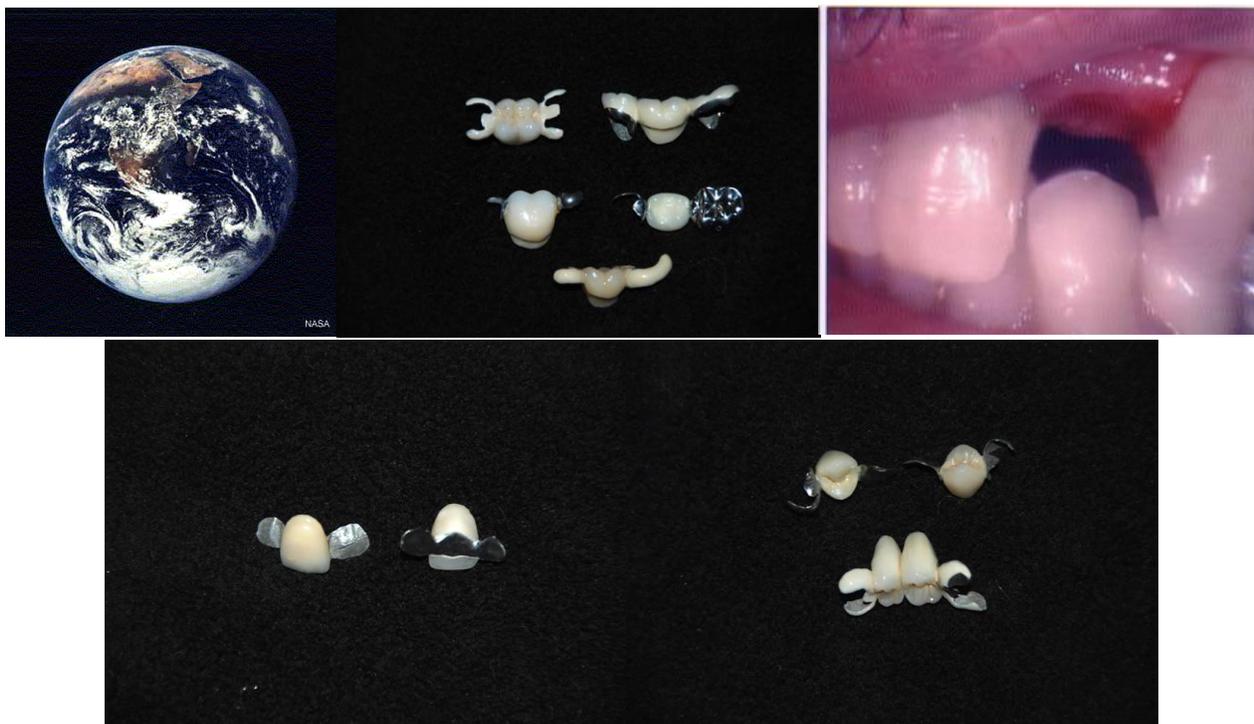


Ethics of Maryland Bridges as a part of a Comprehensive Treatment Plan

- Value in the dictionary means to think highly of, desirable, useful, to prize, to place an estimate of worth.
- Values are a private set of understandings our patients enjoy and we must respect their values.
- Value may be in dollars and cents, in esthetics and looks, in feelings and concepts, or may be in longevity.

Worldwide Application of Maryland Bridges

On the mission field we often see missing teeth. Causes range from congenitally missing, impacted, accidentally evulsed, or broken off, rotted to the gum line, or removed by patient or some well-intentioned dentist or dentist look-a-like from their culture. Often there are healthy teeth on either side of the missing tooth. Many cultures do not eat lots of sugar substrates and do not suffer from decay but rather from gum disease and subsequent tooth loss. These cases often are candidates for a Maryland Bridge. Too often we hear of mass extractions when other options may be potential. This technology is extremely helpful for patients who are handicapped and cannot stay open for long periods of time, who have limited focus and attention spans, who react to too much noise of grinding or massive water sprays or too much stuff in their mouth. Maryland Bridges are more easily cleaned than traditional caps or abutments. One cannot over emphasize the help we offer without a needle involved. And you can do a Maryland Bridge from an alginate impression if necessary. Inexpensive preparation and impression plus low lab fee make this a choice bridge where cost containment and efficiency are paramount.



Case Selection:

- No area is out of the question to consider, as long as a tooth is on each side of a missing tooth, even multiple missing teeth. Anterior and posterior equally successful!
- Ideal is virgin enamel where wings attach.
- Okay where bonding or amalgam is present.
- Best to remove old amalgam or old composite and use new composite due to potential leakage.
- Dentin exposure areas are no contraindication if minimal relative to entire wing attachment.
- Evaluate occlusion. Bad bites are no contraindication, just a caution. However there must be room for wings/pontic.
- Give informed consent in person, with all audio/visuals possible. Have informed consent form signed.



Maryland Bridge Myths:



Who said they don't work in the back of the mouth?

LeeAnn – over 31 years and never debonded.

Most of my Maryland Bridges are posterior – over one-half! Myth debunked!

Who said they don't last long? Anything over 15 years is LONG! Myth debunked!

Who said they're hard to deal with? Just not so! Myth debunked!

Who said they're not safe? In over 30 years of doing them, I can easily state I've never had one swallowed nor creating hazard to health.

Who said they are technique sensitive? Yes, they are but so are Implants, Partials, Veneers, Root canals, Bone grafts and Gum grafts – everything we do is technique sensitive! So what's new? You just must learn and risk new modalities.

Myth debunked by facts!