Here at Smileloc, we feel that transparency and patient education is a crucial aspect of the process. If you are getting lost hearing or reading about full mouth dental implants, here is a guide of major keywords that can help you at consultations or surfing the web.

Core Treatment Terms

All-on-X (a.k.a. All-on-4)
This means a full set of **fixed** teeth connected to several dental implants in one jaw. “X” is a placeholder for the number of implants—often 4, sometimes 5 or 6, depending on your bone and bite. The idea is to place implants in strong areas of bone (sometimes with the back ones tilted) so a full bridge can be attached.

Dental implant (fixture)
A small titanium post that goes in the jaw and acts like an artificial tooth root. Bone can grow and attach to it—a process called **osseointegration**—to make a stable base for teeth.

Abutment / Multi-Unit Abutment (MUA)
Think of an **abutment** as the “connector piece” between the implant and the teeth. A **multi-unit abutment** is a special type that helps line up the connections when implants are at different angles, so the full bridge can screw on and be serviced if needed.

Smileloc
A connector made from nitinol that connects the prosthesis and MUA through a coping. This eliminates screw holes or direct cement allowing the prosthesis to be easily clinically detached but still safe for day to day wear.

Full-arch bridge / prosthesis
The one-piece set of replacement teeth for the whole jaw. You don’t remove it at home; your dental team may remove it if a repair is ever needed.

Arch (upper / lower)
Your mouth has two “arches”: the **upper jaw** (maxilla) and **lower jaw** (mandible). You can treat one arch or both.

Immediate load vs. delayed load
Immediate load means attaching a temporary set of fixed teeth on the day of surgery (or soon after) so you have teeth while you heal. **Delayed load** means waiting a few months until the implants are ready, then attaching teeth. Whether immediate load is possible depends on your bone and stability at surgery.

Provisional (temporary) vs. final bridge
The **provisional** is the first set of fixed teeth you wear during healing; it protects the implants and lets you test speech and bite. These are milled from PMMA or acrylic. The **final** bridge is stronger and more refined once healing is confirmed. They are often made from Zirconia.

Materials & Design

Titanium bar / framework
A metal “spine” inside some bridges that adds strength and helps spread chewing forces.

Zirconia vs. acrylic hybrid
Monolithic zirconia bridges are milled from a strong ceramic that resists staining and chips. **Acrylic hybrid** bridges use acrylic teeth and pink acrylic on a metal bar; they’re lighter and often easier to repair or adjust. Your dentist will match materials to your bite forces, goals, and budget.

Pink “gingiva” on the bridge
Pink material on the bridge replaces missing gum contours. It supports lips and cheeks and helps the teeth look natural.

Planning & Surgery

CBCT (cone-beam CT)
A **3D X-ray** that rotates around your head and uses a cone-shaped beam to build a 3D picture of your jaws and nearby structures. It helps plan safe implant positions and the final smile design.

Guided surgery
Computer planning + a custom 3D-printed guide to help the surgeon place implants in the planned positions. This can improve accuracy and reduce guesswork on surgery day.

Osseointegration
The natural process where bone bonds to the implant surface over weeks to months, creating the foundation that holds your teeth.

Bone graft & sinus lift (when needed)
If bone is thin, a **bone graft** can add support. In the upper back jaw, a **sinus lift** raises the sinus floor to make room for implants. One reason the All-on-4 concept tilts back implants is to use available bone and sometimes **reduce** the need for grafting.

Angled (tilted) implants
Back implants may be tilted to avoid sensitive areas (like nerves or sinuses) and to increase the front-to-back spread for stability. This is common in All-on-4 planning.

Bite, Comfort & Safety

Occlusion (your bite)
How your upper and lower teeth meet. Balanced occlusion protects the implants, screws, and bridge from overload.

Occlusal guard (night guard)
A custom shield worn during sleep if you clench or grind. It spreads out pressure and helps prevent hardware loosening or chipping over time.

Anesthesia & sedation options
Care can be done with **local anesthesia**, **IV sedation**, or **general anesthesia**. Oral and maxillofacial surgeons receive extensive training and regular office anesthesia evaluations to keep you safe.

Hygiene & Follow-Up

Peri-implant mucositis vs. peri-implantitis
These are gum problems **around implants**. **Mucositis** is gum inflammation without bone loss—usually reversible if caught early. **Peri-implantitis** includes bone loss and may need surgery. Daily home care and regular maintenance help prevent both.

Interdental brush / floss threader / water flosser
Tools to clean **under** the bridge and around the abutments. Research suggests adding interdental cleaning to brushing can reduce gingivitis and plaque more than brushing alone; ADA-accepted water flossers are safe and effective for helping remove plaque and reduce gingivitis when used as directed.

Maintenance visits
Expect a custom schedule for professional cleanings and checkups. The American College of Prosthodontists notes that routinely removing a fixed full-arch bridge just to clean it is **not** recommended unless hygiene can't be performed or there's a mechanical issue.

References

- American Academy of Periodontology. (2018). *Peri-implant health, peri-implant mucositis, and peri-implantitis: Case definitions and diagnostic considerations*. *Journal of Periodontology, 89*(S1), S304–S312. AAP Online Library+1

- American College of Prosthodontists. (2023). *Maintenance of full-arch implant restorations* (Position statement). American College of Prosthodontists+1

- American Dental Association. (n.d.). *Implants*. MouthHealthy. mouthhealthy.org

- U.S. Food and Drug Administration. (2020). *Dental cone-beam computed tomography*. U.S. Food and Drug Administration

- Worthington, H. V., MacDonald, L., Poklepovic Pericic, T., et al. (2019). *Home use of interdental cleaning devices, in addition to toothbrushing, for preventing and controlling*

periodontal diseases and dental caries. *Cochrane Database of Systematic Reviews, 2019*(4). Cochrane Library

- American Dental Association Council on Scientific Affairs. (n.d.). *Waterpik Countertop Family Water Flosser* [ADA Seal of Acceptance statement]. ADA

- Maló, P., de Araújo Nobre, M., Lopes, A., Moss, S., & Molina, G. (2011). *A longitudinal study of the survival of All-on-4 implants in the mandible with up to 10 years of follow-up*. *Journal of the American Dental Association*. ScienceDirect+1

- Soto-Peñaloza, D., Peñarrocha-Diago, M., Cervera-Ballester, J., & Peñarrocha-Diago, M. (2017). *The All-on-Four treatment concept: Systematic review*. *Journal of Clinical and Experimental Dentistry, 9*(3), e474–e488. PMC

- Taruna, M., Chittaranjan, B., Sudheer, N., Tella, S., & Pal, U. S. (2014). *Prosthodontic perspective to All-on-4 concept for dental implants*. *Journal of Clinical and Diagnostic Research, 8*(10), ZE16–ZE19. PMC

- American Association of Oral and Maxillofacial Surgeons. (2024). *Anesthesia*. AAOMS