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From planning to cementation

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Patient planning is the first step of any restorative treatment. To get a better aesthetic visualization, better communication with our interdisciplinary team and our patients is important and will in turn enhance our treatments to run more effectively. Our planning is based on the information gathered and in the correct diagnosis and interpretation to develop a high impact proposal for our patients. In this presentation we will show a review of clinical cases with minimally invasive restorative treatments, documented with photography and videos, analyzing all important aesthetics and functional points. Information is most important, which is why it is required to emphasize the analysis of the patient's interview where manifesting their desires and personal interpretations of his aesthetic for us to give our patients a leading role in this story. It is important to evaluate all possible paths in restorative treatments whether these additives, subtractive or corrective is for them that hand seek planning together with the triad patient, dental technician interdisciplinary team the best way forward.

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Tempocopy, a protocol to achieve complete oral rehabilitations copying the provisional prosthesis by means of CAD/CAM

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Introduction & Aim: A method to achieve complete oral rehabilitation with predictable success. Applicable to oral rehabilitations with fixed prosthesis on teeth and/or implants. We use the fixed provisional restorations to determine the centric occlusion and dental morphology for an optimal functional outcome on a periodontal, phonetic and aesthetic level.

Materials & Methods: We prepare every case of rehabilitation in a classical way, using die cast models, diagnostic wax up, CBCT scan, surgical guide and a thermoplastic mold of our wax up in order to achieve provisional methacrylate crowns made intra orally. In order to deprogram the masticatory muscles and finding the centric occlusion a Lucia jig is then incorporated in the provisional crowns. After a minimal time of 10 minutes the centric position is located. Adding methacrylate posterior occlusal stability and lateral guidance is optimized. Esthetic and phonetic adaptations are made. If there are no subjective and objective problems, then in the next weeks of follow up, we scan our provisional bridge. This virtual bridge then will be positioned on the virtual model and all the parameters controlled. Finally the technician makes the reduction on the virtual structure for later ceramic covering and this design is send to the Zirconia milling machine.

Results: Achieving the occlusion in centric relation, re-establishing the temporomandibular joint (TMJ) in its physiological position makes us realize full arch rehabilitations with a very good long term prognosis.

Conclusion: The tempocopy protocol allows us to work with much more predictability in aspects of occlusion, periodontics, phonetics and aesthetics.

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