

## Problem Solvers 29 Full Mouth Reconstruction

Synonyms: Full mouth rehabilitation, full mouth crowns, bite opening, face-lift dentistry, opening vertical dimension of occlusion, or worn down teeth.

People that suffer from severe tooth wear may experience pain or sensitivity and may require crowning all of the teeth to prevent further damage to the underlying tooth structure. This article will discuss who is a candidate for full mouth crowns; the procedure that is involved and questions that may arise from this form of dental care.

There are many reasons why someone must have all of their teeth “capped” or crowned. This is a radical procedure, which is irreversible and has many risks associated with it. It is important to carefully evaluate all treatment options and seek second opinions if there are any questions as to the need for this type of care. There are several important factors that must be examined prior to elaborating on this type of care. In order to discuss full mouth rehabilitation it is important to understand a few definitions.

### Definitions:

**Vertical Dimension:** This is the distance that exists between your nose and chin when your teeth are biting together.

**Crowns:** These are coverings over a tooth or teeth that will protect the tooth and act as though you placed a protective thimble over the tooth to splint the tooth structure together and redistribute biting forces more optimally.

### Who needs crowns on all of their teeth?

- People that have severe wear on their teeth. This can be a product of Bulimia, habits such as sucking on lemons or from severe grinding problems where people grind their teeth in times of stress.
- Patients that have a history of extensive fillings on the majority of their teeth.
- Patients that have already had a full mouth reconstruction, where the crowns are leaking or have decay under them.
- People that have changes in their bite with a past history of extensive dental care such as extensive numbers of teeth that have had root canal therapy.
- Patients that have had orthodontic surgery or orthodontics to correct tooth or jaw positioning where crowns are needed to finalize the functional or cosmetic appearance of their bite.

### Will this type of treatment cause my teeth to die?

It is important to realize that every time a dentist drills on your teeth, they are

hurting them. From the heat generated by the dental drill to the vibration that occurs when drilling on a tooth, the tooth is prone to sensitivity and the nerve can always die when they are prepared for crowns.

If I decide I do not like the appearance of my crowns can they put them back the way they were?

No! This is an irreversible procedure. It is very important to have a discussion with the dentist as to what you can expect cosmetically and functionally from the procedure.

How long will my rehabilitation last?

This is an excellent question. The average crown can last anywhere from 7 years to 15 years depending upon the literature. The average insurance policy will pay to replace a crown every 5 years! You can also understand that the longevity of the dentistry is dependant upon how they are cared for. The need for healthy gums, flossing, regular dental visits cannot be understated in terms of how it will affect the longevity of the rehabilitation.

What are the steps to do a full mouth rehabilitation?

First the dentist will perform records such as x-rays, impressions of the teeth in both arches and record a bite registration to record the way the teeth are contacting. Next they will mount this on an articulator or "artificial mouth" so that the movements of the teeth can be replicated without the patient present. The next step is called a diagnostic wax-up where the desired changes in the shape of the teeth as well as the bite relationship is created as a mock-up on the teeth, to act as a blue-print for the reconstruction.

When all finances have been taken care of, the appointment will begin where the teeth are shaved down a very specific amount to allow for the proper size crowns to be made. This may be done in one visit or in several visits depending upon the dentists' skill set, speed and the ability of the patient to sit for extensive lengths of time.

Once the teeth are prepared, temporary restorations are made and cemented to protect the underlying tooth structure and help improve the person's bite. After a suitable healing period, impressions will be made of the prepared teeth and a relationship between the teeth will be recorded to send to the dental laboratory. Usually the dentist will also provide detailed information about the desired shade of the teeth, the desired shape and size of the teeth to be made.

The crowns will be tried in and their fit will be verified by using x-rays. Then the

crowns will be cemented on to the teeth and all excess cement will be removed. Lastly the bite will be adjusted if necessary and a mouthguard for nighttime wear will be made and delivered.

I heard this is really expensive work! I can get a better deal if I go to Mexico for full mouth crowns. Is this a good idea?

While there may be some wonderful dentists in Mexico, the problems that can be associated with this procedure warrant the use of a dentist close by. If a tooth or teeth need root canals, the dentist may not want to touch the teeth in the U.S. for fear of the crowns breaking or coming off and refer you back to Mexico for your care.

Have you had any experiences with people that have done dental tourism?

Yes I had a woman that spent her life savings on her dentistry-\$20,000. She was given the crowns two hours before her flight and she was numb and was rushed to accept the cementation. She looked at her teeth while on her back in the chair and upon arriving in the U.S.A. she found out her smile was slanted. All of her teeth had different sizes and the teeth on her right were higher than the teeth on her left and she had a 30-degree cant to her smile. She also had terrible sensitivity and 14 of her crowns were not cemented all the way down on her teeth. While this may not be the norm, it has happened to 3 of my patients and they cannot afford the (now more expensive) costs of retreating the work.

For extensive dentistry, you most certainly will get what you pay for. Quality laboratories, detailed treatment planning and soft tissue maintenance will allow the dentist to provide the smile of your dreams. Sometimes cutting corners is simply not worth it and will end up costing you a lot more than what you thought you were saving.

I had full mouth rehabilitation and my teeth are killing me. Is this normal?

When teeth are prepared, the nerve inside the tooth will be irritated. This may calm down on it's own or with the help of some short -term steroids. If the bite is off (hitting too hard on one or more teeth) then the sensitivity may not abate. You may need root canals with full mouth restoration if these teeth don't stop hurting.

My dentist put in my crowns and they didn't touch at the same time. So the dentist drilled for a long time on my teeth and now they look dull and life-less.

The ability to accurately restore 28 teeth requires careful planning and laboratory communication. The need for minor adjustment is expected. If major adjusting is

done and teeth have been trimmed so much that the porcelain no longer looks pretty, may require replacing one or more crowns. If the dentist tries to simply polish the teeth, you may be quite happy with the result. If you are not, discuss this with your dentist.

My porcelain chipped after a month of wearing my new teeth. Do I have to pay for replacing the crown? I was only eating a chicken wing.

You will have to discuss this with your dentist to see what their policy is regarding porcelain repair after full mouth rehabilitation.

My dentist performed a full mouth reconstruction but my gums don't look good. They are bluish and they bleed when I brush or floss, like crazy! I also notice a bad taste from under my crowns.

You may have a problem with excess cement that is stuck under the gums or the dentist may have prepared the teeth too close to the underlying bone. When teeth are drilled on to close to the bone it is called invading biologic width. This means that the crowns are prepped down to the bone and the gums don't have a home! If this doesn't get better with proper hygiene, you may need to have it evaluated by a periodontist or another dentist.

What if they did drill too deep? What can be done?

If they did violate the biologic width of the tooth, then you may require full osseous crown lengthening where the bone is trimmed and the skin is sutured back at a lower level. Then the crown or crowns may need to be replaced.

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