

# FAQs dental implants

SYDNEY COSMETIC DENTIST DR SARKIS NALBANDIAN ANSWERS SOME OF THE MORE FREQUENTLY ASKED QUESTIONS ON IMPLANT DENTISTRY. WORDS BY LISE TAYLOR

**Q What is it that makes a smile attractive?**

**A** When a patient requests an improvement in their smile, it needs to be assessed as part of their overall facial appearance. Facial attractiveness is a result of the balance and symmetry of many facial features, including the position of the eyes, ears, nose, lips, hair, chin, cheekbones and teeth across the midline, and also in

proportion to each other in both vertical and horizontal planes.

The dentist needs to consider how the smile harmonises within these elements of the face and to take into account the lip frame and the dental components. The dynamics of tooth and gingival display during functional lip movements creates an expression of aesthetics that is unique to each and every individual.

**Q What are some of the options available to help correct an unattractive or ageing smile?**

**A** Today many options are available to improve an unattractive or ageing smile. The decision-making process should be based on the treatment modality that is least invasive, offers a long-term result and has a predictable outcome. Any treatment must be conservative to the tooth

structure. Preserving the tooth enamel is the key with current aesthetic dentistry. It is the tooth enamel to which most restorations (porcelain and composite veneers, and crowns) are bonded. Reduced tooth enamel affects the bonding to the tooth and the longevity of any restorations.

The important question to ask is the age of the patient and the amount of tooth structure present. If minimal enamel and tooth structure is present then full crowning to protect the tooth is the best option. However, where we have a healthy tooth, other options are available, such as orthodontics to position the tooth correctly within the arch, followed by simple tooth whitening or applying thin veneers. This is an excellent long-term, conservative option.

In many cases adults with worn, aged smiles requesting aesthetic improvement may benefit from tooth repositioning. This allows better symmetry of their smile, and offers ideal tooth shape, form and colour correction, as well as improvement in overall function.

Patients with missing teeth would also benefit from the placement of dental implant-supported crowns and bridges.

In severely worn dentitions, the facial height may have been reduced, making the face appear more aged. It is in these cases that teeth restoration is most difficult. Crown lengthening, where the gum level is lowered with the supporting bone to expose more tooth structure for veneering and crowning, can help here. We can also create spaces by combining orthodontic and/or surgical repositioning of the jaws for optimal dental restorations (crowns, veneers, implants) at the correct facial height: improving both the smile and the face.

**Q What are dental implants and what are they used for?**

**A** Dental implants offer a long-term solution for the replacement of either single or multiple missing teeth. They involve the permanent replacement of dental roots with a titanium fixture.

This fixture is placed in the bone of the jaw and allowed to heal (like two bone fractured segments heal). Implants can be used in these cases provided there is adequate bone quality and quantity. The bone unites with the implant based on a phenomenon called osseointegration (the fusing of bone and implants).

**Q What are the advantages of implant dentistry?**

**A** Dental implants have a number of advantages. Firstly, implant support provides a stable non-moving foundation (like dental roots firmly anchored to the bone) for replacing missing teeth. Secondly, the utilisation of implants can save healthy adjacent teeth, which would otherwise be prepared or cut down for conventional bridge work. A third advantage is that implants help to preserve the bone from disuse atrophy. This is important as bone shrinkage after tooth loss can affect the appearance of the face and accelerate the ageing process. Today the use of implant replacement teeth, in cases where the adjacent teeth are sound, is the standard of dental care and should be offered to patients as the first priority.

**Q Does implant dentistry have any disadvantages?**

**A** In any form of dental treatment, particularly when planning dental implant placement and restoration, an experienced clinician will assess the risk/benefit ratio. Naturally the benefit of the treatment must outweigh any possible risks. The main disadvantage of dental implants is that surgery will lead to some degree of discomfort, which normally lasts about a week. The incidence of complications is low and usually transient.

**Q What happens with treatment planning?**

**A** Before any form of treatment can begin, planning for the final result is required. Special diagnostic tools such as study models, x-rays and photos are

utilised, as is 3D imaging using CT scans. This imaging is used to assess the bone volume and optimal positioning to guide the implant placement. The patient must also understand why these procedures are necessary as well as any limitation that may apply to the treatment and patient expectations. Each patient's approval and understanding of all treatment modalities is a prerequisite before the treatment plan is initiated.

**Q How important are clinical artistry and technical skill in relation to creating natural-looking dental implants?**

**A** Extremely important. There are numerous limitations placed on the implant surgeon as to the optimal implant placement for the best possible aesthetic outcome. An understanding of biological limitations and the ability to manipulate tissues around the emerging implant/crown complex is essential. This is especially important in patients with high smile/gum lines and thin gum tissues. The implant crown/bridge work is designed using the latest dental materials and CAD/CAM technology.

**Q How important is good general oral health in maintaining the implants?**

**A** Although international multi-centre studies have shown success rates in excess of 90 percent with implant dentistry, the successful integration of implants cannot be guaranteed. It depends on many factors, including the patient's general health, the quality and quantity of their bone, effective surgical techniques and ongoing care of the implant site. It is also important to stress that smoking and severe grinding (bruxing) during and after the treatment can adversely impact on successful osseointegration. Implant dentistry requires long-term support and constant maintenance, including six-monthly hygiene visits and wearing a night guard to control adverse forces, as well as effective home care. **bella**