

A GENERAL GUIDE FOR A FULL MOUTH RECONSTRUCTION

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1. **Treat any problems requiring immediate attention** (*pain, active infection, a broken tooth that is a cosmetic problem, etc.*).
2. **Comprehensive exam and workup** (*consultation with other dental specialists when required*).
3. **Diagnostic wax-up and case presentation with the patient.**
4. **Extract hopeless teeth** (*temporary replacement(s) may be required*).
5. **Prepare teeth and fabricate first set of provisional restorations** (*provisionals based on wax-up*).
6. **Periodontal treatment where required** (*while in provisionals*). All disease and infection should be addressed. The patient should be educated on proper homecare and maintenance.
7. **After periodontal surgery** (*and healing*) the treatment plan should be re-accessed to determine if any modifications are needed. A second set of provisionals (*or a modification of the original provisionals*) may be required.
8. **Access esthetics, function, comfort, and stability of joints and supporting structures, while the patient is in final high quality provisionals** (*make modifications as necessary*).
9. **Once the case is successfully worked out in provisionals, final preparations and impressions should be made and the case taken to completion.** Photographs, impressions, and incisal index of the provisionals, should be sent to the lab so they can duplicate this as closely as possible in the final restorations. I will almost always try in the case in a bisque bake to make sure everything is as I want it before going to completion.

⚡ *While there are many different schools of thought on how to sequence a full mouth reconstruction, I like to first determine where I want the incisal edge position of #8 and #9 to be. This is crucial for esthetics and phonetics. I then determine where I want the lower incisal edges to be. The incisal edge position of the lower anterior teeth will determine the overjet/overbite relationship as well as the lingual contours of the upper anterior teeth. I like to then set up a nice lower incisal and occlusal plane and match the upper to this. If I am breaking up the case I usually will finish the lower first then come back and complete the upper. It is extremely important to have properly positioned and contoured lower incisal edges and a correct incisal and occlusal plane established. Almost all my full mouth cases are built in CR.*