

Mini-Implants, Maximum Stability

On November 30, 2008, Troy Dorski left for Iraq.

"I didn't want to leave with my mouth in the condition it was in," confides the thirty-eight-year-old. "After spending over ten thousand dollars for crowns and root canals that failed, in January of '08 I had the dentist pull all of my teeth and give me dentures."

Troy says the dentist also placed four mini-implants in the front of his lower jaw.

"Unfortunately, the dentures were miserable; they moved around in my mouth and constantly sliced it open. Additionally, I found that having the roof of my mouth covered was very uncomfortable and really affected the taste of food. My dentures were so unsuccessful that I just pretty much quit wearing them."

Tooth loss can have a number of negative effects on both physical and emotional health, as well as on cosmetic appearance. From a functional standpoint, bone tends to shrink and collapse following tooth loss. For patients with remaining teeth, as more are lost, so is the ability to chew properly, resulting in the possibility of nutritional deficiencies and digestive problems. Also, any remaining teeth tend to shift into the spaces that are created by those missing teeth. As they shift, the resulting change in the bite further sets the stage for possible temporomandibular joint (TMJ) problems.

From a cosmetic standpoint, when teeth are present in their proper positions they serve to fill out the face. If back teeth are lost, cheeks begin to sink inward, and when front teeth are lost, lips are prone to recede. Then, as the bone that supported the tooth begins to shrink, the effect is accentuated, speeding up the appearance of aging. Additionally, as teeth are lost, people tend to smile less, producing expressions that can be interpreted as indifferent, unhappy, or angry.

"After watching me go through all of this, my mom, Terry, gave me some good advice," observes Troy. "She suggested that I see my Grandpa Kalbasz's dentist, Dr. Brown."

Clark F. Brown, Jr., DDS, is a comprehensively trained and experienced dentist who has practiced implant, cosmetic, and general dentistry in Melbourne for more than thirty years.

In September, Troy scheduled an appointment with Dr. Brown: "I wanted to go to a dentist who has proven to my family that he knows what he's doing with dentures, but even then I was pleasantly surprised. I was more impressed by Dr. Brown than I've been with any other dentist I've met in the state. I tend to go with first impressions, and both Dr. Brown's knowledge and personality came off great.

"One of the first things he did was get to know my personal background."

"During my first consultation with a new patient, I take a medical history," describes Dr. Brown. "Then we go over the types of problems the patient may be having and the goals he or she wants to achieve. A patient with dentures may want to get rid of them altogether or may simply want the dentures comfortably secured. A patient with missing teeth may want a fixed bridge or may prefer implants.

"Of course, we take x-rays, which enables me to see how much bone a patient has, and then we sit down together and discuss how we can reach his or her goals. We discuss what we can achieve, other options, and the cost

and time involved.

"We spend enough time with our patients so that they can make educated decisions."

Dental implants

A dental implant is an artificial replacement for the root of a tooth.

"The implant provides a foundation on which permanent teeth or removable teeth can be securely attached," educates Dr. Brown. "Implants can prevent deterioration of the bone beneath the gums, which helps maintain the fullness of the face and provides a good bite. They also stimulate the bone, causing it to strengthen and grow."

Implants are a great option for denture-wearing patients who want to improve their dental health, comfort and function.

"The implant-supported dentures have several advantages over a conventional denture," informs Dr. Brown. "A conventional denture is supported primarily by tissue, allowing it a great deal of mobility. This creates difficulty when chewing, talking and smiling. The implant-supported denture is secured directly to the bone at a number of points. This greatly reduces the mobility of the denture. Patients are able to laugh, smile, and chew without the fear of their dentures slipping out of place.

"Additionally, taste buds are found not only on the tongue but also on the roof of the mouth. Because a conventional denture covers those nerve endings on the roof of the mouth, it affects not only the sense of taste but also of food temperature and texture, which play into the whole eating experience. When supported by implants, much of the portion of the upper denture that covers the roof of the mouth can be removed. This revives the sensations of taste and temperature, and increases the overall pleasure of eating."

The first stage in placing implants is to determine the number, position, and direction in which to lay the foundation of dental implants to maximize success.

The next stage is to place the implants. These implants are made of titanium, which is an extremely biocompatible material. It is a strong substance that has the ability to actually bond to the bone. This process is called *osseointegration*. During the placement of implants, the tissue over the implant site is opened to expose the bone. A recipient space is created in the bone close to the shape of the implant, and the implant is then placed into the bone. The tissue is repositioned and secured with sutures.

It takes approximately four months for the implant and bone to fuse. Once

that takes place, the top of the implant is uncovered, and replacement teeth are attached to the implants.

Implant-supported dentures seemed to be the best solution for Troy; however, there were two overwhelming problems.

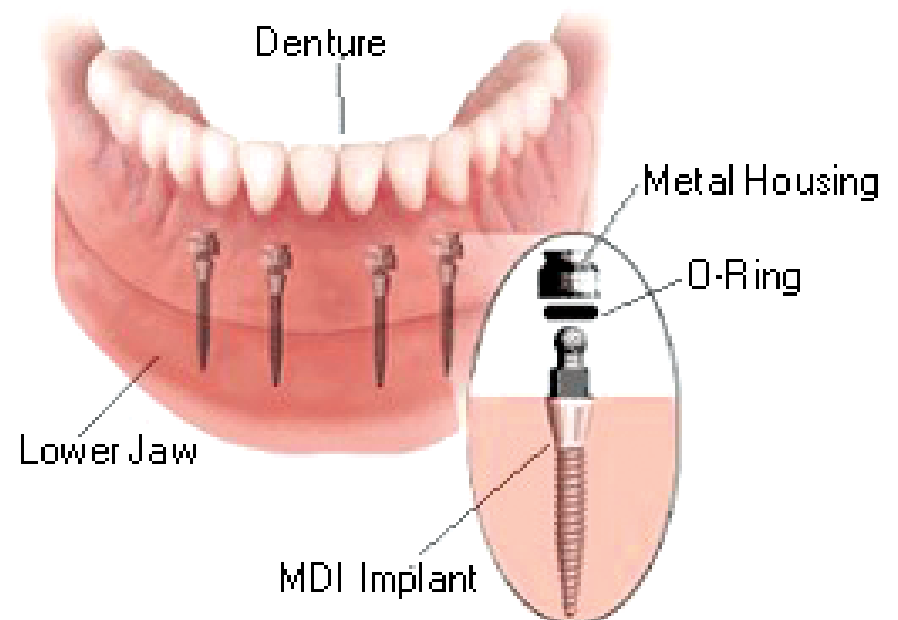
"I was scheduled to leave for Iraq in less than three months," reminds Troy, "and money was also an issue, so I spoke with Dr. Brown about placing more mini-implants."

Mini-implants

"Initially, mini-implants were designed to be placed alongside conventional implants to stabilize the denture while the conventional implants fused with the bone," teaches Dr. Brown. "They were never meant to be long lasting, and by the time they started to fail, the conventional implants would have integrated, so the case could be completed.



For more information, please visit w



Here for you

Dr. Brown looks forward to meeting the readers of **Brevard Health Care News**. For additional information or to schedule an appointment, please call **(321) 259-9429**. The office is located at **2113 Sarno Rd.** in Melbourne.

CLARK F. BROWN, JR., DDS, P.A.

“However, with some small but significant design changes, the mini-implants have been greatly improved.

“By slightly increasing their diameters and adjusting their thread design, the strength of the mini-implants was increased by forty percent, and the success rate improved dramatically. Additionally, by creating *cross-arch stabilization*, where implants are placed on both sides of the arch, we can further strengthen the mini-implants to the point that their success

placement, they are a lower-cost alternative to conventional implants. Third, mini implants offer a far more immediate result. To complete both the upper and lower jaws, the procedure only requires approximately two and a half hours, and patients leave wearing their stabilized, well-functioning dentures.

Tooth design

Dr. Brown began Troy’s treatment by designing and creating a set of well-fitting dentures. “There are many shapes, styles, and colors of teeth that patients can choose from,” acknowledges Dr. Brown. “It is interesting, though, that teeth usually conform to the shape of the person’s face, whether it is round, oval, or square.

“Patients, of course, always have the option to choose the shape of their new restorations, and we try the teeth in wax first so the patients can see how they will actually look. At this point, we can make any changes we may want to make before completing the final restorations.”

Dr. Brown then placed six mini-implants in the top arch of Troy’s mouth and added two additional mini-implants to the back of his lower jaw, making a total of twelve. Because Dr. Brown performs both the surgical placement of the implants and the design of the restoration, the possibility of miscommunication between the implant surgeon and the restorative dentist is eliminated. He knows exactly how to place each implant and how to best utilize it to secure the final denture.

At the same visit, the upper and lower dentures were each modified with six implant receptacles and the denture portion covering the roof of the mouth was removed. Troy left with both dentures securely in place and was able to enjoy eating with them the same day.

IV Conscious Sedation

Dr. Brown offered Troy the option of having IV conscious sedation during the placement of his implants. This level of sedation is often referred to as *twilight sleep*. It allows the patient to be relaxed and comfortable throughout treatment and usually results in no memories of the dental procedures. Troy was not apprehensive about treatment and chose not to have the sedation.

“There was absolutely no pain at all,” remembers Troy. “The procedure was pretty uneventful.”

Success!

“My dentures actually fit comfortably,” says Troy. “I have absolutely *no* problems with them.

“This gives me a great sense of security – especially with my upcoming move to Iraq. Before Dr. Brown placed the mini-implants, I had to use glue to hold in the upper denture, and having the roof of my mouth covered made me gag.

“Now, I can feel the roof of my mouth and my teeth don’t move at all. I know I’m going to love them.” **FHCN—Kris Kline**



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rates are on par with those of conventional implants.”

According to Dr. Brown, for replacing a single tooth or a row of teeth, the conventional implant is still the standard, but for securing a denture, the mini-implant offers several advantages.

“First, traditional implants require stable bone support to receive the implant. For a patient with significant bone loss, that would mean an initial surgical procedure to build up the jawbone, then a second surgery to place the implants, and a third surgery – once the implant and bone have fused – to open the gum tissue to place the posts and restorations. The process is time-consuming and expensive, and it can be uncomfortable.

“Mini-implants are narrower than traditional implants, so we can place them even when bone mass is reduced.

“Second, because of their single-stage design and minimally invasive surgical



PHOTO COURTESY OF DR. BROWN

As Troy prepares to leave for Iraq, he feels much more comfortable with his mini-implant-secured restorations.

A message from Dr. Brown:

First impressions are strong and lasting, and most people interpret your smile as a reflection of your personality. A pleasing smile makes a very positive first impression on people, where a poor smile is often greeted with reservation and caution. Only if a relationship develops do we really get to know the person behind the smile.

A 2004 scientific survey conducted at the Medical College of Wisconsin found that 99.7% of the respondents believe a smile is an important social asset. The same survey found that 96% of adults believe an attractive smile makes a person more appealing to the opposite sex, and 74% felt that an unattractive smile could hurt a person’s chances for career success. It was determined that the characteristics people are most likely to notice first about someone’s smile include straightness, whiteness and color of teeth, any missing teeth, the sparkle of the smile, and sincerity of the smile.

In my office, I use the most advanced techniques and materials available to create an attractive, positive smile. I look at the patient, listen to what they want to achieve, and together we plan the end result. This is the most important and most difficult aspect of treatment. Several people, both in the forefront and behind the scenes, are often involved in creating the desired appearance. In the forefront are the dental hygienists, dental assistants, treatment coordinator, and me, who all work directly with the patient. Behind the scenes are the laboratory technicians who create custom restorations to perfectly suit the needs of each patient.

We all work together, ensuring a winning smile for the patient.



Clark F. Brown, Jr., DDS, is board certified by the American Board of Oral Implantology/Implant Dentistry. He earned his undergraduate degree from the University of California, San Diego, and his Doctor of Dental Surgery degree from Georgetown University. Dr. Brown served as a dentist in the U.S. Air Force from 1978 to 1981. He has been in private practice in Melbourne since 1981. He is a Diplomate of the American Board of Oral Implantology/Implant Dentistry, International Congress of Oral Implantologists, American Society of Osseointegration, and American College of Forensic Examiners and is a Fellow of the American Academy of Implant Dentistry and International Congress of Oral Implantologists.