

Sell-By Date

A number of years ago, I learned how to fly. I did this at the insistence of one of my patients who told me that when he was in his early 50s, he decided to become a pilot. He made this decision after he had undergone extensive surgery for oral cancer. A secondary surgery was necessary because the tumor was observed elsewhere in the oral cavity. Surgical resection of these two tumors left him with a mandibular discontinuity and an oral nasal communication.

I met this gentleman more than 25 years after his surgical resection. During that time interval, he had lost almost all of his remaining teeth. This was probably not unexpected because the prostheses placed a huge burden on his teeth, likely exceeding their physiologic limits, and eventually, the natural teeth succumbed to the excess forces that were exerted upon them.

We discussed the future. He was now in his late 70s, but he planned to be around for another decade; this was his estimate. Who was I to argue? Here was a man who survived cancer twice and then, realizing that he had a lengthy recovery period after his second surgery, took up flying. Considering this, it was my task to design a prosthesis for him that would last at least 1 day longer than his overall health would allow. Here I was, talking to this gentleman about survival. It was not the discussion that I anticipated when I walked into the room on the day we met.

I did make maxillary and mandibular implant-retained prostheses for this gentleman. He did well with them. He showed me a picture of him doing a tandem skydive when he was 86, and unlike that online video that we have probably seen showing a woman doing a similar skydive, his teeth remained in his mouth for the entire dive.

Whenever I wonder how long we should plan prostheses to last, I ask myself about expectations. What does the patient expect, and what should I plan to deliver? Sometimes they are exactly the same, and

sometimes they are quite different. It is critical, however, that we know what the expectations are.

Is this what we do? Are we not in a profession that makes plans for 1 day more? Perhaps the best way to ensure success with implant-supported prostheses is if we understand that the materials that connect to the implants would last at least 1 day longer than physiologic limits. If this is unrealistic, the patient needs to be informed.

It's not really that much different than when we go to the grocery store and most of the food items have a "good if used by" date stamped on the container. This date is a conservative estimate as to when the food item will remain safe for consumption. The date that is provided is not the absolute survival date; it is simply a recognition that if the item is used before that date, it will still do us no harm. If we go beyond the date, especially if it's by a lengthy interval, all bets are off.

In creating dental implant-supported prostheses, our task, as clinicians, is to use materials that will last at least as long as the patient. We don't need to be searching for materials that will perform for centuries if our expectation is that we will not be around to make use of these prostheses for that length of time. The limiting factor should be the physiologic factor related to longevity.

By the way, I last saw my pilot/patient at the age of 87. He told me that he was giving up flying. It wasn't a physical condition that limited him; it was the expense. He told me that in life, you have to make choices, and at that point in his life, the choice was flying or staying married. He told me that his marriage had been a strong one, and they decided, as a team, to choose each other.



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