## Meet The Doctor: Kevin C Lin, DDS, FACP Prosthodontist

## Reconstructive Dental Specialist

Dr. Kevin Lin is a board-certified specialist in prosthetic dentistry. He has extensive clinical training and experience rehabilitating patients with complex dental problems using composite resin, dental implants, veneers, crowns, bridges, and dentures. He is an expert in creating and maintaining partials and dentures for older adults. Moreover, he has restored thousands of dental implants and related fixed and removable dental appliances.

Dr. Lin has published numerous papers in peer-reviewed journals, written book chapters, and presented in international and national professional conferences and regional study club meetings on issues concerning prosthetic dentistry.

He actively participates in local study clubs to learn and share new clinical knowledge and techniques; he works tirelessly with specialists, general dentists, and lab technicians to provide the best quality patient care possible. He currently serves as an ad-hoc journal reviewer for the Journal of Prosthetic Dentistry and the Journal of Prosthodontics.

Kevin C. Lin, DDS

### Education

Board Certification, American Board of Prosthodontics
Certificate in Prosthodontics, UCSF Postgraduate Prosthodontics
Doctor of Dental Surgery, UCLA School of Dentistry
B.S. Biological Sciences in Medical Microbiology & B.A. Psychology, UCDavis

### Post-graduate Credentials

Diplomate, American Board of Prosthodontics
Fellow, American College of Prosthodontists
Fellow, International Congress of Oral Implantologists
Ad-hoc Journal Reviewer, Journal of Prosthetic Dentistry and Journal of Prosthodontics
Assistant Professor, University of the Pacific, Arthur A. Dugoni School of Dentistry
Volunteer Faculty, Pre-doctoral Prosthodontic Clinic, University of California, San Francisco


### When should you consider referring to a prosthodontist?

Prosthodontists are specialists in esthetic, implant, and reconstructive dentistry.

1. **Treatment complexity is beyond your typical practice.**
   Vertical dimension discrepancies, severely resorbed ridges, limited restorative space, poor implant angulation, TMJ, severe bruxism, traumatic tooth loss, or congenital abnormalities.
2. **Patient has extensive needs and is draining too much of your chair time!**
   If your patient requires treatment from multiple specialists, we can help sequence and manage the interdisciplinary treatment plans.
3. **Patient wants a perfect smile!**
   If the patient has a gummy smile, thin gum and susceptible to recession, or extremely picky!
4. **You want to discuss a case with a colleague to ease your mind.**
   We are an excellent resource for you to ask questions about complex treatments. We can work with you or complete the treatment for you to achieve the best in both function and esthetics for your patients.

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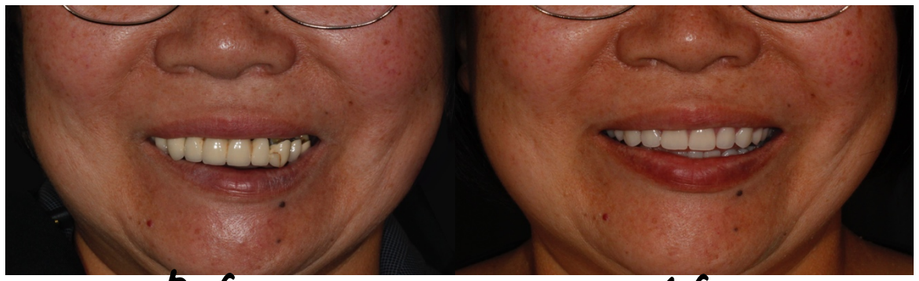
# Reconstructive Dentistry Updates

Jan/Feb 2020
*Evidence Based Clinical Practices in Prosthodontics*

### Do you have a challenging patient case because of anatomic limitations, compromised implant planning and placement?




**Here is the story of a patient who was referred to me by a general dentist.**

Sometimes a patient may present to you with implants already placed and osseointegrated. The patient is ready to proceed and you are excited to see the patient until you realize the clinical challenges…

If you encounter difficulties finishing the prosthetic treatment because of anatomic limitations, compromised planning and implant placement – he/she may benefit from the help of a Prosthodontist – **Here is the story of my patient "Angie"…**

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### Inside This Issue



### Do you want to chat about a complex patient case? Or would you like to meet and share ideas?

With your reputation for quality dental service and my experience with complex treatments, we can work together and benefit as a team. We simply want to do what is best for the patients.

I would like to work with you on challenging patient cases and share knowledge and experience. I would love to meet you for lunch, over a coffee break, or at your office to discuss a difficult patient case or to share ideas.

Please don't hesitate to reach out to me. I'm looking forward to talking with you on the phone or meeting in person.

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# Prosthodontics Case Report


Angie was referred to me because the general dentist did not feel comfortable restoring the lower osseointegrated implants with a full arch implant prosthesis against the existing failing upper long-span bridge.

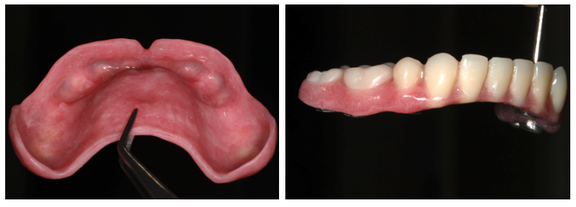
The doctor was not sure about how to proceed with the additional treatment planning needed in order to meet the patient's esthetic and functional expectations.

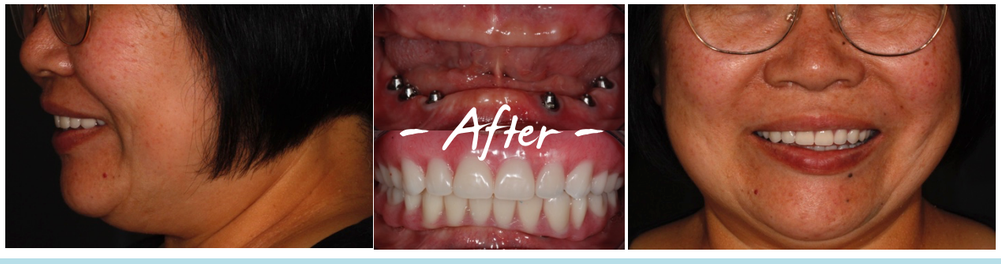
The case was challenging because:

1. the restorative space was extremely limited
2. the existing upper bridge was extruded with significant overbite and lower lip impingement
3. there was limited room for the denture flange because the upper lip was already well supported by the class II maxillary ridge although it was resorbed.

**Treatment:**
The remaining upper teeth and the fixed bridge had poor prognosis, after reviewing the potential outcome of different treatment options, the patient elected to proceed with removal of the upper remaining teeth and restored the mouth with a complete upper denture against a lower implant hybrid.

Because the patient chose to have a traditional upper complete denture. Additional attention was given to ensure labial flange thickness was minimal and teeth were positioned properly for esthetics and function.






## My Treatment Summary for Angie:

❖ Comprehensive evaluation and diagnostic work-up
❖ Additional implant planning to evaluate the upper arch
❖ Completion of the upper denture and lower implant hybrid prosthesis with proper flange extension for the upper to optimize retention, stability, and esthetics.
❖ Regular maintenance re-care visits

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# Clinical Dental Research

## Implant-Borne Restoration Maintenance Guidelines

**1. Professional Maintenance**

❖ Perform extraoral and intraoral health and dental exam of existing teeth and the implant prostheses.
❖ Professionally clean natural teeth, implant-borne and tooth-borne restorations, and implant abutments.
- When metal abutment or implant thread is not exposed - conventional instrumentation is acceptable.
- When abutment is exposed -
  - Plastic scaling instrument
  - Powered glycine powder air polishing system (e.g. Hu-Friedy Air-Flow)
  - Implant-specific ultrasonic tip
  - Conventional instrumentation to debride the prosthetic portion (above the abutment)
- If implant thread is exposed -
  - Refer to a periodontist for possible implant surface treatment.
  - Use of titanium metal instruments with compatible material hardness for scaling and debridement.

❖ Application of chlorhexidine gluconate as a topical agent.
- Oral rinse (e.g. Peridex 0.12%)
- 1% CHX gel at implant-abutment junction for moderate to high risk patients.

❖ Reassess the prosthetic contours to facilitate at-home maintenance.
❖ Prosthetic components that compromise function should be adjusted, repaired, or remade as needed. Please contact me.

**2. Patient Education and At-home Maintenance**

❖ Patient with multiple and complex restorations should be given detailed oral hygiene instructions.
- 0.3% triclosan-containing toothpaste (i.e. Colgate Total) - reduces soft tissue inflammation and peri-implant mucositis
- Consider adding short-term use of chlorhexidine gluconate when indicated.
- Denture acrylic resin for fixed hybrids would need to be brushed with a non-abrasive denture toothpaste (e.g. Cleanadent Paste - can be used inside and outside of the mouth!)

❖ Recommend oral hygiene aids such as floss, water flossers, air flossers, interdental cleaners, and electric toothbrushes.
❖ Occlusal devices should be worn during sleep, and clean with proper cleaning agent.
❖ Implant-borne removable prostheses need to be removed and cleaned during sleep.

**3. Patient Recare**

❖ Exam every 6 months as a lifelong regimen
❖ High-risk patients (e.g. parafunctional chewing habit, smoker, diabetic, thin gingival biotype, poor home-care motivation)
- 3 months recare for the 1st year following prosthesis delivery and continue the same frequency until tissues and prosthesis appear stable

## Would you like to stay up to date with the most current clinical dental research?

You are not alone for continuing education! You have the opportunity to join like-minded clinicians in the community and challenge yourself to learn in a friendly non-judgmental atmosphere. We would love to have you for study club events, lecture presentations, and treatment planning seminars. For more detail on future events, please contact me.

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