

MIDWEST DENTAL IMPLANTOLOGY

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Provisionalization: What You'll Need

- Temporary screw-retained abutment
- Implant replica
- Polycarbonate temp shell, or Essix shell, or putty mold
- Polishing disks/burs
- Composite or Acrylic
- Teflon tape

Patient Selection Considerations

- Sufficient bone volume and density to allow placement of a proper sized implant - *This can be evaluated with a CT scan at our office*
- Good bone support and minimal mobility of adjacent teeth
- Avoid deep bite/tight bite cases
- Patient cooperation - patients must be able to avoid chewing on the provisional for 3-4 months



Enhancing Esthetic Outcomes With Implant Provisionalization

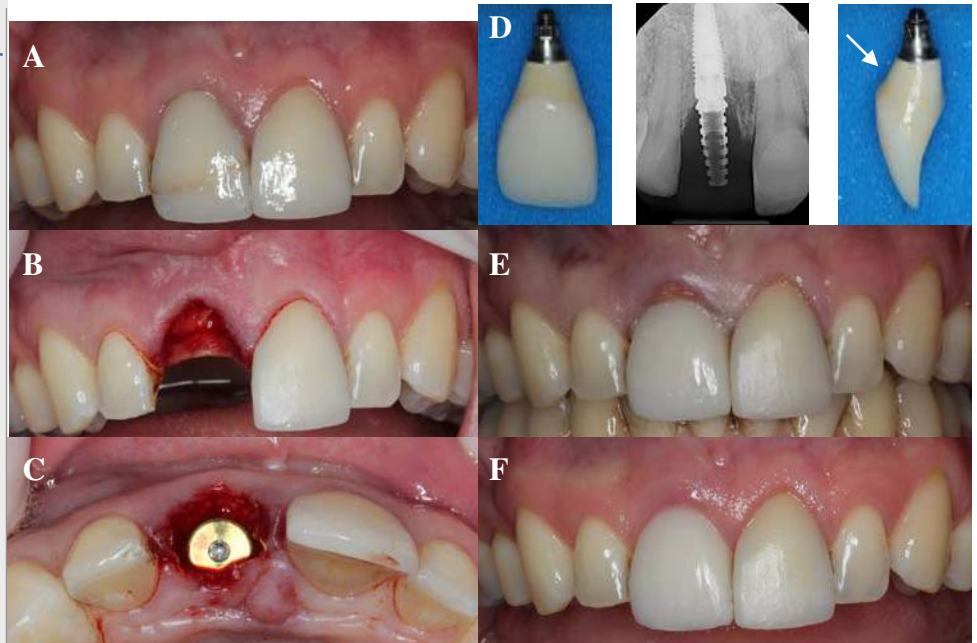
Restoring implants in the esthetic zone can be one of the most challenging and frustrating aspects of implant dentistry. Maintaining or restoring natural contours of the dento-gingival complex after extraction can be an arduous task especially in the esthetically demanding patient.

Screw-retained implant provisionals can be used in an immediate or delayed fashion to support and maintain the existing gingival architecture or to modify it to make it more esthetically pleasing. Implant provisionals can be made chair-side or by the laboratory and offer far more advantages than just replacing a temporary removable appliance (Essix or Flipper). If made properly they can actually control the esthetic outcome of the final restoration.

As with most cases, communication between the restorative dentist, surgeon, and laboratory technician is essential for an optimum outcome. Below are two examples of provisionalization, one immediate and one delayed that highlight how tissue can be preserved or modified to create a beautiful gingival backdrop.

Immediate Implant Provisionalization

The best way to preserve ideal soft tissue contours following an extraction is with an immediate implant, bone graft, and provisional. Following an extraction, the interproximal papilla tend to flatten out and lose their shape. The provisional supports the soft tissue and helps contain the blood clot for optimum healing. To the right is a patient who is losing his tooth due to fractures of the crown and root (A). The patient underwent extraction, immediate implant, bone graft, and immediate provisionalization (B,C). A screw retained provisional was fabricated. Note the concave buccal contour and highly polished transition from the abutment to the CEJ (D). Photo E shows the provisional on the day of delivery. Photo F represents healing of the tissue after 2 weeks.



Delayed Implant Provisionalization

Many times an immediate provisional is not appropriate, and a delayed provisionalization is preferred. It allows us to modify and sculpt the tissue to an appropriate position for the final restoration. In order to accomplish this task, attention must be placed on the subgingival contours of the provisional. These contours (either concave or convex) will allow the tissues to adapt to the correct positions. To the right is a patient that underwent delayed provisionalization. In figure A, note the excessive flat tissue over the abutment. Figure B shows radiographic seating of the provisionals and figure C shows the provisionals with proper sub-gingival contours. Notice how the tissue falls into place around the properly contoured, highly polished provisionals (D-F).

