

Suggested Outline for Full Mouth Reconstruction

DENTIST

Appointment #1

Take upper and lower full arch impressions. If using alginate, pour the impressions using a yellow lab stone. Record an open bite centric relation (CR) using a rigid polyvinyl siloxane bite registration material. The Panadent bite tray works well to support the bite registration material.

Send to laboratory to process MAGO splint to the CR bite.
(Allow 5 working days in lab for fabrication)

Appointment #2

Seat the MAGO appliance. Adjust as needed to obtain protrusive guidance on the lower incisors only. Check for even disclusion and proper cuspid rise in right and left lateral excursions. The MAGO splint should not be in centric contact with any of the *posteriors*. If however, the patient complains of joint pain prior to treatment, the MAGO should be fabricated with full *posterior* contact initially. MAGO treatment should be monitored for a minimum of 2 weeks to allow the patients condyles to fully seat in the SAM position. Periodic checkup of the patient during this time will allow adjustment of the MAGO if necessary.

Appointment #3

After MAGO treatment has been completed, take an axis path recording to trace the condyles and determine the hinge position relative to the maxillary arch. Using the tracings from the hinge axis, mount the maxillary cast and note the appropriate articulator settings for the right and left condyles. If a hinge axis recording is not going to be utilized, take a protrusive bite registration and a take face bow record.

Take new upper and lower full arch impressions. If using alginate, pour the impressions using a yellow lab stone. Record a new open bite centric relation (CR) using a rigid polyvinyl siloxane bite registration material. The Panadent bite tray works well to support the bite registration material. Mount a set of models so that you and the lab can evaluate and determine if the case can be restored to position the mandible in centric relation.

Appointment #4

If the case can be restored to centric relation, the models can be sent to the laboratory for a diagnostic waxup. Smile design, contour, shape etc. should be noted so that the waxup can be contoured to the appropriate criteria determined by the clinician. Take an esthetic plane reference of the maxillary arch. Horizontal stick bites, Kois screwless facebows, and photographs of each reference in the patient's mouth are critical to ensuring an accurate esthetic plane.

Send to the laboratory for diagnostic waxup and temporary stints.
(Allow 10 working days in lab for fabrication)

Appointment #5

Prepare the *anterior* maxillary and mandibular teeth.

When the full mouth waxup was fabricated, the *anterior* maxillary and mandibular were waxed up first in the laboratory. Using the *anterior* maxillary and mandibular waxups, temporary stints were made that duplicate the new *anterior* contour and index the unprepped *posterior* quadrants. This allows the clinician to make accurate chair side provisionals on the *anterior* maxillary and mandibular sections only. With this method the clinician and patient can take a break between prepping the entire *anterior* and *posterior*.

Also, when using this technique, the MAGO can be modified to hold *posterior* at the new vertical dimension by cutting out the *anterior* section and relining the *posterior* quadrants into full occlusion.

Appointment #6

Prepare the *posterior* quadrants. Using the temporary indexes made from the diagnostic waxup, fabricate chair side provisionals over all the *posterior* preparations.

The patient should be allowed to wear the full mouth provisionals for an undetermined amount of time until he/she is completely comfortable with the esthetics and function of their new smile. If necessary, contour the provisionals in the patient's mouth until they are completely satisfied.

Take photos of accepted provisionals.

Take impressions of accepted provisionals.

Appointment #7

Remove the *anterior* maxillary and mandibular temporaries. Re-define any supra- gingival margins if there are any, and take full arch polyvinyl or polyether impressions. Record a polyvinyl bite registration on the preparations in the *anterior*. Reline the *anterior* provisionals if necessary and re-cement.

Appointment #8

Seat the *anterior* maxillary and mandibular restorations as indicated by the restoration material.

Remove the maxillary and mandibular *posterior* temporaries one quadrant at a time. Re-define any supra-gingival margins if necessary. Record a polyvinyl bite registration on the preparations for one upper and lower quadrant at a time. The contra-lateral *posterior* should be in provisionals while recording each bite registration to ensure the bite is taken accurately. This technique ensures that the patient has not shifted their mandible during the bite registration(s). Follow the same procedure for the other side.

Appointment #9

Seat the *posterior* maxillary and mandibular restorations as indicated by the restoration materials.