Lower dentures are rarely comfortable. In fact, studies show that at least half of all lower denture wearers are not satisfied with the comfort, or stability, of their dentures. Fortunately, patients who decide to replace their lower dentures with implant-supported overdentures experience an improved quality of life, with more comfort and the ability to eat healthier foods.

Immediately following tooth loss, the supporting bone deteriorates or resorbs fairly rapidly. Dentures fabricated at the time teeth are removed will loosen quickly, and continue to do so over time. Lower dentures do not have the suction that is created with an upper denture that covers the roof of the mouth and therefore, they never fit as securely. As the bone continues to resorb, there is less bone to support the lips and cheeks, resulting in changes in facial appearance. Dental implants function as substitute tooth roots and prevent additional bone resorption.

There are a number of options for replacement of uncomfortable lower dentures. The two most affordable options are the overdenture (implant retained dentures) supported by two implants and All-on-4 Implants.

The Two-Implant Overdenture

For those patients who have lost all their teeth, as well as significant bone, facial and lip support, a removable overdenture, which fits “over” the implants, will often be the treatment of choice. Additionally, the two-implant lower overdenture is more economical than a fixed prothesis. Two dental implants, strategically placed, are sufficient to comfortably support a lower denture, which is modified to fit on the two implants.

Studies over the past two decades have demonstrated the significant benefits of lower overdentures supported by two implants. In fact, in May 2002, the McGill Consensus Statement on Overdentures stated “As minimal treatment objective: the mandibular (lower jaw) two-implant overdenture should be considered as a first choice standard of care for the edentulous (missing all teeth) patient.”
The “All-on-4” concept is based on the premise that a full arch of “fixed” (non-removable) replacement teeth can be supported by four implants when two of the implants are placed at an angle (see illustrations), thereby avoiding critical anatomical structures like the sinus cavities and the nerve that runs through the lower jaw. This allows the surgical specialists to take advantage of the bone that is available, rather than grafting (adding) bone. All-on-4 Implants can be a good option for patients who have adequate bone to support a full arch of teeth with only four implants.

While it is not as economical as the two-implant overdenture, the “All-on-4” procedure is more affordable than other treatment options, such as a porcelain bridge supported by six implants. In addition, the prosthesis is securely attached to the four implants, which is an advantage for patients who prefer a nonremovable prosthesis. However, this is not the best option for patients who grind their teeth. These patients would benefit more from a prosthesis supported by more than four implants. It is important to remember that advertising is designed to sell a particular service and sometimes the claims in advertisements; particularly those regarding implant “super” centers are questionable.

Since there are a number of options available to replace the lower denture, patients who are interested in determining whether “All-on-4” implants is right for them should seek the advice of a Prosthodontist or surgical specialist in private practice, rather than the clinicians at a “super” center.

As specialists with expertise in complex tooth replacement, they will evaluate possible issues with grinding, the amount of bone that has resorbed, or deteriorated while wearing dentures, the size and density of the jaw, and lip and cheek support for improving overall facial appearance. They will also discuss all of the various treatment options and present recommendations for the ideal solution for patients based on their specific, unique needs. Unfortunately, these are not necessarily considerations for implant “super” centers, where the treatment plans are often based on a business model and not the ideal outcome for patients.