

Consultation Script: Restorative DDS

****OUTLINE FIRST****

The following script is an example of an ideal consultation for a patient who is concerned primarily about the esthetics for anterior tooth replacement. This assumes that the answers to the following questions indicated that the patient was focused on appearance

- What is your primary concern about missing teeth/impending tooth loss?
- How do you feel about the condition and appearance of your teeth/smile?
- What are your long-term goals for the health and appearance of your teeth/smile?
- Is there anything that you would like to change about the appearance of your teeth/smile?
- What are your expectations of the final outcome of treatment?
- How important is the final esthetic result, both short term and long term?

Before we discuss specific treatment options, I need to explain the various consequences of missing teeth. It is important for you to understand the entire scope of the problem so that you can make a fully informed decision about treatment.

The most serious problem associated with tooth loss is bone resorption, or deterioration. It is the relationship between the tooth roots and the bone that maintains the integrity of facial structures. Because your tooth roots are embedded in the bone, there is a stable foundation which allows you to bite and chew. The tooth roots also stimulate bone growth. In other words, the bone holds the roots in place and the roots hold the bone in place. So, when teeth are missing, the bone which previously supported the teeth has no function and starts to melt away, or resorb,

A dental implant is a substitute tooth root, which basically serves the same function as the natural tooth root. Because the bone forms a strong bond to the implants, they provide a stable foundation for replacement teeth. And, implants stimulate the bone, which prevents the deterioration that will occur if implants are not used to replace the missing tooth roots

When teeth are missing in the front of your mouth where the bone is very thin, the bone will melt away rather quickly, giving the appearance that the bone and gums are caving in or collapsing where the tooth roots are missing. Often these defects in the bone are visible and difficult to camouflage,

The traditional method of replacing anterior teeth is a tooth-supported bridge. That is basically crowns that fit onto the teeth adjacent to the missing tooth/teeth, connected to a false tooth which fills in the space created by each missing tooth. This requires grinding adjacent the teeth into pegs in order to fit and cement the bridge in place. The tooth structure that is destroyed in the process can never be replaced.

Grinding down a tooth weakens it significantly. The tooth structure that is destroyed is the hard surface of the tooth, the enamel, which provides a certain amount of natural protection from decay. Since the cement used to secure the bridge is water soluble, it washes away over time so bacteria, which cause decay, can eventually seep under the bridge and decay the teeth.

Bridges may last up to 20 years or longer; however, the average bridge is replaced every 5-7 years. Many times when a bridge is replaced it is necessary to incorporate additional teeth to provide the necessary support. This requires grinding additional teeth into pegs.

It is also very difficult to create ideal long-term esthetics in the front of the mouth with a bridge. Although the bridge can be very esthetic when it is first placed, over time the bone collapses behind the false tooth, resulting in a visible, unattractive defect, with the false tooth hanging suspended in front of the defect. As the gums recede around the bridge you can also get the appearance of blue lines at the gum line. (*Refer to photos in flip chart "anterior tooth loss" and then "single tooth replacement"*)

Assuming that you are a candidate for the procedure, I am more inclined to recommend an implant-supported crown than a tooth-supported bridge, because long term esthetics is an -important consideration for you. And, I prefer not to grind down perfectly healthy teeth to missing teeth unless it is absolutely necessary.

Implant-supported replacement teeth look, feel and function like natural teeth, but they don't decay. And since we are able to preserve the bone by replacing the missing root, we can prevent the defect that would otherwise occur. So, the long-term esthetics are better than a traditional bridge. It is also more hygienic than a bridge, as it is cleaned like a natural tooth.

Complete tooth loss can lead to facial structure collapse, as you can see in these before and after photos

So for all of these reasons, it is the preferred method of tooth replacement in your case. What we need to do now is determine whether or not you are a candidate for the procedure. We need to review your medical history and then I'll (the doctor) do an examination and clinical evaluation, which will also tell us whether any additional procedures will be necessary in order to get the final esthetic results you want.

Review the health history and complete the examination.

Explain the findings from the examination and diagnosis. Outline the specific treatment plan. At this

point patients will usually begin to ask questions about the implant procedures, how it all works, what is involved, etc.

There are two phases of treatment. The first phase is to replace the missing tooth roots, and the second is to make the custom replacement teeth that will be attached to the, implants.

The first phase of treatment involves a gentle surgical procedure to place the implants in the bone. This is done by the surgical specialist we work with on all of our implant cases. In most cases, the implants then remain undisturbed for a period of about 3-6 months, while the bone re-models around them, forming a strong biological bond, similar to the bond between your natural tooth roots and jawbone.

The second step in the first phase of treatment is to attach a small metal connector called an abutment to the implants once the bond with the bone is secure. This connector is used to attach your new replacement teeth to the implants.

The second phase of treatment is to fabricate your new replacement teeth, which will be custom made with both functional and cosmetic needs in mind. Fabricating your new teeth involves one or more appointments to take impressions of your teeth and the implant abutments; place temporary replacement teeth; select the appropriate shade for your new teeth and try them for proper fit.

Assuming that this is the treatment plan you want, the next step would be an evaluation of the bone by our surgical specialist. Following that appointment, I would discuss the evaluation results with the surgical specialist and then you would come back to our office for another brief consultation to finalize the treatment plan and answer any questions you may have at that point.

At this point many patients will start asking questions. Otherwise, you can simply ask if the patient has any questions. The following are some of the most common questions asked during consultations.

Is the surgical procedure painful?

Most implant patients report that the discomfort is far less than they expected, and is much like having a tooth extracted. And although everyone is different with regard to pain tolerance, most patients are very comfortable simply taking (Tylenol) acetaminophen afterward.

Why does it take so long to complete treatment?

The reason dental implants preserve bone is that they function like tooth roots, firmly embedded in the bone. In order for the implants to become embedded in the bone, the bone must bond to the implants. This process takes anywhere from 3 to 9 months, depending upon the quality of the bone in which the implants are placed.

How long do implants last?

Documented clinical research demonstrates that implant-supported replacement teeth have been successful for over 30 years. These cases have been closely monitored and it is highly likely that these cases will be successful throughout the lifetime of those patients.

Dental implants are designed to be permanent; however, many factors contribute to the long-term success of implant treatment, such as home care and regular maintenance visits with the hygienist.

Research also indicates that the typical tooth-supported bridge lasts from 5-7 years. And insurance statistics indicate that bridges generally last about 5 years.

Do implants ever fail?

Dental implant treatment is one of the most successful procedures in the medical or dental field, with documented success rates over 96%. Although successful treatment is very predictable, there are rare occasions where the bone does not completely bond to the implants. When this occurs, new implants are placed, and the success rates for the replacement implants are even higher.

****Note: I always list the reasons that implants fail. Be upfront.

As I said, I feel that an implant-supported crown would be the best treatment option for you because it will provide the best long-term esthetics and does not require grinding down two perfectly good teeth.

If you don't have any further questions at this point, other than the cost of treatment, I would like to have my Office Manager (or Treatment Coordinator) assist you with your next appointment, which will be with our surgical specialist for an evaluation of your bone. She is also our expert with all of the financial issues and she can answer any questions you may have about fees or insurance.

Office Manager takes over the consultation. It is usually at this time that any objections' will be raised. Therefore, whoever presents fees must be comfortable handling objections.

As the doctor explained to you, there are two phases of treatment, the surgical specialist will be placing the implant and we will be fabricating your new replacement tooth. There are two separate fees as well, one for the surgical procedure and one for the crown. It doesn't appear as though you will need additional procedures to enhance the final esthetic results, so the surgical fee is probably pretty standard; however, we prefer to have the surgical office quote their own fees, as it is always possible that the evaluation might indicate that an additional procedure is necessary to get the results you want

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The fee I am giving you is for your new crown and that will be \$?????. If no additional procedures are necessary, the surgical fee should be comparable.

At this point, the patient may ask about insurance or less expensive treatment options. However, for single anterior tooth replacement for a patient concerned about esthetics, this is rarely a significant issue.

Will my insurance cover this?

Insurance coverage of implant treatment depends on the individual policy and is a contractual agreement. However, it is rare to receive any substantial coverage. Since the benefit coverage is determined strictly by the amount the employer wants to spend on the policy, and the insurance companies want to building into their profit margins, there are major limitations on most dental insurance plans. In reality, the plans are only designed to cover routine maintenance, emergencies and basic care.

Most companies do exclude implants as a covered benefit, but many of them will pay the same benefit they would cover for the lowest cost alternative treatment option and some of the diagnostic records.

If I decided to go with a bridge, would my insurance cover that?

The fee for a bridge would be about \$???? and your insurance would probably cover \$?????, assuming that you haven't used it for any other treatment this year. I think you've only used so far.....

Although this is less money out of pocket for you now, the bridge is not a long-term solution if your primary concern is esthetics. Unfortunately, since a bridge cannot prevent bone deterioration, you would need additional, more costly procedures sometime in the future to recreate the natural appearance that you want.