Dr Asbjorn Jokstad**
- 2. Sept 20. Evidence-based prosthodontics – principles, and need for implementation in practice. Dr Jim Anderson**
- 3. Sept 27. Treatment outcomes in prosthodontics and importance of oral hygiene compliance and good control routines. Dr Asbjorn Jokstad**
- 4. Oct 4. The dental technician – support and possibilities, and need for correct communication. LHM Lab. & Terri Jancen**



Current situation:  
exposed to few types  
of prostheses  
(for a number of reasons)



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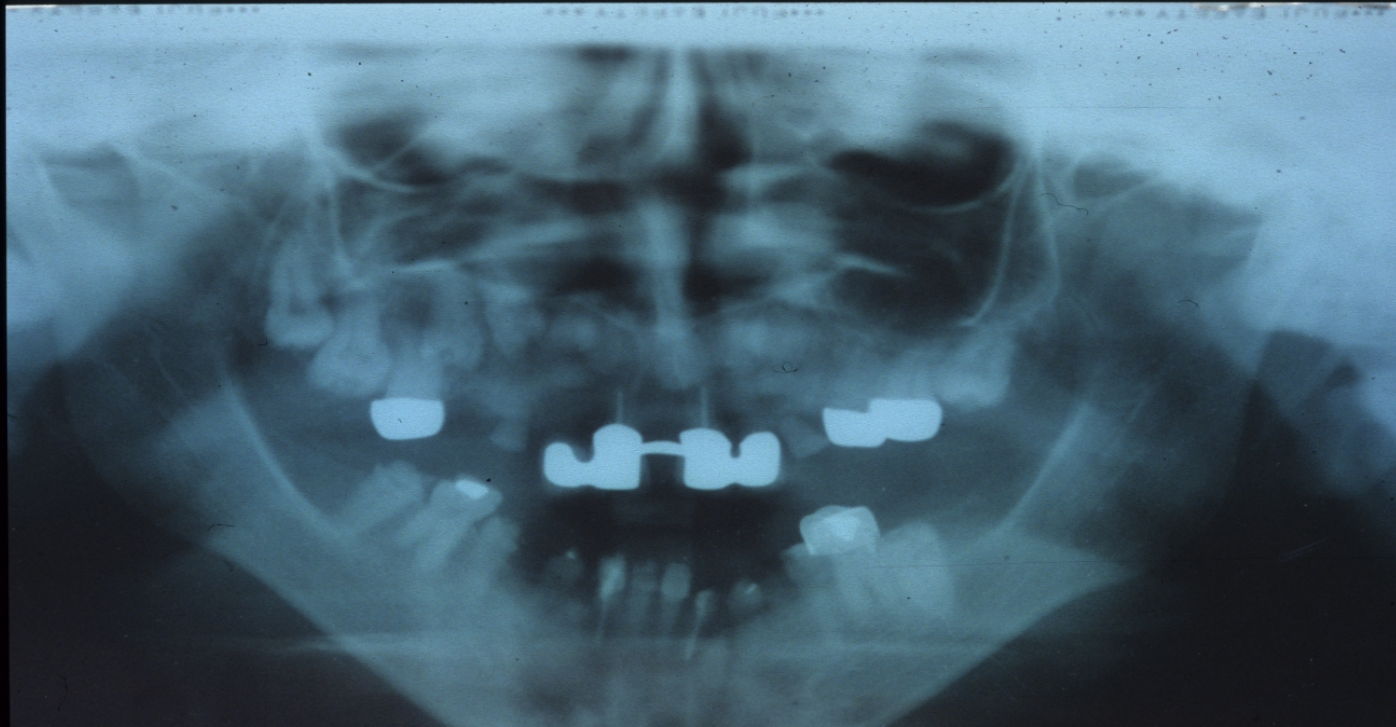
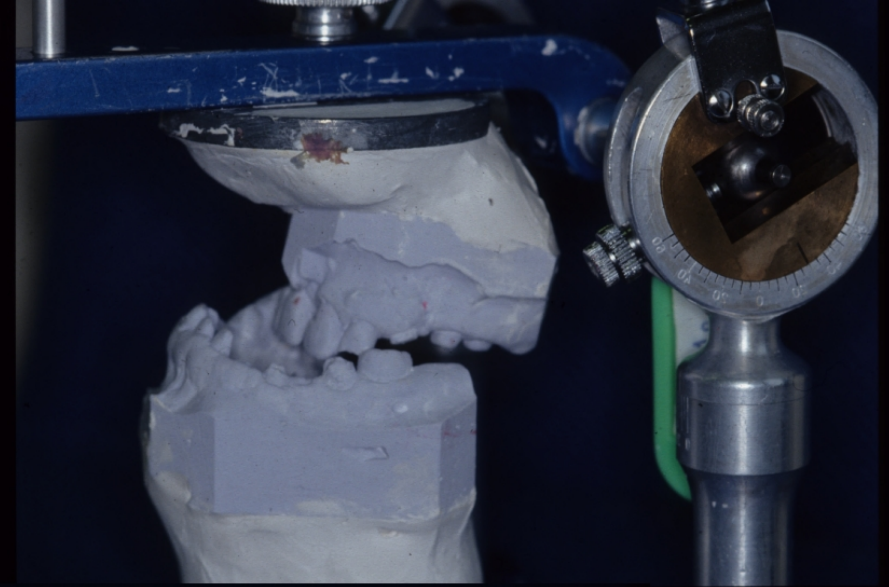


**Many patients today retain their teeth – creating many complex rehabilitative needs**





# complex rehabilitative needs





# Congenital - complex rehabilitative needs





# Congenital - complex rehabilitative needs







1. Patient communication aspects particular to the patient situation prior to examination
  - Elements that provide an indication of appropriate therapy



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  - Signs that may indicate that any particular intervention may have a poor prognosis





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  - Prognosis data
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5. How (selected) technical solutions are carried out in practice – e.g. case(s) review





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5. How (selected) technical solutions are carried out in practice – e.g. case(s) review
6. Patient communication aspects particular to the patient situation post treatment



# The costs and benefits of prosthodontic interventions

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2. Sept 20 Evidence-based prosthodontics – principles, and need for implementation in practice Dr Jim Anderson































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3. Sept 27 Treatment outcomes in prosthodontics and importance of oral hygiene compliance and good control routines Dr Asbjorn Jokstad
4. Oct 4 The dental technician – support and possibilities, and need for correct communication LHM Lab. & Terri Jancen
5. Oct 11 The patient with need for prosthodontic therapy– considerations for treatment planning, choice of interventions and prognosis Dr Jim Anderson
6. Oct 18 The adult patient with age and medical condition concerns - considerations for treatment planning, choice of interventions and prognosis Dr Aaron Fenton
7. Oct 25 The patient with the edentulous jaw – considerations for treatment planning, choice of interventions and prognosis TBA
8. Nov 1 The patient with the bounded edentulous space – considerations for treatment planning, choice of interventions and prognosis Dr Peter McDermott
9. Nov 8 The patient with the shortened dental arch – considerations for treatment planning, choice of interventions and prognosis TBA
10. Nov 15 The patient with the missing single tooth – considerations for treatment planning, choice of interventions and prognosis Dr Limor Avivi-Arber
11. Nov 22 The patient with the worn down dentition – considerations for treatment planning, choice of interventions and prognosis Dr Leslie Laing Gibbard

- Announcements
- Staff Information
- Course Objectives
- Lecture Schedule
- Communication
- Discussion Board
- External Links
- Tools
- Master Media Depository

- Tools
- Communication
- Course Tools
- Course Map
- Control Panel
- Refresh
- Detail View

## Prosthodontics 477 Course Schedule

#	Date	Topic	Instructor	Manual	View Lecture Online	Additional Material	Print Handout	Learning Objectives
1	Thursday Sep 14	The concept of risk factors and of prognostic factors in treatment planning, choice of interventions and prognosis	Dr Asbjorn Jokstad					
2	Thursday Sept 21	Evidence-based prosthodontics – principles, and need for implementation in practice	Dr Jim Anderson					
3	Thursday Sept 28	Treatment outcomes in prosthodontics and importance of oral hygiene compliance and good control routines	Dr Asbjorn Jokstad					
4	Thursday Oct 5	The dental technician – support and possibilities, and need for correct communication	LHM Lab. & Terri Jancen					
5	Thursday Oct 12	The patient with need for prosthodontic therapy– considerations for treatment planning, choice of interventions and prognosis	Dr Jim Anderson					
6	Thursday Oct 19	The adult patient with age and medical condition concerns - considerations for treatment planning, choice of interventions	Dr Aaron Fenton					

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12. **Nov 29 Multidisciplinary treatment planning – the patient with high caries activity. Dr D McComb**
13. **Dec 6 Multidisciplinary treatment planning – the patient with endodontic difficulties. Dr K Roth**
14. **Dec 13 Multidisciplinary treatment planning – the patient with periodontitis. Dr J Lai**

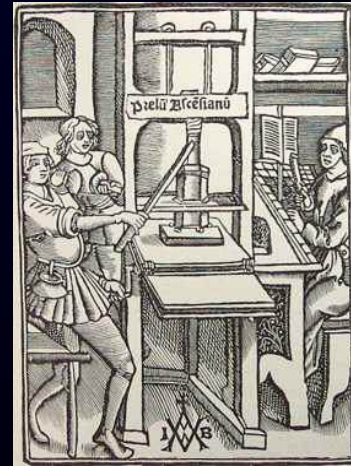


# The Origins of the Conventional Lecture (Middle Ages)

1. The professor reads the book to the students
2. A few days later the professor again reads the book to the students, perhaps adding some commentary
3. A few days after that the professor gives the book its “third reading” with added commentary

What if anything has changed since the Middle Ages?

The students have the book too!



# Problems With Conventional Lectures

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- n People, including students, have a 10 – 15 minute concentration span.
- n Most students don't learn very effectively when they are expected to passively absorb the “received truth” from the lecturer.
- n All students learn more effectively when they are actively engaged with the material.

# More Problems With Conventional Lectures

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- n Most students learn more effectively in a social environment.
- n Almost all of the communication is in one direction: from the front of the room to the students.
- n When a student asks a question:
  - n How many students have the same question?



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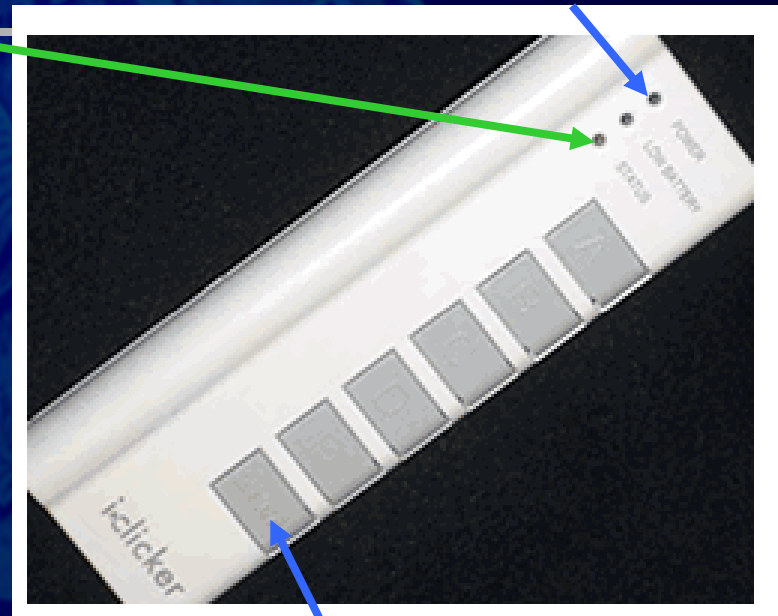
> Are you considering a classroom response system?

# The “Clickers”

## Status Light

When we start asking you questions:

- Will flash **green** when your response is registered
- Will flash **red** if your response is not registered

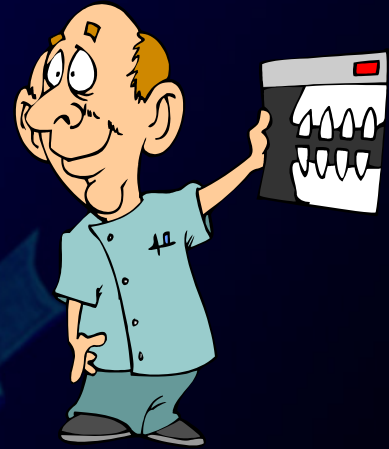


Power Light

On/Off Switch

Please turn on your clicker now

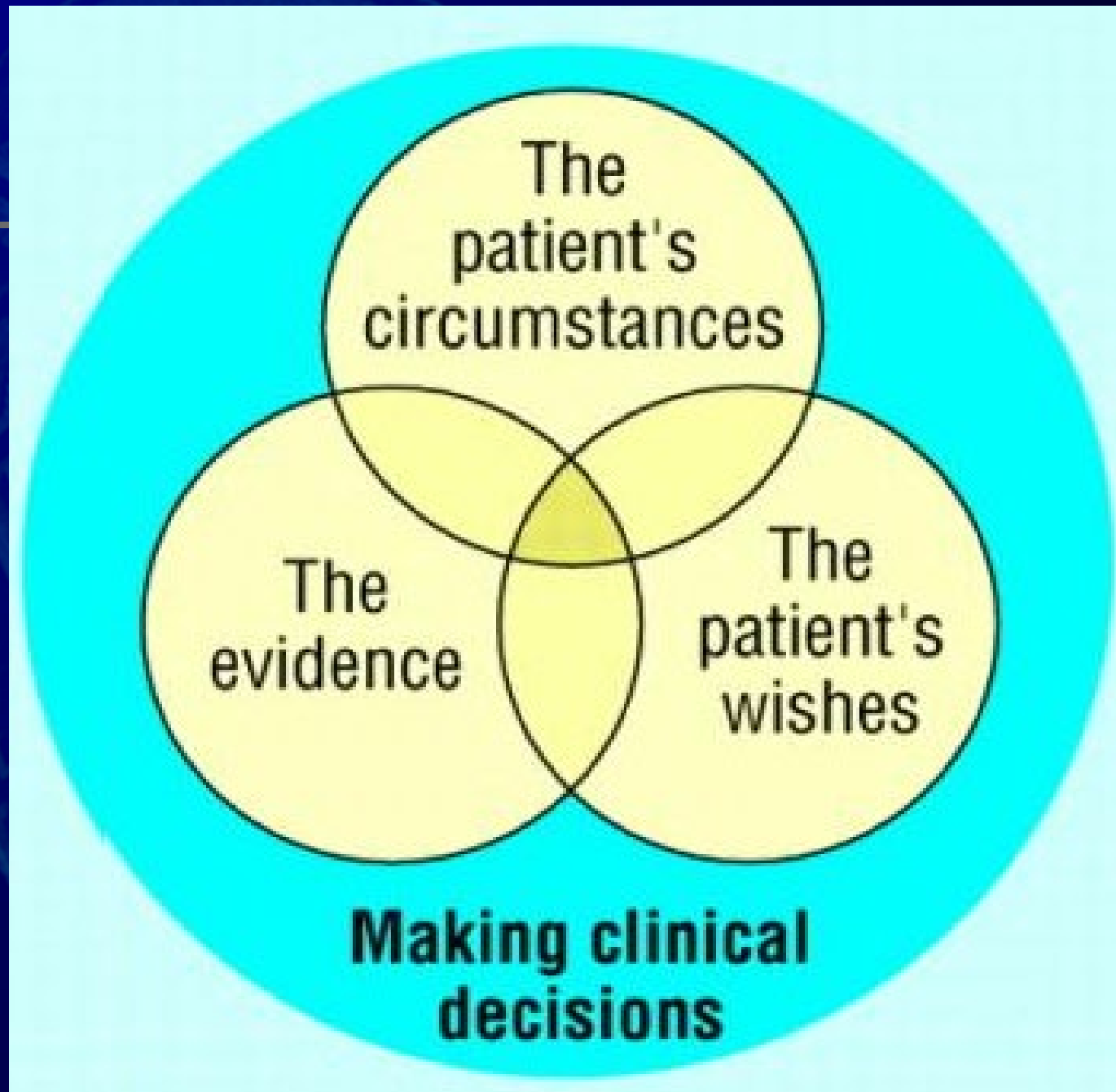
How should we  
proceed when  
discussing  
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treatment options  
with our patients?



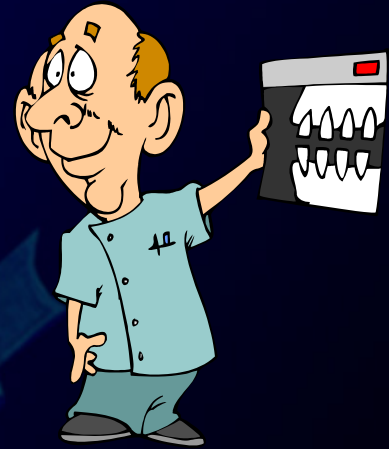


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**Advent of  
Evidence  
-based  
dentistry**



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# Prosthodontic treatment planning

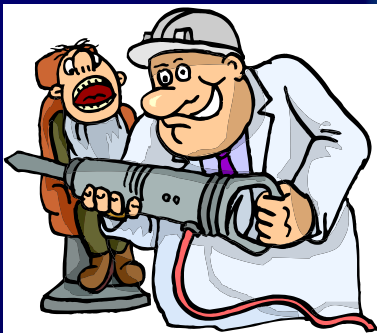
What comes first?

- A. Identify major treatment needs
- B. Remove pathology
- C. Clarify patient financing
- D. Discuss prognoses
- E. Explain the possible treatment alternatives





# Choice of technical solution?





**Choice of technical solution ?**







# Choice of technical solution ?

- A. Conservative only, no prosth
- B. Cast partial denture
- C. Crowns and partial denture
- D. Fixed bridge
- E. implant retained prosthesis



# Remove pathology: Clinical questions



n Caries

Restorative material?

n Periapices / pulpitis

Retrograde endodontics?

Extractions?

n Periodontitis

Furcation surgery?

Root separation?

n Tipping / Interference

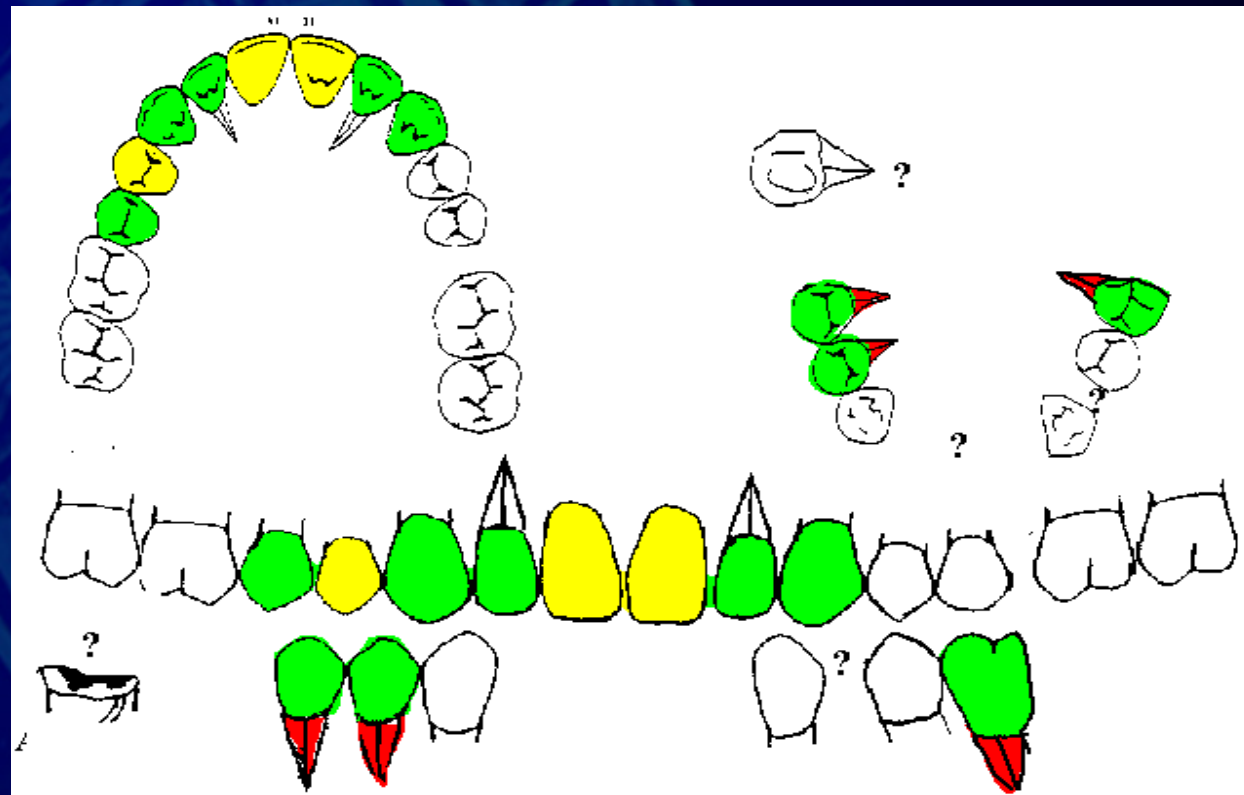
Orthodontics?

Occlusal correction?



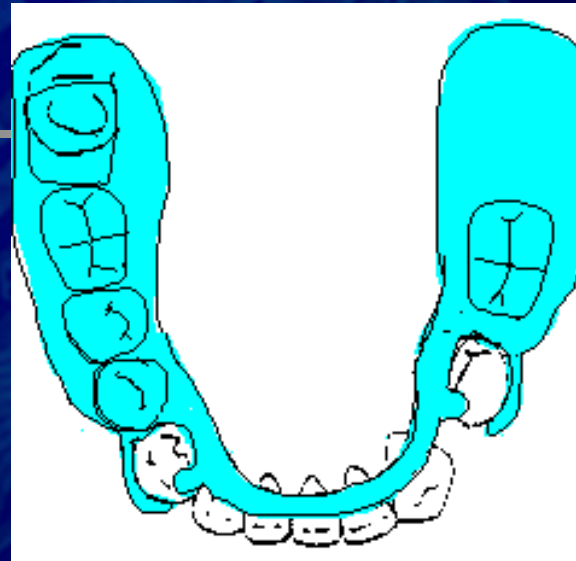


# Remove pathology:





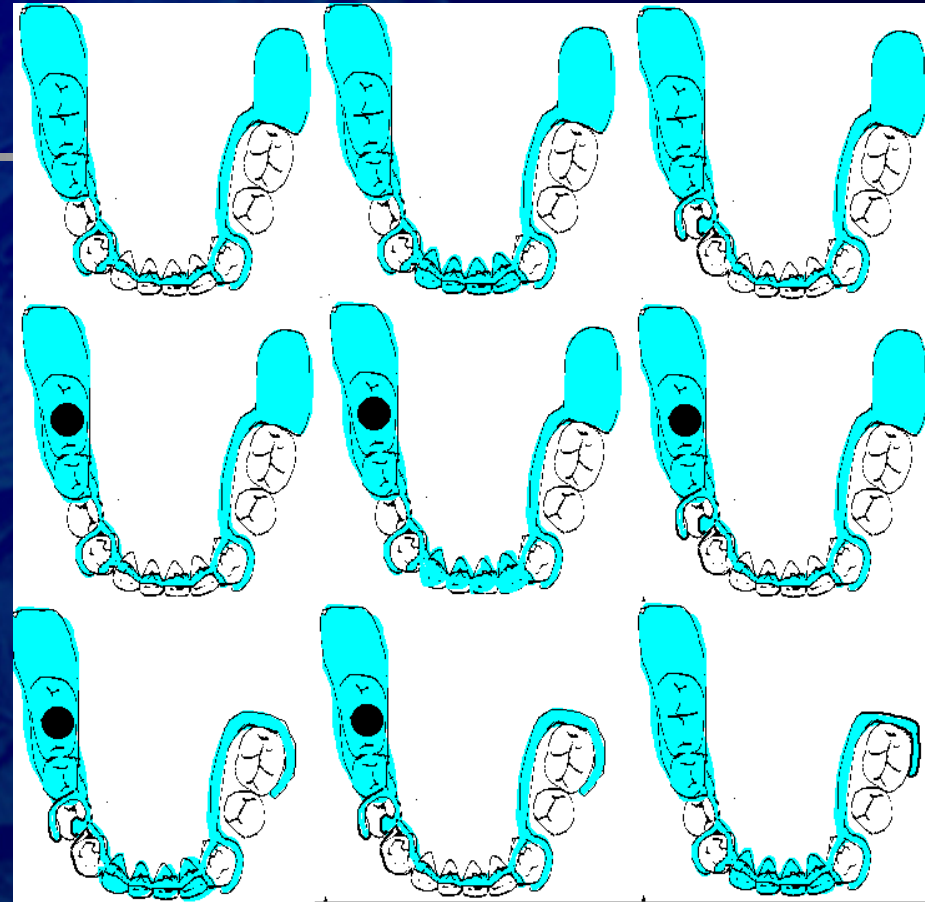
# Acrylic partial denture



## Clinical knowledge

- n Prosthesis design
- n Prognosis

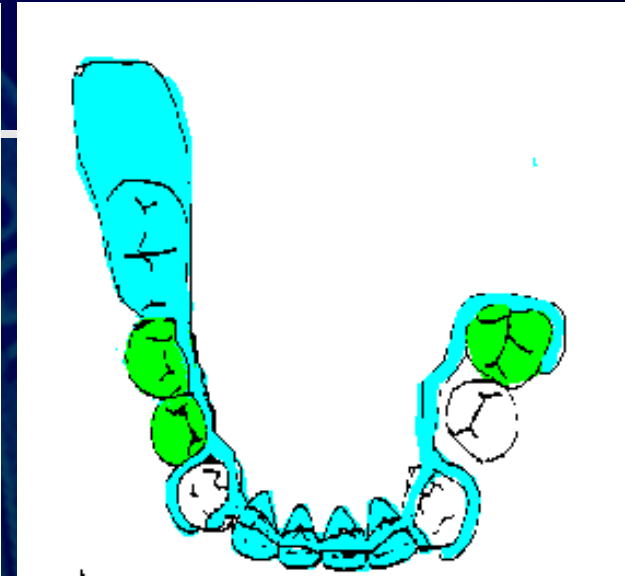
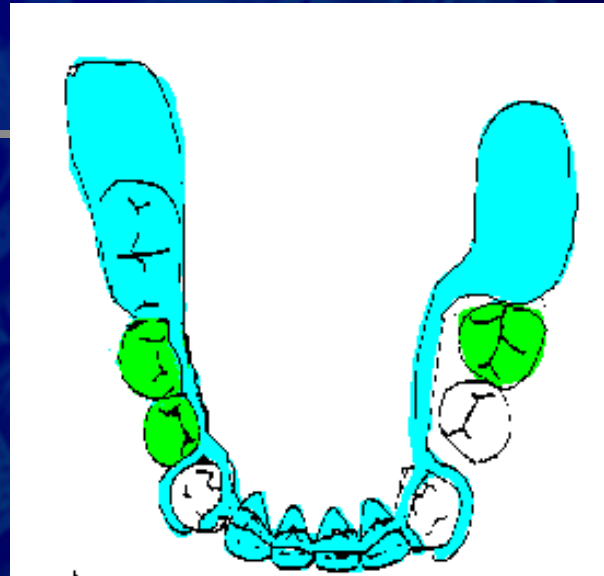
# Cast partial denture



Clinical knowledge  
Prosthesis design  
Prognosis  
Retention



# Crowns + cast partial denture



Additional clinical knowledge

36 extraction or crown?

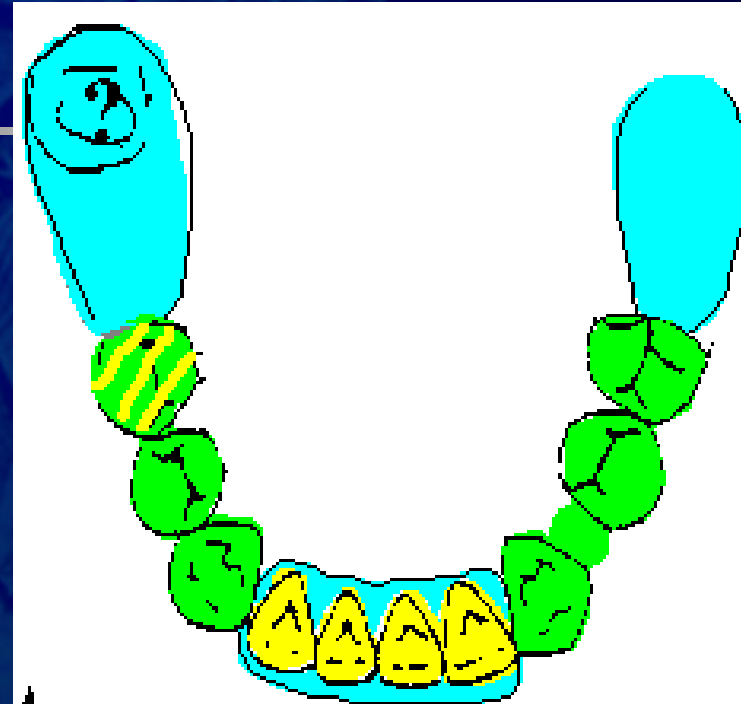
Soldered 44 + 45?

Milled crowns?

Intra- or extracoronal attachments?



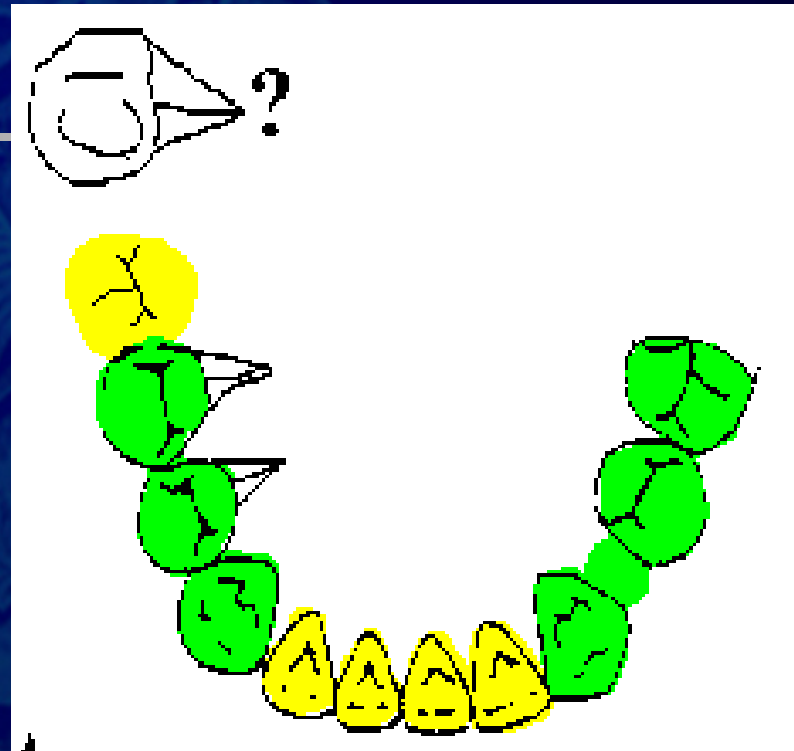
# Conus bridge



Clinical knowledge:

47, 36, 45: extraction ... gold coping ... attachment?  
43/44/45: separation?

# Fixed bridge



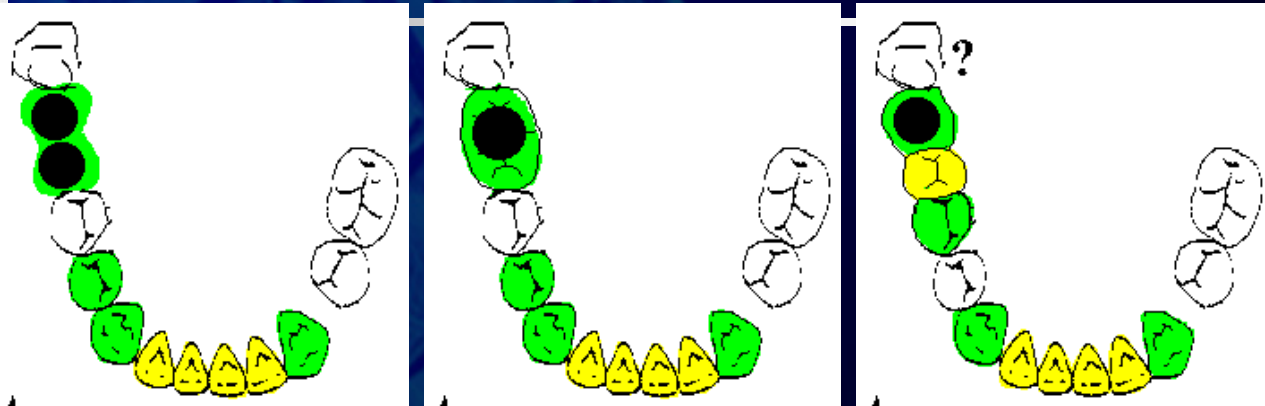
## Clinical knowledge

Conventional alloy, titanium-ceramic  
or gold acrylic?

Zn-phosphate, GIC or resin cement?

Bridge extension 46? 46+47 ?

# Implant retained prosthesis



## Clinical knowledge

One / two implants?

Wide collar - standard diameter?

Splinted - non-splinted FPD?

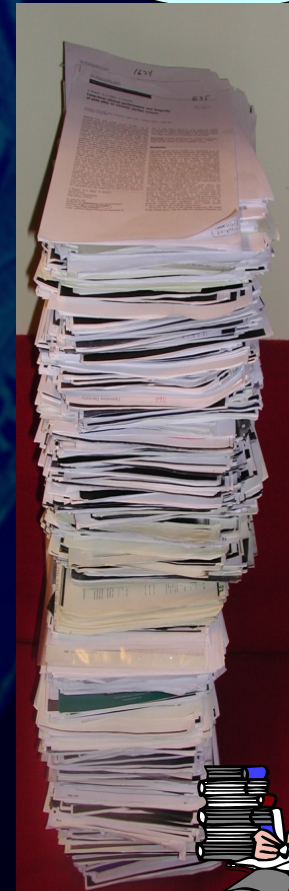
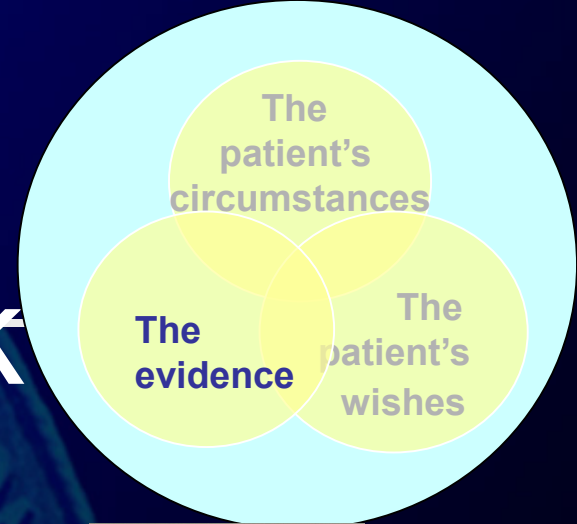
Cement / screw-retained ?

Nobelbiocare, AstraTech, 3i, Endopore,  
Straumann, Friadent...?



# Treatment planning

Overwhelming task  
to appraise and  
present evidence  
without first  
communicating  
with the patient!



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**Advent of  
Evidence  
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