PROSTHODONTICS

3rd year - October 2011

Patient Management and Treatment planning

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The framework for the practice of prosthodontics

Competency to predictably treat patients with these conditions:







Loss of: Morphology Function

Neuro-physiology mechanisms



How do each individual cope with their condition? Who becomes a patient? Why?

What are their expectations for improvement?



How do each individual cope with their condition? →

Who becomes a patient?

Why?

Socio-cultural determinants

What are their expectations for improvement?

Wear
Single space
Partial Dentate
Edentulous jaw
Terminal dentition
Extensive tissue loss
Congenital

1. SITUATION: What is the patient's problem?



76 yrs
Dry mouth
Caries

- A. Restorative only, no prostho
- B. Cast partial denture +/- crowns
- C. Fixed bridge
- D. Implant retained prosthesis
- E. Other



76 yrs + 2

Dry mouth

Caries

- A. Restorative only, no prostho
- B. Cast partial denture +/- crowns
- C. Fixed bridge
- D. Implant retained prosthesis
- E. Other





- 76 yrs + 2 + 1.5
- Dry mouth
- Caries

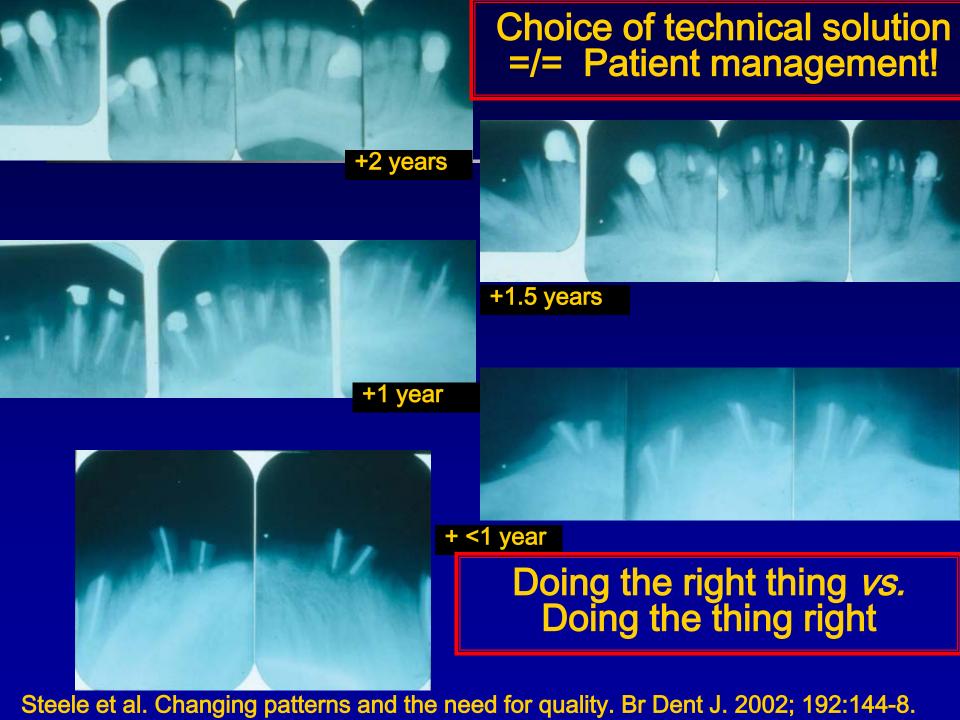
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- 76 yrs + 2 + 1.5 + 1
- Dry mouth
- Caries

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Wear
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Congenital

- SITUATION: What is the patient's problem?
- cAUSE: What is at the root of the patient's problem?

Active Disease?

Consequences of a disease?



Wear



Etiology?:

Friction

External ("abrasion")

Internal ("attrition")

Chemical ("corrosion/erosion")

External (Diet)

Internal (e.g. GERD)

Wear
Single space

Etiology?:

Trauma

Caries / Periodontitis







Wear Single space Partial Dentate

Etiology?:
Trauma
Caries/ Periodontitis













Wear Single space Partial Dentate

Edentulous jaw

Etiology?

Socio-cultural association

Disuse atrophy







Wear Single space Partial Dentate Edentulous jaw

Terminal dentition





Etiology?

Socio-cultural association

Caries/Periodontitis
Oral Health

Negligence

Wear
Single space
Partial Dentate
Edentulous jaw
Terminal dentition

Extensive tissue loss

Etiology?:

Trauma

Cancer







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loss

Congenital



Oligodontia
Cleft Lip/Palate
Amelogenesis Imp.
Dontinggenesis Imp.

Dentinogenesis Imp.

Osteogenesis Imp.

Ectodermal dysplasia







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- SITUATION: What is the patient's problem?
- CAUSE: What is at the root of the patient's problem?

Active Disease?

Consequences of a disease?

PROCESS: How can the patient's problem be solved?



Wear



Tissue-retained Tooth / teeth-











Wear **Single**







Tissue-retained
Tooth / teeth-





Implant-retained





Inlay-bridge Cold Veneer

Wear Single space

Partial Dentate



Tissue-retained

Tooth / teeth-

Mucosa-

Tooth/teeth + mucosa-

Implant-retained



Wear Single space Partial Dentate

Tissue-retained



Edentulous jaw



Mucosa-











Wear Single space Partial Dentate Edentulous jaw

Terminal dentition

Tissue-retained

Mucosa-







(Implant-retained Implant+mucosa)

Wear Single space Partial Dentate Edentulous jaw Terminal dentition

Extensive tissue loss



Tissue-retained

Tooth / teeth-

Mucosa-

Tooth/teeth + mucosa-

Implant-retained

Implant+tissue-

(Implant+tooth-)



Wear
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Congenital



Tissue-retained

Tooth / teeth-

Mucosa-

Tooth/teeth + mucosa-

Implant-retained
Implant+tissue(Implant+tooth-)







Wear
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Congenital

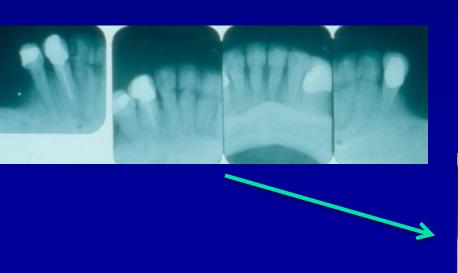
- SITUATION: What is the patient's problem?
- CAUSE: What is at the root of the patient's problem?

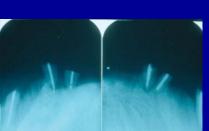
Active Disease?

Consequences of a disease?

- PROCESS: How can the patient's problem be solved?
 - RESULT: To what extent has the patient's problem been solved?

Educating the patient how to avoid future oral disease (and treatment) is a component in all patient care.







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- SITUATION: What is the patient's problem?
- CAUSE: What is at the root of the patient's problem?

Active Disease?

Consequences of a disease?

- PROCESS: How can the patient's problem be solved?
- 4. RESULT: To what extent has the patient's problem been solved?
- PROGNOSIS: How can the patient prevent future problems?

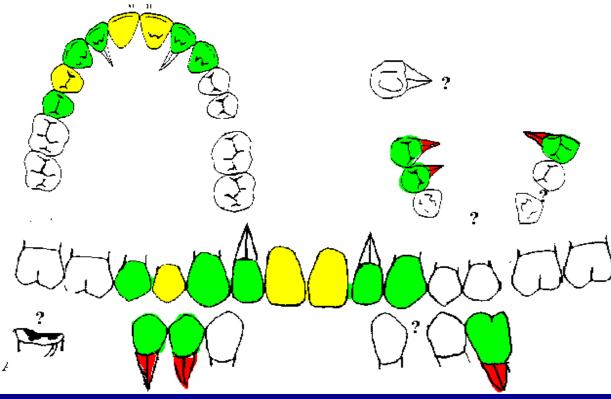
How to proceed for determining the optimal treatment for a patient with complex restorative needs?







1. Remove pathology:



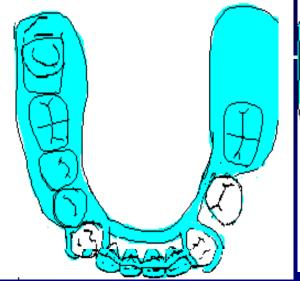
Choice of restorative material? -retrograde endodontics?- extractions? - furcation surgery? - root separation? - orthodontics? -occlusal correction?

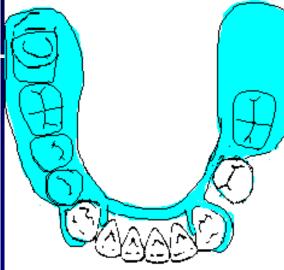


- A. Restorative only, no prostho
- B. Cast partial denture
- C. Crowns and partial denture
- D. Fixed bridge
- E. implant retained prosthesis



Acrylic partial denture



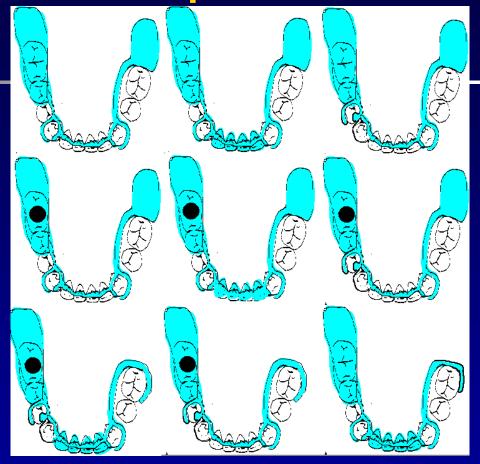


Clinical knowledge

- Prosthesis design
- Prognosis



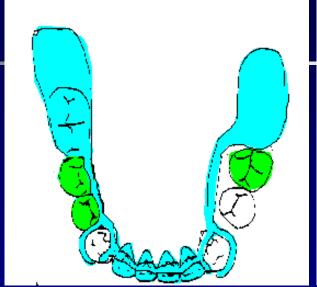
Cast partial denture

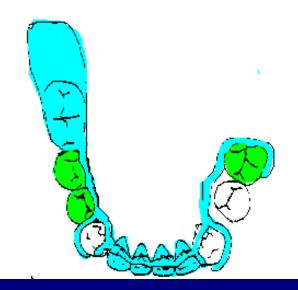


Clinical knowledge
Prosthesis design
Prognosis
Retention



Crowns + cast partial dentu





Additional clinical knowledge

36 extraction or crown?

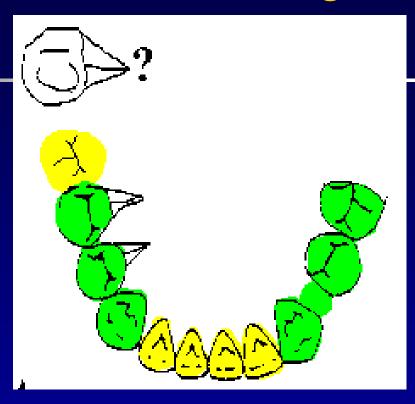
Soldered 44 + 45?

Milled crowns?

Intra- or extracoronal attachments?



Fixed bridge



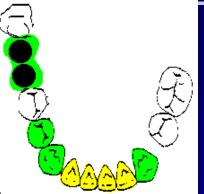
Clinical knowledge

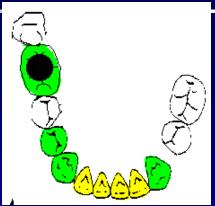
Conventional alloy, titanium-ceramic or gold acrylic?

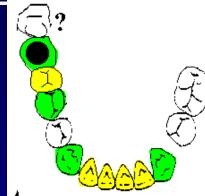
Zn-phosphate, GIC or resin cement?
Bridge extension 46? 46+47?



Implant retained prosthesis







Clinical knowledge

One / two implants?

Wide collar - standard diameter?

Splintet - non-splintet FPD?

Cement / screw-retained ?

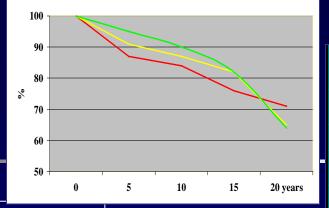
Nobelbiocare, AstraTech, 3i, Endopore, Straumann, Friadent...?

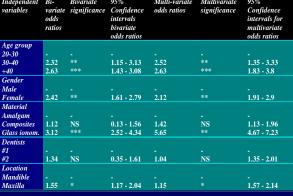
Treatment planning

Overwhelming task to appraise and present information for consent without first communicating with the patient!



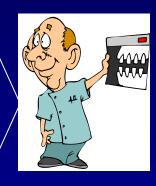
Treatment decision considerations







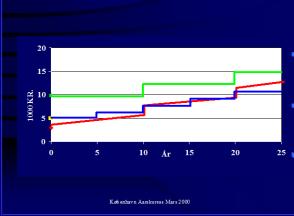
Dentist:patient relationship **Two-way**communication











Correct
Prosthodontic
Treatment
Planning
=

Evidence-based

practice

The patient's circumstances The The patient's evidence wishes Making clinical decisions