

CASE STUDY

MARK HASWELL

Referral practice experience with the BellaTek Encode Impression System



Mark Haswell qualified at Kings College in December 1987. After a short period at Kings College and St George's undertaking oral surgery duties he then commenced work in the general dental service, eventually settling in Tonbridge. In 1991 Mark introduced dental implants procedures to the Stradbrook Dental Centre based in Tonbridge; subsequently he travelled around Europe and North America to continue his education and training learning different techniques. In 1997 Mark commenced the first implant masters programme at the Eastman Dental Institute qualifying in October 1998 and winning the Nobel Biocare prize. Mark's special interest is immediate loading and function. Mark teaches nationally and internationally on implants, as well as teaching advanced implants at the Eastman Dental Institute. He is an associate clinical teacher in the institute of clinical education at Warwick University and is on the editorial team of Premium Practice Dentistry magazine

For many years, our practice has been working with multiple practitioners throughout the south east of England offering surgical and restorative services for their patients. Five years ago, we introduced a system whereby our practitioners were trained in restorative procedures for multiple implant systems.

In order to simplify the management of each patient's treatment, we introduced a system whereby the patient was returned to their practice with the necessary restorative components for the next stage of treatment. This obviously increased the complexity of the systems within our practice and also the number of components that we needed to hold.

In the last two years, we have introduced the BellaTek Encode Impression System, which gives the ability to take impressions of the coded healing abutment, and from which, data is analysed to create the customised abutment. This significantly reduces the complexity of the impression procedure for the referral practitioner and also requires us to carry no hardware for the restorative stages of treatment. It also reduces the workload on our staff as well as providing the patient with an excellent customised abutment and enables the technician to create cementable restorations with the margins in an ideal position so that we can prevent issues related to excess cement, which we have seen becoming an increasing problem.

EXAMINATION

In order to illustrate the process, we can look at the case detailed below. The patient was a 62-year-old who was referred for the replacement of a single posterior unit on

the upper left and lower left and in order to stabilise his posterior occlusion. The patient was fit and healthy and had lost the posterior units several years previously. Clinical and panoral examinations revealed bone loss around the upper right first molar (this was treated separately by the periodontist) and



Trying in crown



Model



Final crown

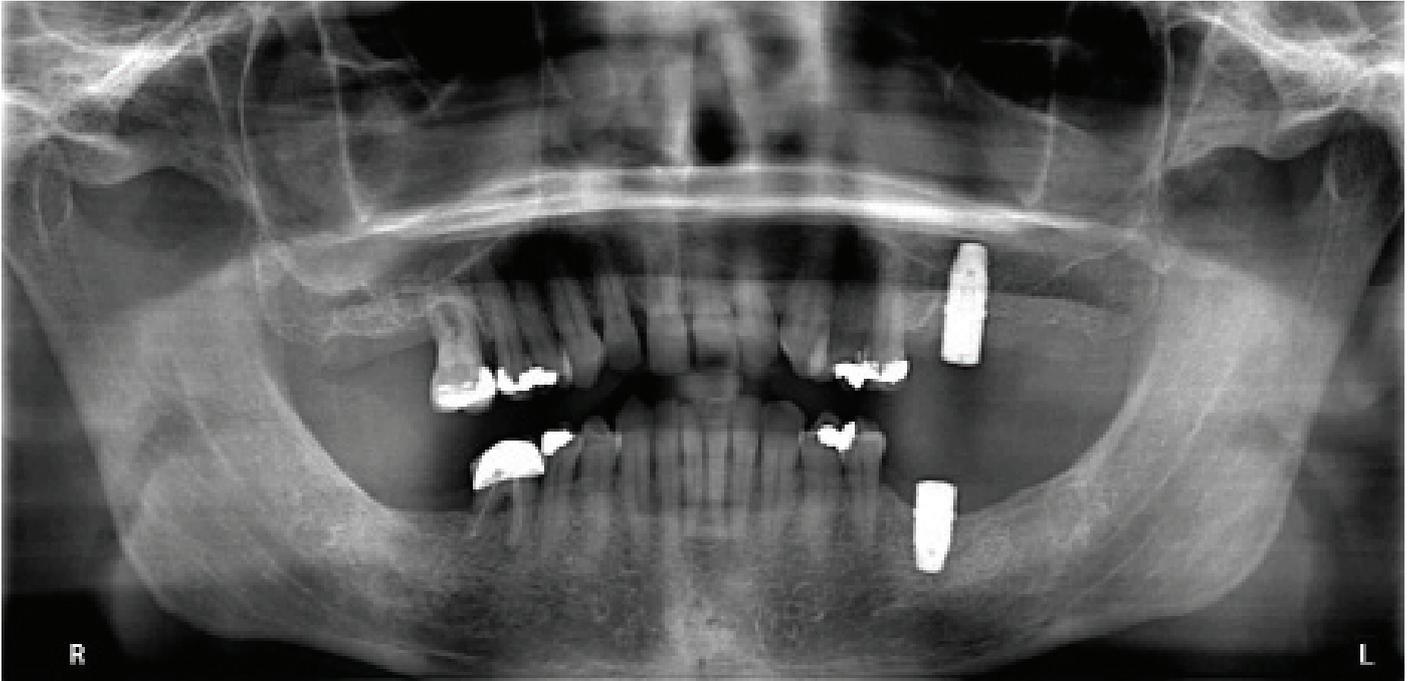


Figure 2



We have introduced the BellaTek Encode Impression System, which creates the ability to take impressions of the coded healing abutment, and from which, data is analysed to create the customised abutment



reduction in bone volume on the upper left area and reduced bone height on the lower left. Plans were made to increase the bone volume in the upper left with a sinus lift procedure but to accept the reduced bone volume in the lower left and to accept a greater crown to implant ratio but to utilise a wide implant in this area.

THE PROCEDURE

The patient was set up for a routine surgical procedure with pre-operative antibiotics and local anaesthesia using Articaine and adrenalin. The patient had a lateral window sinus lift achieving sufficient space for the installation of graft material. The lateral window was covered with membrane and prior to packing, a preparation was made for a 6/5mm tapered Prevail implant to enable

platform switching. This was installed with primary stability of 30Ncm. A 4mm BellaTek Encode healing abutment was placed onto the implant and the wound was closed.

In the lower jaw, preparation was made for a 6/5mm tapered Prevail implant. This achieved excellent primary stability and a 4mm BellaTek Encode healing abutment was placed. The wounds were sutured and the patient returned two weeks later to have the sutures removed. It was uneventful healing, during which the patient took post-operative painkillers Kerol and used Corsodyl mouthrinse. The patient had a post-operative X-ray and was then returned to the practitioner for the restorative stages.

The restorative dentist received the patient back from the surgical practice with two Biomet 3i implants in position with the

BellaTek Encode healing abutments. Once the requisite healing period had been completed, they were able to take conventional crown and bridge impressions ensuring that they had excellent detail on the healing abutment. They were then able to record the occlusal relationship using the BellaTek Encode healing abutment as their reference point and this helped to stabilise the upper and lower casts. These were then sent off to Codicote Dental Laboratory, central London, who undertook the construction of the BellaTek abutment together with the final bonded crown restoration.

Two weeks later, we received back the customised abutment with the bonded restoration. The fitting of these was simple and straightforward and the patient is delighted with the restorations.

