3Sixty

Case Requirements for Final Implant-Supported Prostheses

This workflow outlines the case requirements for making the final, full arch implant-supported prostheses on multi-unit abutments (MUAs). It can be used, with minor differences, for implant-level prostheses as well. The workflow is separated into conventional and digital; both of which will be fast-tracked if we obtain the following:

- Scans/impressions of existing fixed temporary prosthesis.
- Conversion model(s) [available to order].
- Prosthetic duplicate [available to order].
- Photos of the patient's smile wearing his or her existing prosthesis.

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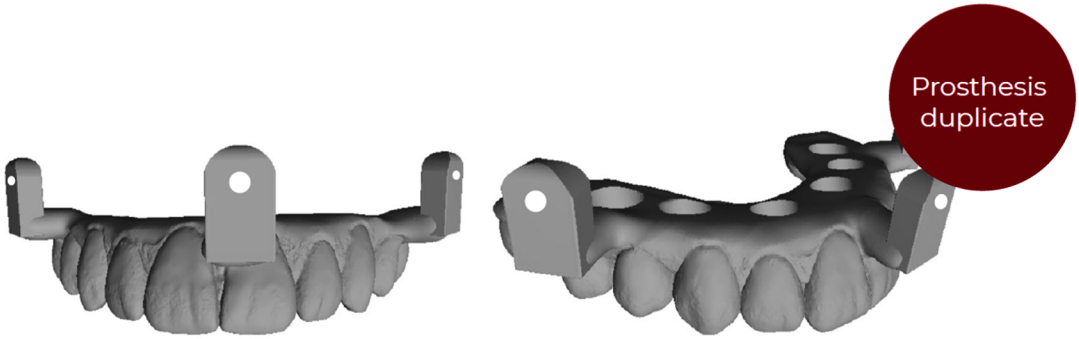
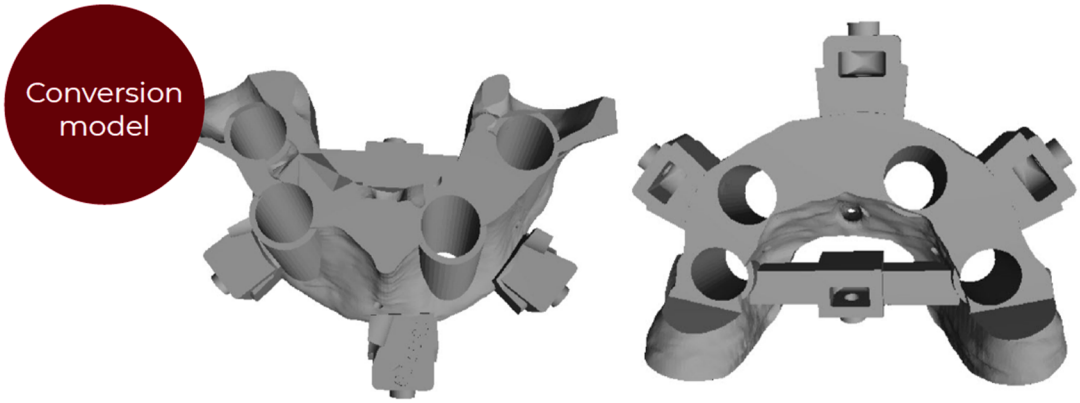


Prosthesis duplicate is either made from PMMA material or 3D printed resin. It's attached to the Anatomic Guide® and shares the same shape as the temporary prosthesis. This allows the patient to walk out with a temporary prosthesis while we have its duplicate to work on.

It's used as a second pick-up with an extra set of pick-up cylinders. It eliminates the need to use verification jigs and/or bite blocks after healing.



Conversion model is a post-reduction model which has latches whose positions correspond to those of the Anatomic Guide® latches.

After second pick-up, lab analogs are screwed into pick-up cylinders and the prosthetic duplicate is attached to the conversion model through the latches connecting the bottom of the analogs and conversion model using acrylic resin.

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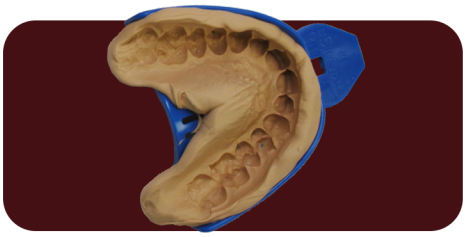
Conventional Workflow (No IOS)

1a. Conversion Model + Prosthesis Duplicate

If a conversion model and a prosthesis duplicate are available, the only requirements will be:

- Impressions of the arch for soft tissue and MUAs (no transfer copings).
- Impressions of the opposing arch.
- Bite registration of the prosthesis duplicate and opposing arch.
- Open tray impressions.
- Impressions of the current temp in occlusion.

Note:
If the clear duplicate is missing, the bite will be unobtainable without the bite block.



Impression of the opposing arch

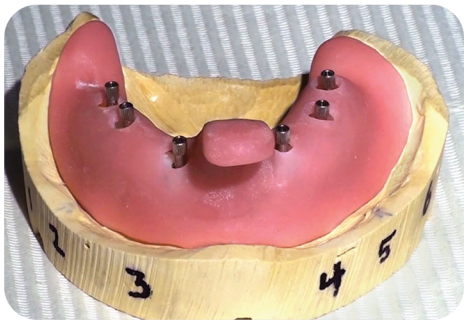
Bite registration

1b. Preliminary Impressions

If no conversion model nor prosthesis duplicate are available, an open-tray, preliminary full arch impression needs to be taken at the abutment level. Another impression of the opposing arch should also be taken. A third impression of the patient's existing prosthesis is required, as well as a bite registration with the opposing arch.

N.B.

When no prosthetic duplicate is available, it's highly likely that the bite registration won't be accurate and will require a bite block to verify the occlusion.



Custom open-faced impression tray

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2. Verification Jig & Wax Rim/Jaw Relationship Records

- Taking a verified final impression is a key step to ensure workflows success. An implant verification jig, then a custom tray, should be used to take the final impression.

Implant verification jig

- When trying in and adjusting the wax rim, verification of midline, incisal edge position, lip support, smile line/occlusal plane, vertical dimension of occlusion (VDO), and phonetics are required.
- Bite registration after fully contouring the wax rim and measuring the VDO is needed.

Midline, VDO and centric relation recorded

3. Provisional Implant Prosthesis (Test Drive)

- One screw test should be verified. The provisional stage allows the patient to " test drive" the restoration. At this point, final occlusal adjustments/modifications can be made and recorded in an impression then sent back to be duplicated in the final restoration.
- To guarantee seating, periapical radiographs for the Try-in fully seated in the patient's mouth are required.
- The patient's feedback should be evaluated and recorded. The color and shade of the final restoration should be confirmed as well.

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4. Delivery of the Final Restoration

- The provisional restoration should be returned to the lab so that minor occlusal adjustments could be implemented in the final CAD/CAM design. The final prosthesis is milled from a block of monolithic zirconia, without the need for veneering material, offering maximal resistance to wear, chipping, and fracture.

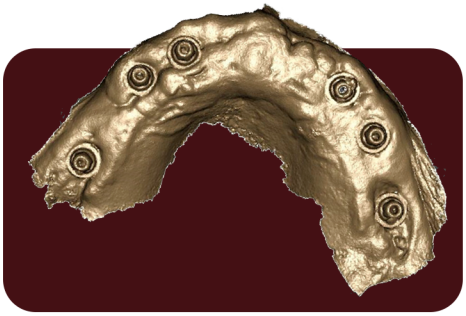
Final monolithic zirconia prosthesis

Digital Workflow (IOS)

1a. Conversion Model + Prosthesis Duplicate

If a conversion model and a prosthesis duplicate are available, the only requirements will be:

- IOS of the arch for soft tissue and MUAs (with scan bodies).
- IOS of the opposing arch.
- Bite IOS of the prosthesis duplicate and opposing arch.



IOS of soft tissue and MUAs

IOS of soft tissue with scan bodies

IOS of the opposing arch

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1b. Preliminary Digital Impression

- If no conversion model nor prosthesis duplicate are available, a scan body IOS is taken at the abutment level, as well as an IOS of the opposing arch. An IOS of the patient's existing prosthesis should also be taken and bite scans with the opposing arch.

N.B. When no prosthetic duplicate is available, it's highly likely that the bite registration won't be accurate and will require a bite block to verify the occlusion.

2. PMMA Try-in/Jaw Relationship Records

- One screw test should be verified for the try-in.
- When loading and adjusting the try-in, verification of midline, incisal edge position, lip support, the smile line/occlusal plane, vertical dimension of occlusion (VDO), and phonetics are required.
- Bite IOS after full adjustments and confirming the VDO is also needed.

PMMA temp try-in

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Occlusal view of the fully seated full arch implant-retained final prosthesis

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