

Full mouth reconstruction steps

Below is our boilerplate set of appointments for a full mouth rehabilitation. Of course, every mouth is unique and differs from this slightly, but this gives you an idea of the time and effort commitment that we are making by taking on this type of intervention as well as the typical time between appointments for the laboratory to make your new teeth:

- Comprehensive examination & diagnostic records [90 minutes].
 - 3 Weeks for diagnostic workup & hard occlusal appliance (H.O.A.) fabrication.
- Treatment presentation and delivery of H.O.A. [60 minutes].
 - 6 weeks of 23/7 wear with phone call follow-up at 4 weeks. If all is well at that phone call, we will start to schedule the remaining appointments.
- First preparation, impression, and temporization appointment (top front 6 teeth) [all morning appointment]
 - 3-4 weeks at laboratory for fabrication.
- Delivery of top front 6 teeth [all morning appointment].
 - 1 week of healing and adjusting.
- Second preparation, impression, and temporization appointment (bottom front 6 teeth) [all morning appointment].
 - 3-4 weeks at laboratory for fabrication.
- Delivery of bottom front 6 teeth [all morning appointment].
 - 1 week of healing and adjusting.
- Third preparation, impression, and temporization appointment (left or right back teeth) [all morning appointment].
 - o 3-4 weeks at laboratory for fabrication.
- Third delivery appointment (left or right back teeth) [all morning appointment].
 - 1 week of healing and adjusting.
- Fourth preparation, impression, and temporization appointment (left or right back teeth) [all morning appointment].
 - 3-4 weeks at laboratory for fabrication.
- Fourth and final delivery appointment (left or right back teeth) [all morning appointment].
- 24-hour bite adjust [30 minutes].
- 2-week bite adjust and hard occlusal appliance delivery [30 minutes].
- Cleaning to remove any residual cement [60 minutes].



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Full mouth reconstruction

Full mouth rehabilitation is a treatment that puts a crown on all or most of the teeth in your mouth to repair and replace tooth structure lost to wear or acid erosion. Often this tooth structure loss leads to a collapsed bite which only accelerates the rate of tooth structure loss. Tooth structure loss and a collapsed bite are among the most complex, involved, and expensive dental treatments.

This type of intervention takes many appointments and lots of time in the dental chair. Once we begin this type of treatment, we are perennially in a half-built status until the project is complete; there is no turning back. Like remodeling an old house, there will be unexpected complications that we will manage together. These could be broken temporaries, laboratory delays, crowns that don't quite fit and need to be remade, et cetera.

How long do crowns last?

The answer to that depends on how well you take care of them. Cavities of the tooth structure below the crown is the primary reason for crown failure. We always make a hard occlusal appliance (aka: mouthguard) at the end of treatment, it is important for you to wear this at night going forward to protect your crowns. Teeth weakened by a history of tooth structure loss or fillings can be repaired with crowns, but crowned teeth are not invincible.

What are the risks?

As someone who has destroyed their original issue equipment, there is always the risk that you will destroy the replacement teeth in the future. Teeth with crowns on them have an increased risk of needing root canal therapy. The best way to think about full mouth rehabilitation is as a therapy to take the next step in managing your disease, it cannot cure you.

Will my teeth be perfect?

Probably not. Full mouth rehabilitation does not improve tooth positioning that only orthodontics can. While we can often mask some crowding and tipping, we have to put crowns on the teeth in the locations that they are in. Likewise, when it comes to tooth shapes and heights, depending on the amount of damage done to the teeth, we often have to make compromises so the teeth play nicely together. We do have full control over tooth color.

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