

Treatment Planning

6. MAINTENANCE PHASE

Maintenance Phase



ORTHODONTICS

ENDODONTICS

PERIODONTICS

CARIES

REMOVABLE PROSTHODONTICS

Orthodontic Retention

Maintenance

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There are three basic types of orthodontic retention devices:

1. **Positioner**- Not only a retainer, this type can be used for final adjustments as the teeth fit completely into appliance. Especially important that patient wear it right after active appliances removed to hold teeth while bone and PDL final remodeling takes place
2. **Removable**- all elements are passive (no springs, etc) so it just holds the teeth in place.
3. **Fixed**- Usually placed only on the lower anterior teeth for long term retention. Frequently worn until final growth and development occurs in early 20's.



Positioner



Removable

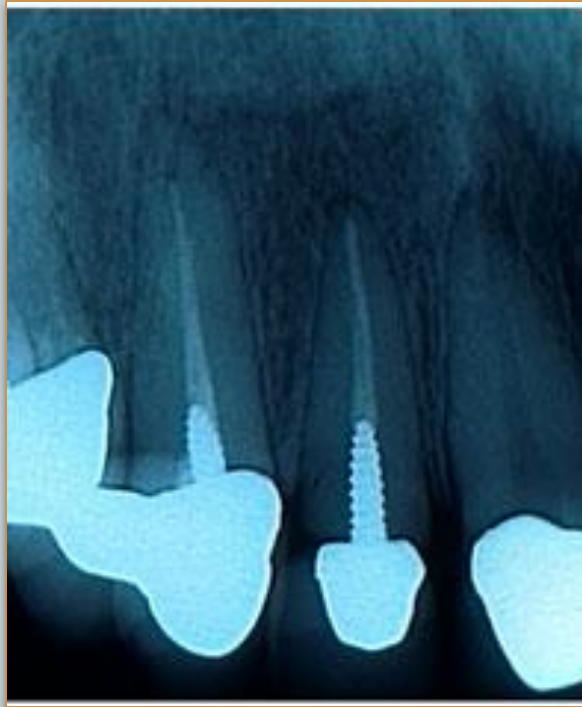


Fixed appliance

Endodontic Evaluation

Maintenance

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- Generally, re-eval an endodontically treated tooth at 6 months, 12 months, and 24 months.
- How? The usual way:
 - **Percussion**- should not be tender
 - **Palpation**- should not be tender
 - **Probing**- should not have probing depths out of “normal” for this patient
 - **Radiographs**- *tricky*. You’d like to see any lesion getting smaller and less radiolucent. But in the absence of other symptoms, it’s not a big concern.

Periodontal Maintenance

Mainten
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- This is a complex topic, but to keep it simple, here are the basics:
- If you have ***ever*** treated the patient for periodontal disease, they are **always** scheduled for a **periodontal maintenance (D4910)** visit, **not a prophylaxis (D1110)**.
- Based on the severity and susceptibility of the patient, **schedule the patient for recall every 3, 4, or 6 months.**



Caries

Maintenance

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Caries recall for three reasons:

1. **Reinforce pt education** on diet, home care (use of F) and xylitol.
2. **Office F-** best is varnish
3. **Evaluate for new lesions** with exam and radiographs.

Interval can be different for different reasons:

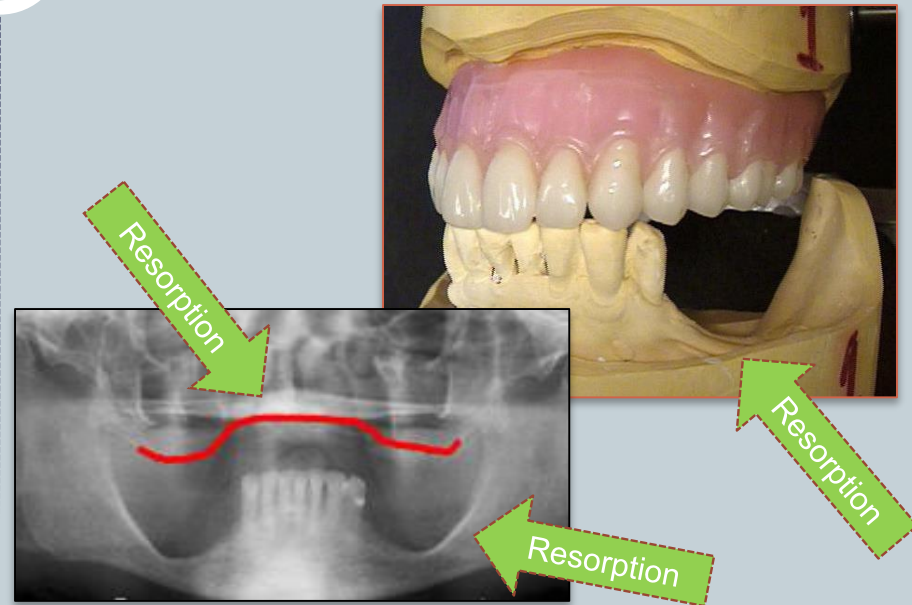
1. **Radiographs-** every 6, 12 (high risk) or 18 months (mod risk) depending on risk level
2. **F varnish and exam-** every 3 months (high risk) 6 months (mod risk).

Removable Prosthodontics

Maintenance

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- This is a complex topic, but here's the short version: once the teeth are gone, the **bone starts to resorb**, and dentures accelerate this process somewhat.
- As the bone resorbs, the **denture no longer fits**, so it is even looser and **even more damaging** to the bone.
- Fairly regularly (at annual exam), these need to be **evaluated for fit**, and if they are loose, be **relined** (have more acrylic processed onto the tissue side of the denture).



This is a fairly **severe case of bone resorption** on the mandibular lower and maxillary upper. **Why?** The remaining lower natural teeth push up against the front of the maxillary denture, causing resorption there. And the lower partial denture pivots downward, causing resorption there. This patient had not had these evaluated for over 20 years...she figured since the teeth were gone, she had no more worries!