

## Redo Full-Arch Implants: Why 20–30% Are Re-Dos — and How to Avoid One

### Quick Take

Experts estimate 20–30% of the full-arch implant cases they see are re-dos of prior work. Common causes: freehand surgery that didn't match the prosthetic plan, poor implant distribution, and under-resourced teams trying to do too much.

"In my Oklahoma office, 20–30% of the full-arch cases were re-dos." — Dr. Perry Brooks

"The biggest mistake people make is the front-to-back spread... You can overwhelm an implant if you don't get the right distribution." — Dr. Perry Brooks

### What Counts as a 'Redo'

Redo cases range from minor bite adjustments to full removal and replacement of implants. Common signs:

- Bridge won't seat because implant angles are off.
- Fractured materials from overload or bad spread.
- Sore spots from pressure on soft tissue.
- Loose screws or frequent chipping.
- Infections due to implants placed too close together or near thin bone.

### Common Causes—and How to Spot Them

#### 1) Freehand surgery with no clear plan

Ask: "Will my case be planned digitally with the prosthodontist and lab?"

"Are you using guides or robotic navigation?"

"Can I see where the bridge will sit and how it's supported?"

#### 2) Poor front-to-back spread

Ask for a plan that shows proper implant spacing and minimal cantilever.

#### 3) Too few hands in the room

Ask: "Who's in the room for surgery?" Avoid setups where one person does everything.

#### 4) No on-site technician

Ask: "Will records be captured with photogrammetry?"

“Is a technician involved during surgery?”

5) Rushed or risky aftercare

Ask: “How will medical issues like smoking or diabetes affect healing?”

“What’s the plan during the 4–6 week weak point?”

### **Who Should Consider a Second Opinion**

- Your temporary never felt right.
- You keep breaking bridge teeth.
- Speech is still off.
- You haven’t seen a digital plan or been told, “This is the best we can do.”

### **What a Redo Evaluation Includes**

- 1) Records audit: CBCT, photos, scans, surgical notes.
- 2) Biomechanics check: Implant locations, spread, screw paths.
- 3) Tissue health: Cement, plaque, or overbulk issues.
- 4) Bite and speech evaluation.
- 5) Treatment options: From adjustments to staged surgeries.
- 6) Expectation reset: Clear talk on goals, timing, and costs.

### **Benefits & Risks of Redo Care**

#### **Benefits**

- Restores comfort and function.
- Easier to clean and maintain.
- Fewer repairs after proper load distribution.

#### **Risks**

- May need more surgery and time.
- Temporary diet restrictions.
- Sometimes the ideal result isn’t possible—but we aim for the best outcome for your health.

### **Costs & Financing**


Redo care may be minor or major, from a new bridge to full replacement. We offer transparent pricing and flexible monthly plans at /financing.

## Smileloc's Prevention Playbook

- Team-based planning with surgeon, prosthodontist, and technician.
- Guided or robotic implant placement.
- Separate anesthesiologist to free up the surgeon.
- Photogrammetry for precise surgical records.
- Follow-up focused on healing's weak point (weeks 4–6).

## Next Steps

Worried your implants may need a redo—or want to get it right the first time?

 Call [XXX-XXX-XXXX] or book your free consultation at /contact

## FAQs

Can you fix my current bridge without surgery?

Maybe. If the implants are okay, we might just remake the bridge.

Why didn't my first dentist use guides?

Cost and training can be reasons. We'll show you why guides matter.

How long does a redo take?

It could be weeks (for a new bridge) or months (if surgery is needed).