The saga started years ago. As a poor southern boy, when Danny had a toothache, the normal protocol was to extract the offending tooth. Subsequently, as an adult, Dan chewed his food primarily with his front teeth. It reached a point where Dan could no longer chew satisfactorily and was in need of a major rehabilitation. So started the family journey to the Dental Center in 2002.
Dan had his maxillary implant procedure in January, which involved extracting all seven remaining teeth and placing two zygomatic and eight Brånemark implants (Nobel Biocare, Yorba Linda, CA). Implant placement on his mandible was performed in March. That procedure consisted of extracting the remaining teeth.

Seven Brånemark implants were placed and immediately loaded using the Teeth In A Day® (TIAD) protocol, as developed at [P].

Dan’s wife, Diane, played a highly supportive role in his treatment program and spoke highly of her keen regard for the confidence they both felt and the hospitality they received. Diane sensed her husband was in skilled hands and applauded the smile he now flashes often without reluctance or embarrassment. She never dreamed she would have an opportunity to trade places, but in 2006, her own dental condition continued to deteriorate rapidly.

As a young woman, Diane wore braces for seven years. Her teeth had been moved at the expense of her roots. Subsequently, her orthodontic bands had to be prematurely removed. One by one, her teeth required root canal therapy, followed by post/cores and crowns. As other teeth started to deteriorate, Diane did not want to have any more root canals. Instead, she preferred to pursue a treatment plan similar to her husband’s.

**Work-up**

At [P], Diane had a comprehensive examination with medical history review, including photographic and radiographic documentation. This included a full mouth series of intraoral radiographs, a panoramic radiograph, diagnostic casts, interocclusal registration and a tooth and gingival shade assessment.

**Diane’s examination revealed:**
1) pain in the lower left molar area;
2) missing, broken down, decayed and malpositioned teeth with a midline shift;
3) mild to moderate generalized periodontal disease with tooth mobility; and
4) dental malocclusion with multiple occlusal plane discrepancies.
made in the mandible, revealing the necessary landmarks needed to be identified prior to implant placement.

Six Bränemark implants were placed in the mandibular arch.

The implants were coated with the PRP and placed using a torque controlled machine (45Nc) and checked manually. All of the implants were stable and all were immediately loaded. Abutments were selected and placed. The Teeth In A Day® tissue integrated prosthesis was fabricated using standard protocol. The entire site was irrigated sterile saline. PRP was applied prior to primary closure of the incision.

The next morning, Diane presented for the procedure to restore her maxilla. Again, blood was drawn for the PRP procedure, as it was the previous day. Local anesthesia was administered. The patient was again draped using the standard protocol. Seven Bränemark implants were placed.

Several options were presented to Diane, including orthodontics and conventional crown treatment. Due to her previous dental history and dental anxiety, Diane felt that she did not wish to pursue conventional options. Instead, she requested dental implant treatment. Impressions, bite records and photographs were taken to make provisional dentures. These dentures would be converted at the day of implant placement and become the Teeth In A Day® prostheses.

**Implant Placement Procedure**

On the morning of her scheduled procedure, blood was drawn and processed using the standard protocol for the PRP (Platelet Rich Plasma) to be used at the time of the implant placement. Local anesthesia was administered. Upper and lower teeth were extracted. A crestal incision with dissection and flap elevation was

Pre-treatment views of mouth prior to Teeth In An Day™ treatment

Pre and post treatment full face views of Diane

Post-treatment views of mouth following Teeth In An Day™ treatment
All of the implants were coated with PRP and placed using a torque controlled machine. Abutments were immediately placed for fabrication of the Teeth In A Day® prosthesis. Again, the entire site was irrigated with saline and PRP was injected beneath the flap prior to achieving primary closure using resorbable sutures. All of the home care instructions were reviewed and prescriptions given.

**The Final Restoration**

Three months following her implant placement, Diane came back to P for the final restorations. The treatment plan outlined CM titanium framework prostheses for both arches. CM (Clinica Malo) Ceramics is the benchmark for implant prosthodontics. It combines CAD/CAM technologies with biomedical engineering, providing the patient with a precise implant supported prosthesis that closely
resembles the natural dentition. This is accomplished with the use of individual ceramic crowns supported by a rigid titanium framework for the maxillary prosthesis. The mandibular prosthesis consisted of a titanium framework with an acrylic denture. As you can see, the final restoration is just as lifelike, with exceptional esthetics, which has given Diane a reason to smile every day.

**In Her Own Words**

Diane is quick to exude the details of her positive clinical experience at Pi Dental Center. She highlights the staff, accenting the importance to the patient of feeling like the center of caring attention at all times. Diane also keyed into the blending of professional expertise, knowing that the periodontist who referred her to Pi worked hand-in-hand with the doctors to achieve the result of her dreams.

“I appreciate the knowledge, the patience, the thoroughness. I like being a part of this professional family.”

**Acknowledgements**

Pi gratefully thanks Dr. Ed Woehling for the referral of these patients and for his extraordinary “insights” into implant/restorative solutions for patients with diverse functional and esthetic needs.
The Severely Atrophic Maxilla: Stabilizing Implants in the Pterygomaxillary and Zygoma Regions

This course will include a live surgery showing the placement of the implants along with hands-on mannequin laboratory workshop. Course highlights will include presentations on treatment planning, as well as the surgical, radiological, biomechanical, and restorative aspects of new approaches to treat the compromised maxilla.

Immediate Loading of Implants With The Teeth In A Day® Protocol

This course reviews traditional dental implant surgery and current scientifically based techniques including Teeth In A Day® using lectures, computer presentation, and videos, as well as hands-on training and observation of live surgeries. Intraoral live video gives participants the "Surgeon's Eye View" of the procedure and interactive discussion. Courses are presented in a private practice clinical facility with full laboratory support.

Nobel Guide Concept™ and Teeth In An Hour™ 3D Computerized Implant Guided Surgery and Prosthetics Course

The NOBELGUIDE™ Concept and the Procera® System is a treatment modality that uses virtual surgical planning on a computer to treat patients with a minimally invasive protocol. Evolutionary advances in CT scanning have made it possible to fully recreate the surgical site in three dimensions. A robotics factory uses CAD-CAM technology to create a surgical template that is based on the virtual planning. A prefabricated provisional can be constructed from these planning files.

The combination of surgical template, immediate loading concept and the definitive prosthesis make it possible to provide a flapless surgical procedure with a final restoration in place. This protocol is called Teeth In An Hour™. It shortens the patient's healing time and minimizes bruising and swelling. In one surgical visit that is less than sixty minutes, patients can enjoy a brand new fully functional smile.

Advanced Guided Surgery

This advanced course is for the clinician who is already certified and experienced with the NobelGuide™ / Teeth in an Hour™ protocol. Course participants are asked to bring their laptops with the Procera® software, as a portion of the program will require its use. More challenging tasks with the Procera® Software like placing implants that are tilted off axis, such as the posterior implants of the All-on-4 technique, pterygomaxillary implants, and zygoma implants are reviewed. An advanced guided surgery case is covered. Then, live patient CT data will be distributed to the course participants for conversion and 3D planning of the case. Live surgery of the same patient will follow. The live treated case will deviate from the standard NobelGuide™ protocol and the course will emphasize the necessary steps to avoid potential inaccuracies with those deviations.

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