Full Arch Implant Retained Bridges

Implant-retained bridges have been a routine method of teeth replacement for some years now. While they are a routine treatment option to us here, we realise that you will have many questions regarding all of the procedures involved and the bridge itself. We hope the following points will help you feel more prepared for your treatment, and help you to ask any further questions that may arise.

The Bridge

The bridge that is inserted the day following your implant placement procedure is constructed of acrylic and looks similar to a denture – it has a pink, ‘gum’ like base, and teeth which have been colour matched for you. There are access holes in the bridge that correspond to the implants that are placed in to your jaw. The bridge is ‘screwed’ on the implant abutments through these access holes, and the holes are then covered with a filling material. At first, you will have no molar teeth on the bridge. The biting pressure of molars is very considerable, and we do not want this amount of force applied to the bridge or the implants as they are healing in the bone. After a three-month healing period, we can then remove the bridge and make any adaptations and additions necessary. (Please note: the bridge must remain in the mouth for three months before any adaptations.)

The provisional acrylic bridge is designed to be an interim bridge before progressing to the final titanium bridge. We anticipate that these acrylic bridges will last on average two years, however this type of bridge can last up to five years or more in some people. If you do not progress to the permanent titanium bridge, it may be necessary to have a new acrylic bridge made periodically to ensure protection of the implants.

Depending on many factors including bite pressure and previous or current clenching or grinding habits, you may break teeth or fracture this acrylic bridge. If this occurs, I will not profit from the event however laboratory costs will need to be covered by yourself. These are usually between $160 and $360 depending on the repair. If the problem is due to a fault with the materials or workmanship of the bridge, no fee will be charged.

Once implant bridges are placed, previous clenching and grinding habits may reoccur. This may cause teeth to be broken off the bridge or in extreme cases cause the bridge to fracture. As part of your permanent bridge construction, it is advised to have a special mouth guard called an occlusal splint made to protect your bridge while you sleep.

The titanium-based bridge is a hybrid of titanium and acrylic. The base is designed through CAD CAM technology (computer designed) and cast as one piece of titanium. This results in a very comfortable, well-fitting base that is extremely long-wearing and very, very strong. These titanium bases are made in Sweden and Japan, and construction does take a number of weeks. There is a considerable price difference between the two types of bridges, but please do remember that the titanium-based bridge is considered a more permanent solution, and due to the increased strength, allow more teeth to be added to the bridge. You can remain with your acrylic bridge, or change to a titanium bridge any time after your three-month healing period.

A New Denture?

If you already wear a denture in the jaw opposite to the new bridge, it may have been recommended to you to have a new denture made. If this is the case, this should be constructed before your implant-placement procedure is carried out. This way, your bridge can be constructed to fit your new denture more accurately.

If you are having teeth extracted in the upper jaw, and a denture inserted at the same time as the implant placement procedure is carried out, you will require re-lines of the denture at a later time. As your jaw heals after the extractions, the bone will remodel itself and ‘shrink’. This results in the new denture becoming loose. Re-lining the denture will prevent it from becoming loose during speaking and eating. Please note that in some cases, the entire denture may need to be re-made once healing has completely finished.
Schedule of Appointments

You will be following a very precise and complex treatment plan. There are a number of appointments needed to accomplish this:

1. **Diagnostic Records** – Impressions of your jaws (and dentures if applicable) are taken, and photos. The colour of your new teeth will be decided, and if you have any special ‘requests’ regarding the appearance of your new dentures and/or bridge, we encourage you to let us know about these at this appointment.

2. **Anaesthetic Assessment** – You will need to see the anaesthetist that will be carrying out your general anaesthetic prior to the day. The doctor will check your medical history, your current general health, and instruct you on fasting and admission times. You will be given your anaesthetist’s name and number once you have made an implant-placement appointment.

3. **Implant Placement Procedure – General Anaesthetic** – Dr Liddelow operates at two day surgery centres. Southbank Clinic, which is situated on Meadowvale Ave (off Mill Point Road), in South Perth and McCourt Street Day Surgery, which is situated on McCourt Street (opposite St John of God Hospital), in West Leederville. A full list of instructions regarding the centre you will be treated at will be sent to you nearer to your appointment time.

   The average general anaesthetic for extractions and implant placement is approximately three hours. During this procedure, you may have teeth extracted if required, and then implants are placed in to the relevant jaw. Accurate impressions are taken of the jaw and the implant sites and sent to the dental laboratory to construct the new bridge. There are now ‘healing’ caps placed over the implant sites (these will appear as white ‘buttons’ in your mouth) and sutures are placed. Please note that the sutures will remain in your mouth for a few weeks post-operatively.

   If you have had teeth extracted and a new denture made, the new denture will now be placed. You will be discharged from the day surgery centre a couple of hours after your general anaesthetic. Please note that you must be in the company of a responsible adult for the rest of the day and all of that night.

   You should ensure that you have soft, liquid food prepared for your evening meal, such as soup. Remember, you will not have eaten all day, so your evening meal will be important to you

4. **Next Day – Insert Bridge** - The next morning, you should begin your hot salt water and Curasept mouth rinses. (You will be given an instruction sheet concerning your post-operative mouth care.) If you have had a new denture placed, you should now remove it, rinse your mouth and wash the denture. You will have an appointment for the following afternoon in Dr Liddelow’s rooms to have your new bridge inserted. This will involve removing the white healing caps in your mouth, and screwing on the bridge. Dr Liddelow will then check the bridge thoroughly and give you some instructions regarding caring for your ‘new’ mouth.

Some Important Points to Consider…

1. **Post-operative Swelling and Bruising** – this is very hard to predict from patient to patient. Some patients develop quite obvious and severe swelling and/or bruising, whilst others develop none at all. Applying ice packs to the outside of your face on the day and following morning may help to contain the swelling. Normal swelling takes two to three days to subside.

2. **Post-operative Pain** – you will be discharged with a prescription for pain-killing and anti-inflammatory medication. These medications will ensure your mouth does not reach a high level of discomfort.

3. **Speaking and Eating** – at present, your tongue knows where to place itself against your teeth to make sounds for speech, and to move the food around your mouth as you chew. When you have the new bridge (and/or denture) placed in your mouth, your tongue will need to ‘re-learn’ where to put itself to...
carry out its normal functions. You may notice you have a lisp, or experience difficulty in pronouncing some sounds. To help train your tongue, try reading aloud, and making a conscious effort to place your tongue deliberately in its new position to make the relevant sound. The more talking, the better the training! You may also find you bite your tongue or lip whilst eating. Again, this will improve over time as your tongue becomes accustomed to the new ‘hardware’ in your mouth.

4. If you have never had a denture or ‘plate’ in your mouth before you have a bridge (and/or denture) placed, you will find the sensation of having something different in your mouth very powerful. Not only will your tongue feel strange, but your lips and cheeks will also register something ‘foreign’. Again, reading aloud and speaking will help speed up the orientation process for your new mouth. These sensations of ‘foreignness’ will eventually pass, but it can take anywhere from one to six months.

5. Diet – ‘how do I eat?’ is perhaps one of the most common concerns for our patients. Obviously, a very soft diet is essential immediately following the procedure. Liquids and pureed foods should be your staple diet for the first week. Gradually, as your mouth heals, you can introduce soft foods, such as pasta, rice, soft breads, cooked vegetables. Hard foods that need us to ‘bite and tear’ such as steak or apples require a lot of pressure on the teeth. You will need to avoid these pressures for the first three months while the implants are being integrated with your bone.

6. Cleaning – the implant-retained bridges are ‘fixed’ to your jaw. That means they are not removable by yourself for cleaning. We will show you how to clean under your bridge, and how to maintain a high level of oral hygiene.

These points cover an overall view of the treatment path our patients follow to replace their failing teeth or dentures with an implant-retained bridge. You may now find that you have many questions regarding the procedures or care we have outlined here. Please do not hesitate to phone our Treatment Co-ordinator, Veronica, with your questions, and she will endeavour to answer them for you.