Implants vs. Bridges

Sometimes it’s impossible to avoid the loss of a tooth. Accidents, injuries, and certain types of chronic illness can all lead to unavoidable tooth loss. In rare cases, individuals can also genetically fail to develop all of their permanent teeth.

Missing teeth can be replaced in a variety of different ways. However, the most common treatment decision that most patients must consider when replacing a single tooth is whether to place an implant or a bridge. Each option has its long- and short-term pros and cons. Let’s review the best applications of each treatment option, as well the conditions under which an implant or a bridge may have an increased likelihood of complication or treatment failure.

Implants

Implants are titanium pegs that insert into the jaw bone to simulate a tooth root. Attachments are then added to the implant to allow for the placement of a beautiful restorative crown that looks and acts like a real tooth. When several teeth in a row are missing, two or three implants may be placed to support a bridge. And for significant tooth loss, implants may also be used in conjunction with partials and/or dentures to improve both fit and stability.

For single-tooth replacement, in most cases an implant represents the best possible restorative solution. They are more expensive in the short-term than a bridge or a removable partial, but they are stronger, last longer, and look more natural than any other restorative option currently available. So other than cost, why would anyone choose a bridge instead?

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Implants (cont’d)

Implants have been around for a long time and have a low incidence of failure when placed correctly and cared for properly. However, patients who have active gum disease are generally not good candidates for implants. An implant can get infected just like a real tooth root – especially in a mouth where gum disease is already present. Gum disease should always be fully treated and well-controlled with regular hygiene appointments and excellent home care before an implant is considered.

Bone structure and strength are also an important consideration in implant placement. Narrow or thin jaw bone in the area of the missing tooth may not be able to support the implant. Bone grafting is possible and quiet successful for many people in these cases, but not for everyone.

Other medical conditions and long-term medications may also influence the potential failure of an implant. Specifically, anyone who has taken osteoporosis medication orally or intravenously for more than 5 years and is also undergoing certain invasive dental procedures, including implant surgery, may be at a much higher risk for a condition called osteonecrosis (please read Osteoporosis and Your Mouth for more information).
The Benefits of Implant Placement

- Longest-lasting restorative option for a missing tooth
- Does not jeopardize the health of the surrounding teeth
- More natural looking than any other restorative option available for missing teeth
- Easy to clean and care for

Best for patients with:
Excellent oral health, good oral hygiene habits, and sufficient jaw bone density with or without grafting.

Potential Drawbacks of Implants

- Highest initial expense for replacing a missing tooth
- Requires surgery
- Overall treatment time is longer
- May increase the risk of developing osteonecrosis in some patients who have been taking oral or intravenous bisphosphonates for 5 years or longer

Not suitable for patients with:
Active gum disease; thin or narrow jaw bones that cannot be grafted; poor oral hygiene habits at home; any chronic habit, addiction or condition that inhibits the immune system or healing in general.

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Bridges

A bridge is made up of two or more crowns that support and suspend a false tooth between them in place of the missing tooth. Before implants were invented, bridges were the common standard for permanently replacing an individual tooth. Certainly, improvements in the strength and cosmetic appeal of the materials used to make bridges have made them better than they ever were fifty years ago. However, the primary construction and function of the bridge is perhaps its biggest drawback.

By design, a bridge takes the chewing forces exerted on the suspended false tooth and spreads them between the two supporting teeth on either side. The bridge itself does not flex against these forces, and so the two supporting teeth are forced to provide the necessary give during chewing. Over time, this stress and flex mechanism often loosens the cement bond on the bridge. Microscopic areas of decay can begin around the margins and the supporting teeth are weakened.

Supporting teeth on either end of a bridge are the most likely teeth in the mouth to require retreatment as we age. Decay and fracture are common for these teeth, and most patients who have had a bridge for more than 20 years are likely to lose one or both of the supporting teeth because of all the additional stress. So if a bridge is so obviously an inferior treatment option to an implant, why would anyone choose to get one?

Implant placement is expensive and can take up to 6 months to complete. There are also certain medical and anatomical conditions that may simply make implant placement too risky or even impossible for a patient to consider. In those situations, a bridge is often the next best option for permanently replacing a lost tooth, even with the known stress on the supporting teeth.
The Benefits of Bridge Placement

- Faster and less expensive than implant placement
- Next best option for tooth replacement when implant placement is not an option

Best for patients with:
Excellent oral health, good oral hygiene habits, and strong supporting teeth on either side of the missing tooth.

Potential Drawbacks of Bridges

- Stresses the supporting teeth over the long-term, often requiring re-treatment
- Increased incidence of tooth loss in the supporting teeth
- Harder to clean at home than implants

Not suitable for patients with:
Uncontrollable gum disease and/or poor oral hygiene habits at home.
Making Your Final Decision

As always, when considering any dental treatment, the most important conversation you can have is with the dental professional who will be providing your treatment. This reference is intended only to help you better understand the basic pros and cons of bridge and implant placement. Each individual patient may have specific health conditions or anatomical considerations that may have a greater influence on treatment decisions than any of the information presented here.

Remember, the conditions that caused you to lose a tooth initially can still affect the ultimate success of a bridge or implant. Gum disease can still infect the anchor teeth of a bridge or the base of an implant, and patients who are heavy clenchers or grinders can still break the restoration, the teeth supporting the bridge, or even implant in the bone itself.

Like any other restoration in the mouth, bridges and implants can loosen, break, or require replacement for a number of other reasons over time. Excellent home care, a healthy diet, regular visits to your dental office, and protective appliances like a nightguard can all go a long way in helping you extend the life of your replacement tooth.

We encourage you to gain as much information about your treatment choices as you feel necessary, and then discuss how that information specifically applies to your condition with your dental provider. Current patients of Dr. Rich are always welcome to call the office with specific treatment questions or bring them to their next regularly scheduled dental appointment.