

## How best to get your teeth back

**After choosing to replace a broken tooth with an expensive implant, Tim Jepson is left in no doubt that he picked the best option.**



Tim Jepson being treated Photo: Martin Pope

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 [7 Comments](#)

It started with a prune. A Marks&Spencer pitted prune. While it passed muster as a prune, it was, sadly, far from being pitted, and as I bit on the offending stone, a molar in my upper jaw shattered with a sound and sensation I hope never to hear or feel again.

We'll pass quickly over the visit to Guy's Hospital's (excellent) NHS emergency walk-in dental clinic; quickly, too, over Guy's grim prognosis for the tooth (doomed), a prognosis confirmed by my own dentist, who said that my options for the stump were a bridge, an implant or a pirate-like gap for the rest of my life.

The last was a non-starter. Never mind vanity, the alveolar bone of the jaw – I now know – is designed to hold teeth. When there are no teeth there is no need for the bone, which gradually recedes, weakening adjacent teeth until they can fall out or collapse into the gap.

A bridge? Possibly. But a bridge involves compromising two good teeth flanking the gap, filing them down to act as an anchor for crowns that support a prosthetic over the missing tooth. Cosmetically not bad, but it comes with hygiene issues and doesn't get around the receding jaw problem. And in my case, a bridge would cost about the same as an implant.

Which is where Dr Edwin (“call me Eddie”) Scher came in. Dr Scher is a specialist in oral surgery and prosthodontics, or the restoration of teeth. In being referred to him, I struck gold, because not only is he charming, with an impeccable chair-side manner, but he is also one of the world's leading practitioners and authorities on implants.

Implants are small titanium screws that are gently placed in the jaw to gum level, taking the place of a removed root. In a process discovered in the Sixties (but not widely used until the Eighties), it was found that implanted titanium bonded irreversibly and without rejection with living bone. Each implant has a hole into which a post can be screwed. This post then provides permanent support for a crown, bridge or dentures.

Implants offer strength, reliability and durability; last a lifetime; and avoid the poor fit, gum irritation, pressure points, and speech and taste impairments of dentures and other prosthetics. Dr Scher, who has been involved with implants since 1985, describes them as the “greatest advance in dentistry in a century”, the answer, he says, to the innumerable patients who come to him and say: “Eddie: I just want my teeth back, what can you do?”

At our initial consultation in his central London practice, Dr Scher didn't steer me to an implant, but clearly explained my options. But an implant, I decided, it would be, and further X-rays were taken; a clear schedule of treatment laid out; and a transparent, fixed fee for the work, including final crown, established.

A few days later, I was in the chair in the practice's dedicated surgery. I had a local anaesthetic, and though light sedation is available, this would prove such a surprisingly stress-free procedure, it's probably unnecessary for all but the most dental-phobic. I was also given an antibiotic drink and had a small amount of blood taken from my arm, which was then treated to obtain PRP, or platelet-rich plasma, which aids healing of soft tissue, and would be used during my procedure.

The next step was extraction of the stump, a vital aspect of the operation, because the success of an implant depends partly on damaging the bone of the jaw as little as possible. I've had wisdom teeth out, and I know what extractions can feel (and sound) like, but I was still waiting for the yanking to start when Dr Scher announced the tooth was out. I didn't feel a thing.

A root leaves an oval hole; an implant is round, so the next step was drilling a hole in the jaw, but in slow stages to prevent damage to the bone. This sounds dubious but wasn't – no pain, just a slight juddering with each second or two of drilling.

Then the implant was gently screwed in – again, no sensation – and two stitches added to sew the small nicks to the gum made to expose the jaw (again, I did not feel these, and didn't

know I had stitches until later). A protective cap, flush with the gum, was screwed into the implant's threaded hole, and that was it: about 40 minutes in the chair.

Two weeks later I was back for a check-up and to have the stitches removed. I'd had no pain or infection, nor any sensation of the implant. Then it was time to let the titanium bond.

I waited around six months – the longer the better – though some dentists leave less time, and if your gap is in an aesthetically sensitive area, a post and temporary crown can be screwed into an implant almost immediately.

Potential complications are few. Infection is the biggest risk, but rejection of an implant is virtually unknown. If an implant is in the lower jaw, then the major concern is damage to the inferior dental nerve that can lead to partial, or total, loss of feeling in the lower jaw. In the upper jaw, bone may not be thick enough to accommodate an implant, in which case an additional procedure is required to graft bone or stimulate bone thickness. In both cases, an experienced surgeon is the key to success.

Mine was a single-tooth implant, but, crucially, implants can be used to replace several teeth and badly fitting or compromised crowns and bridges. Best of all, if you have dentures, then as few as two implants can be used to anchor dentures permanently.

Implants are expensive and are not available on the NHS, except in cases of facial trauma. Costs vary – mine was a painful £3,500, but this included a state-of-the-art crown (with a visit each for measuring and fitting) that uses a zirconium core (a recent wonder product which is white, and so doesn't show grey through the porcelain of the crown).

I could have found dubiously cheaper implants and treatments abroad, or even in the UK, but there are implants and there are implants – you should insist on a leading system such as Nobel Biocare – just as there are surgeons and surgeons.

I am delighted with my implant. I can't feel it, it's rock solid and the crown is better-looking than the tooth that was there before. So if want your teeth back, then bite the bullet – gently, of course – and acquaint your mouth with a finely engineered piece of titanium.

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