Help with Implant-Supported Dentures

dentalcoach | Total Posts: 135 | Member Since: 12/04/02 | Location: Richardson, TX | Posted: 9/17/2005 7:03:07 AM | Post: 1 of 46

I would sure appreciate some opinions from others on treatment planning an upper/lower implant-supported denture case. The patient is female, 80-years-old and has about 15 teeth that cannot be salvaged. I discussed options with patient and family and arrived in agreement that implant support would be best. I referred the patient to my periodontist, who agreed that the remaining teeth were not restorable and that implants were the best choice. We reviewed options with the patient considering removable vs. fixed-detachable (hybrid). Best option seems to be removable. In treatment planning, we are expecting to make an immediate upper and lower for placement at the time of surgery to remove the remaining teeth. Then, we will wait at least three-to-four months for placement of the implants (I guess using the denture as a guide). The periodontist plans for four maxillary implants and four mandibular implants. Then, after another four-to-six months, we plan on making the attachment to the denture. My questions are:

1. What kind of attachment would others recommend? I have done bar-hybrids, bar-overdenture, ERA, OSO, etc. I have not done Locators. Would you want a bar to connect the implants or would you leave them as individual implants?
2. Would you attach the implants to the original immediate denture or do you make a new denture?
3. Any ideas on making the original immediate? Just one set of impressions, bite records, mount, lab extract teeth—and that is it? Soft reline at least. Reline periodically. Really, I am trying to get ready to present the final fee and want to get a feel for the best plan for her and the proper fee. I have really been burned on the fee on implant cases before and don’t want to end up on the short end. On the other hand, I don’t want to price it too high. If a connecting bar is not necessary, I don’t want her to have that expense.

drjeromesmith | Total Posts: 2224 | Member Since: 05/04/03 | Location: Lafayette, LA | Posted: 9/17/2005 11:37:30 AM | Post: 2 of 46

[In response to post by Dentalcoach]: “…Best option seems to be removable.”
Yes.
[In response to post by Dentalcoach]: “What kind of attachment would others recommend?”
I use the Locator attachment system for all of the reasons stated in previous posts. I’ve used them all, and Locators are #1 in my book.
[In response to post by Dentalcoach]: “Would you attach the implants to the original immediate denture or do you make a new denture?”
I routinely DO BOTH. That way, the patient winds up with a “back-up set” and they like this idea combined with the idea of not throwing away their immediate denture (investment). The neat thing about this idea is that after we’ve attached the Locators to the immediate dentures, reduced the bulk, flanges, etc., you can use a Lang denture duplicator to duplicate these immediate dentures for your final impressions. Very, very simple stuff and very accurate in terms of incisal edge position duplication, VDO [vertical dimension of occlusion], etc.

meshuguna | Total Posts: 1562 | Member Since: 05/06/02 | Posted: 9/17/2005 12:13:10 PM | Post: 3 of 46

Locators, no bar.

pmgpenn | Paul | Total Posts: 535 | Member Since: 03/16/05 | Location: Pennington, NJ | Posted: 9/17/2005 3:16:00 PM | Post: 4 of 46

Upper case:

1. Immediate denture at time of extractions.

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2. Soft reline one week later.
3. Duplication of immediate upper for surgical stent (provided esthetics and position are acceptable).
   Buy a Lang denture duplicator and duplicate it with putty, send it to a lab and ask for a clear implant stent. Lab cost $70-$95.
4. Send stent to surgeon for placement of six implants in the maxilla (four implants in the upper is really not enough).
5. Wait for implants to heal and reline immediate, as needed.
6. Fabricate brand new u-shaped palate-less, metal-reinforced denture that is attached to either a bar or locator attachments. Big difference in price (whole lab cost for bar/u-shaped denture is probably between $4,000-$5,000 versus Locator/u-shaped probably $2,500 (I am from the Northeast)).
7. Proceed with fabrication of final prosthesis after getting the OK from periodontist that the implants are stable and to be restored. If this is your first case, get step-by-step instruction from an experienced dentist on how to fabricate the final prosthesis (definite pitfalls involved). Probably should ask the prosthodontist with the colorful molar wax-up who posts a lot on Dentaltown (Howard Chasolen?). The final price for the u-shaped upper removable implant denture should be between $8,500-$15,000 dollars. Let me know if this helps.

Paul, why does a u-shaped, upper removable implant denture cost so much? I mean, the lab costs aren't much more than that of a RPD [removable partial denture], unless you're talking spark erosion. For $8,500-$15,000, in my office, you can go porcelain-fused-to-metal.

Jerome, I have not used the Lang denture duplicator before. I saw it demonstrated in a prosthodontist’s office in Dallas once during an implant study club outing. However, it was quite awhile back and I cannot remember much about it. Can you expand on that? Or can you direct me where to research? Also, what impression material do you use for a full-immediate when the patient has that many teeth? I am an Impregum fan, but I am afraid it might extract those teeth. Alginate seems like it might not be accurate enough. I have used Accu-Gel before many times. Just wondering. Thanks for everyone's input so far. I have done a lot of cases over the years, but have not done Locators. I am looking forward to trying them out, plus saving her money vs. a bar system. Also, Jerome, any thoughts on the restorative fee?

Jerome, these are the lab fees in PA/NJ. A bar case (hybrid or removable) carries a lab fee of $4,000-$5,000. I figure one would charge two-to-three times the lab fee. Where do you get fixed-implant fees that reasonable? Because I would try it. I figure 12-14 fixed-implant case would be a lab fee of at least $6,000.

Coach, for the immediate DO NOT USE Impregum. Use a stock or custom tray and border mold. I use this stuff called Adaptol, which is very quick to use (much faster than green compound). Definitely use alginate and just pour it up immediately. It will be the easiest to handle and the accuracy will be fine. Remember you will be relining it anyway and it will not be the final prosthesis.

It's like a metal clam shell that is hinged. The idea is to load up half the shell with alginate, seat the denture half way down... let it set up. Spray on separating medium-load up the other half of the shell, slam it shut. Let the alginate set up. Then, open it up, remove the denture, give it back to your patient and let
'em go. Now, pour up cold-cure acrylic into the alginate mold; after it gets “frosty,” close it shut. Throw it in a pressure pot. Then, remove and retrieve the acrylic duplicate. Smooth edges and bubbles, and then you've got the almost perfect occlusion rim with teeth already set on it for the lab to use as a guide in final placement on the incisal edges for the “new denture,” as well as tooth shape, morphology, etc.

Coach, the best way to get a fee is to FIRST get an estimate from the lab that you want to use. I estimate a four-to-six Locator case with a metal-reinforced (mesh) denture will be $2,500-$4,000. (This is not for a bar, by the way, which will be more.) I recommend charging $9,500 for each arch for the restorative fee only. Believe me, when you are done you will not think it is too low of a fee. Surgical implant fees will obviously be separate. This will change the patient's life and function, so do not apologize for your fees.

Basically, when I send the case to the lab, they get a mounted case that was made from an impression of the Locator abutments in the mouth with the Locator housings “in place.” All they've got to do is fabricate a metal-based removable prosthesis! Period! Patient is appointed for delivery. We insert the housings into the mouth, check for passive fit with Fit Checker, relieve as necessary until the case is fitting passively, add cold-cure acrylic to secure the housings to the new prosthesis, then remove the black processing inserts and replace with either clear, pink, blue, red or green inserts depending upon the amount of retention desired. I'm POSITIVE that my total lab fee isn't more than $400 dollars per arch. Same as that of a conventional metal-based RPD and I'm talking about a quality commercial dental laboratory. I've done these cases a dozen different ways. This way is simple, accurate and obviously rather economical without any compromise.

Am I missing something here or is this type of work just way more expensive elsewhere? I really want to make this type of rehabilitative dentistry available to the majority of the population and not just rich folks. When you add in surgical fees, abutments, immediate prosthetics, tissue conditioning, relines, etc.; it can get so high-priced that only “the rich and famous” can afford this care. $9,500 for the prosthesis is just way too much here in south Louisiana. With a lab fee of less than $500, I charge something like $2,500 for the metal-reinforced prosthesis and I'm very comfortable with that…

Example of the cost of a typical case (not including immediate dentures, extractions, etc.):

- Sedation: $285.
- Four implants: $6,400.
- Four locator attachments: $1,000.
- Final metal-based removable prosthesis: $2,500.
- Total case fee (approximate) = Right above $10K per arch... for everything!
cal fee minimum. As for restoring, there are maintenance factors to consider. A locator attachment WILL eventually come out and have to be reset. When this happens you can’t charge the patient some nominal fee, it should be built into the overall initial fee. I think three-to-four times your lab fee is a fair price. Don’t forget about implant analogs for the models, impression copings, etc. Six Locators from the manufacturer and associated housings will be in the range of $1,000. The lab fee for a soft-tissue model, custom tray, metal mesh u-shaped denture, etc. will be at least $1,000. I think everyone should charge what they are comfortable with, but Coach has no experience with this type of case, so my advice is to error on the high side. If it is way over, credit something toward future treatment. This will be easier than asking for more money later. Coach, also remember that some of these guys have done 10-100s of these cases and can perform it very efficiently. The patient should not have to pay for you to learn, but make it worth your effort. Jerome, in my area there are some periodontists who charge close to $10,000 just to place four implants. I think geographic area is a big factor.

I still have a lot of concerns about the proper fee to quote, but I am going to try to follow Jerome’s advice. I would like to have more fee input since there is such a disparity. I will be presenting the fee this Tuesday and then, hopefully, starting the case. I will post updates as the procedure goes along. I will take treatment photos as I go, so anyone else can see what it looks like for a first-timer using Locators. That might help someone else in the future.

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