

R

eplacing Lost Teeth

IN SUMMARY . . .

Dental implants are one of the most advanced, complex procedures offered by modern dentistry. Major technological advances have contributed to implants that are both effective and long-lasting.

Your dentist will help you weigh the advantages and disadvantages of a dental implant, considering your unique set of circumstances. Together you can make the best decision for your long-term dental health.

WHO SHOULD CONSIDER DENTAL IMPLANTS?

Dental implants should be considered by patients who have lost one or more of their natural teeth and are not happy with (or cannot tolerate) dentures or other options. Most people who have lost teeth can have successful implants!

The ideal candidate for dental implants must have healthy gums and sufficient underlying bone. In addition, that person must have good general health.

Age is not a drawback. Implants have been successful on many children as well as very old patients.

The person considering dental implants must be highly motivated because the most difficult part of dental implant success is aftercare. Long-term success depends on meticulous dental hygiene and good care of the oral area. That includes brushing, flossing, and regular dental checkups. Only persons who are able to achieve that level of oral care are good candidates for dental implants.

HOW LONG WILL A DENTAL IMPLANT LAST?

The length of time that implants will last depends not only on the skill with which they are placed, but also on the care that is given thereafter. The partnership of the patient and dentist is crucial for maintaining dental implants.

The life of implants varies depending on the area in which they are placed, the condition of the underlying bone and soft tissue, the type of implant used, the general health of the patient, and the aftercare of the implant.

With modern improved techniques and materials, the majority of implants last for ten years or more.



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REPLACING LOST TEETH

Missing teeth can have a major impact on appearance, ability to chew, and overall health. Throughout history, there have been efforts to find suitable replacements for lost teeth.

The first evidence of attempts to replace teeth dates to the year 2600 B.C. Cultures from that point forward tried to replace lost teeth with human or animal teeth and had very little success in most cases. Perhaps the most famous and well-known historical case of tooth replacement is that of George Washington. His first set of dentures was made of wood and a later set was made of hippopotamus tusk. Over time, many materials have been tried. Dentists first began to use porcelain for natural-colored teeth about 100 years ago.

The first dental implant was recorded in France in 1807 and consisted of a molar implant with a gold root.

The science known as implantology has advanced through the years with vast improvements in both technique and the materials used for implants. Some of the more recent types of implants even have built-in shock absorbers!

HOW DO MODERN DENTAL IMPLANTS WORK?

Until recently, dentures were the best option that could be offered to those who lost teeth. For many individuals the permanent dental implant is a much better alternative.

Dental implants generally consist of two major parts: an artificial tooth or multiple teeth, and an underlying permanent anchor to which teeth are attached. The anchor is surgically placed on top of or within the jawbone, and the artificial teeth are attached by posts to the anchor. The artificial teeth fit right onto the gum line or close to the gums for a natural appearance.



A dental implant generally consists of two major parts: an artificial tooth (or teeth) and an underlying permanent anchor on top of or within the jawbone. A post is used to connect the two.

To increase biocompatibility (the acceptance of outside materials by the body) implants may be coated with a material such as hydroxylapatite which is well accepted by surrounding body tissues and seems to lead to few complications. For the same reasons, titanium is often used to construct anchors.

The anchor can be structured for one or more individual teeth, a partial denture, or a full denture.

As a result of advances in materials and techniques, use

of implants has increased dramatically in the last few years and has become an important part of modern dentistry. Many more types are now available. The National Institutes of Health predicted that over 300,000 dental implants would be placed before the year 1995.

IMPLANTATION SURGERY — WHAT TO EXPECT . . .

The process of dental implantation involves careful assessment by the dentist to determine whether or not the option is the best one for a patient's unique set of circumstances.

That assessment includes a thorough dental history and examination and a medical history. X-rays and other imaging methods, such as computed tomography (CT Scan), are used to assess bone and other underlying structures.

The anchor for a dental implant must be surgically placed, which involves an incision in gum tissue. The incision is made in gum tissue and space is created in bone for the

implant. Often, the procedure can be done on an outpatient basis with a local anesthetic.

After the surgery, teeth cannot be attached immediately to the anchor. A three to six month wait is necessary to allow bone tissue to grow on and around the anchor, attaching it tightly to the jawbone. That process is known as osseointegration.

Your dentist may recommend a temporary denture to be worn during the waiting period.

Depending on the type of anchor used, posts (for the attachment of teeth) may already be present. If not, a second minor surgical procedure will be necessary to attach posts to the implant. The final restorations will be placed on these posts. Once gums have healed, posts are attached.

WHAT ARE THE RISKS ASSOCIATED WITH DENTAL IMPLANT SURGERY?

Although there is always some level of risk associated with any surgical procedure, usually there are no major long-lasting negative effects of dental implant surgery.

Temporary effects include pain and swelling and inflammation of the gums. The possibility of long-term adverse effects is low, but rarely, nerve or sinus injury may occur.



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