

Hands on course hard & soft tissue skills

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### **Hard lessons for soft tissue**

Tying up loose ends from start to finish of a reconstruction

Dental implants have acquired their existence as replacements for the roots of teeth. Unfortunately in many cases the thought of replacing a root by an implant comes up at an advanced stage of decay. For instance when a root - caused by caries, inflammation or fracture - becomes unfit for a crown. When the primary goal for tooth removal is related to take away the source of inflammation, there is little time to dwell on tissue reactions that follow up on tooth extractions. Such as wound contraction: an initial protection mechanism of the body to exclude intruders. Without preventive measures shrinkage of the interdental papillae and buccal gingiva contour has to be taken into account.

Compensation for that loss can be provided by many techniques that have been developed for hard and soft tissue reconstruction. In most cases implant placement combined with bone and connective tissue transplants. Treatment outcome however uncommonly is determined by the materials that have been placed under the flap. Most loose ends occur at the beginning (incision) and end (suturing) of a procedure. Careful repositioning the flap and avoiding interference with the microcirculation is critical.

After completing the osseointegration, soft skills need to be applied when perforating the mucosal barrier. Sometimes the attached mucosa, with or without an adjunct of connective tissue, can be repositioned in such a way that an increase in volume can be acquired. Sometimes even leading to an overcontour.

Sending an impression with a universal impression coping to the laboratory in the hope to receive a ceramic suprastructure with a natural emergence, has been shown not to be a predictable procedure. More reliable results can be achieved with a transitional: a provisional in transit. A screwable composite crown, that can be fabricated on a customized impression coping. Fine tuning of the emergence can be performed by adjusting the transitional so that selective pressure is applied to the periimplant tissues. Thus manipulating the contour in a desired direction. When after a period of maturation the prototype will reveal the highest achievable result to the operator, dental technician and patient, the finalized ceramic suprastructure can be fabricated.

It doesn't take an expert to recognize a natural looking appearance. In visible areas it's a hard fight to get predictable results from a reconstruction. Your hands - as in boxing - can't hit what your eyes can't see. This intensive course will provide hard lessons for soft tissue, with hands on training that can be put into practice immediately.