Same Day Teeth®/nSequence® Guided Prosthetics® protocol for immediate full-arch reconstruction
Dr. Michael A. Pikos

Primary stability: what does it mean?
Dr. Michael R. Norton

A comprehensive clinical review of platelet-rich fibrin and its role in promoting tissue healing and regeneration: part 1
Drs. Johan Hartshorne and Howard Gluckman

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This is a 59-year-old Caucasian female, Joanne, who presented to the office with chief complaint of “I hate my teeth; there are spaces, and they look bad.” Present medical history is essentially unremarkable. Patient is a nonsmoker.

Clinical and CBCT evaluation revealed the following pertinent findings:

**Maxilla** — Partially pneumatized sinuses without evidence of pathology was noted. Teeth Nos. 3-13 are present with varying degrees of vertical bone loss present particularly with teeth Nos. 4, 5, 12, 13.

**Mandible** — Teeth Nos. 20-28 are present again in varying degrees of vertical bone loss present with spacing between several teeth. Remainder of oral as well as head and neck exam was within normal limits. In summary, diagnosis was consistent with Class II deep bite with splayed maxillary dentition secondary to collapse of vertical dimension and loss of posterior mandibular dentition and moderate-severe periodontal disease.

Joanne was given several treatment options that included serial extractions followed by root form implant placement for fixed work. This would also include restoration of existing teeth. Another option presented included serial extractions and RPD appliances. The third option was the Same Day Teeth® protocol for both arches. Joanne was very adamant about wanting “new teeth,” and thus, we proceeded with addressing both arches with the Same Day Teeth®/nSequence® Guided Prosthetics™ protocol for immediate full-arch reconstruction.

Comprehensive evaluation and record taking was done followed by an online meeting with nSequence® along with our restorative and surgical team. Subsequently, two-jaw surgery was proposed, and as you will see from the images, shown on page 20, the virtual treatment planning was accomplished followed by subsequent surgery at which time the conventional nSequence® Guided Prosthetics™ protocol was followed with appropriate bone foundation guides, surgical guides, and placement of implants via a fully guided approach. Subsequently, the maxillary and mandibular long-term fixed provisionals were placed. You will also note the 4-year follow-up with radiographs and clinical results. Five implants were placed in the maxilla followed by a full-arch zirconium hybrid final prosthesis, and four implants were placed in the mandible followed by a full-arch acrylic-wrap hybrid prosthesis.

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changed dramatically, and in fact, her self-image was transformed remarkably as is true for so many of our patients treated with this wonderful technology.

In summary, there are at least the following seven advantages that this fully guided full-arch immediate approach has over the conventional analog based conversion protocol.

1. 3D precision planning and virtual workup
2. Optimal interdisciplinary treatment planning — (restorative, surgical, lab) (collaborative accountability)
3. Fewer patient appointments
4. Less chair time (1.5-3 hours per arch)
5. Stronger material — titanium reinforced PMMA provisional
6. Predictable, patient-specific, affordable
7. Excellent professional documentation (medical/legal)