Assessment and Planning

Take a comprehensive history and clinical examination

Take radiographs, photographs, impressions for study models/diagnostic wax-up and any other necessary special investigations e.g. sensibility testing (with consent). Supplement this with a facebow record when replacing upper canines and multi-unit bridges

Discuss the shade of the teeth. If replacing upper anterior teeth, consider sending the patient to the lab for more accurate shade taking and mapping

If the patient is interested in teeth whitening, this

must be carried out prior to bridge preparation

Assess if the tooth opposing the pontic has overerupted and whether sufficient interocclusal space is present. Avoid adhesive designs or reconsider choice of prosthesis for patients with severe bruxism. When designing bridges, keep the guidances off the pontic(s) (make note for the laboratory)

Decide the bridge design

Decide pontic design

Outline the treatment options for the patient

Obtain consent for treatment

Extra-oral:

- · Smile line
- Symmetry
- · Incisal show
- Speech
- Skeletal pattern
- OVD/RVD
- · Freeway space

Intra-oral:

- Occlusion
- Excursions (lateral and protrusive)
- · Guidances (canine and group)
- · Periodontal status
- · Caries status
- · Guide planes
- Overeruption
- · Quality of the edentulous ridge
- · Shade and shape
- · Interocclusal space
- · Adjacent teeth status
- · Gingival contour and biotype

Units missing:

- 1 unit- conventional/adhesive.
- · 2 units posterior- conventional.
- 2 units anterior (incisors)- conventional/ adhesive (works for lower anteriors).
- · 4 units anterior (incisors)- conventional.

Quality and quantity of tooth tissue:

- Minimally restored/good enamel quality adhesive.
- · Heavily restored/broken down conventional.

Abutment selection:

- Assess status of any existing restoration(s). If the status of the restoration(s) is questionable then replace.
- · Minimum crown: root ratio 1:1.
- · If root canal treated, consider a fixed movable design.
- If the inclination of the abutment is 15-25°, a conventional bridge design is preferred to an adhesive design, to avoid black triangles and a difficult path of insertion.
- 1. Accept and monitor.
- 2. Bridge: conventional or adhesive. Cantilever or fixed-fixed.
- 3. Implant assessment.
- 4. Denture assessment.

For complex cases e.g. full mouth rehabilitation, crown lengthening, long interappointment waits, comprehensive planning is required i.e. good communication with the laboratory, diagnostic wax-up construction and lab made temporary restorations.