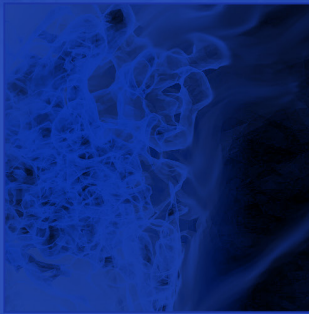


FACIAL PROSTHETICS

At iRSM, we aim to restore not only the patient's anatomy through the creation of customized facial prostheses, but also to help patients regain confidence, self-esteem, & quality of life.



Institute for Reconstructive
Sciences in Medicine

FACIAL PROSTHETICS

Anaplastology is the branch of reconstructive medicine that restores anatomy using detachable prosthetic devices. Synthetic materials are used to create lifelike prostheses for patients with missing anatomy caused by cancer, congenital conditions and trauma. Having a custom made prosthesis that restores appearance can help patients return to regular daily life and restore confidence, self-esteem and a sense of normalcy.

OUR SERVICES

At iRSM we combine surgical technique, state-of-the-art digital technologies and artistic skill to create the most convincing custom prostheses possible for patients who are missing facial features. Being an integrated facility, we are able to utilize the expertise of our interdisciplinary team to provide the best possible treatment from consult to delivery. Attention to detail and commitment to continuing care ensure that our patients achieve the most aesthetically pleasing and comfortable outcome possible.

Most facial prosthetic patients at iRSM undergo the surgical procedure required for a titanium-implant supported prosthesis. Some patients, however, are not candidates for this procedure and alternative retention methods will be identified and implemented for these patients. Alternatives include the use of adhesive or eyeglasses to retain the facial prosthesis.

Family is encouraged to accompany the patient during treatment; support during this process can be helpful to acceptance of the final prosthesis.

TREATMENT PROCESS

Consultation

1 appointment

- Meet with members of our interdisciplinary team: plastic surgeon, prosthodontist and anaplastologist.
- Patient's situation will be assessed, treatment options discussed, and the general timelines for treatment presented.
- Any further diagnostic tests, scans or procedures required will be identified.

Work-up and Education

1 appointment

- Medical history and current health conditions will be documented.
- Images, digital scans and diagrams will be recorded.
- Impressions will be captured and digital planning will be performed.
- Patient will receive one-on-one education with a Clinical Assistant.

PHASE I AND II IMPLANT SURGERY

- Patients receiving implant-retained prostheses will undergo surgery in one or two stages.
- If surgery is completed in one stage, patients will require 3–6 months of healing time before fabrication of the facial prosthesis can begin.
- If surgery is completed in two stages, 3–6 months of healing time will be required between the 1st and 2nd stage, and patients will require one month of healing time following the 2nd stage of surgery before fabrication of the facial prosthesis can begin.
- Timeframes will be determined by the clinical team and will vary from patient to patient.

Connection of Bar or Keepers and
Try-on of Substructure, Digital Scan 1 appointment

- Patient's likeness will be captured for use in digital planning.
- Retentive components will be attached to patient's implants and home care instructions provided.

Sculpting and Skin Surface Impression 2–3 appointments

- Prosthetic form in wax sculpted to best fit the patient's anatomy.
- Impression taken with the wax form in place.
- Final sculpting to add details such as wrinkles, folds and features that are unique to the patient.
- Wax form is approved by the patient and the anaplastologist, before the creation of the mold.

Color Formulation and Painting in the Mold 1–2 appointments

- Silicone colors mixed to match patient skin tone and characteristics.
- Silicone colors painted into the mold incorporating intricate details specific to the patient.

Trimming, Fitting and Final Coloring 1 appointment

- Trimming of the prosthesis to achieve a passive fit against the patient's tissue.
- Application of additional coloring to make the prosthesis more realistic and further match the patient's skin tone and features.

Delivery, Photos and Home Care Education 1 appointment

- Patient will practice applying and removing the prosthesis.
- Home care materials will be reviewed and provided to the patient.
- Images will be captured with and without the prosthesis in place.

Post-delivery Follow Up 1 appointment

- Patient will wear the prosthesis for 1–2 weeks and identify any areas of discomfort or undue pressure.
- Any concerns that the patient is having with the prosthesis will be addressed.

Additional time will be required throughout the treatment process to complete lab work without the patient present.

Sculpting



Color Formulation



Painting in the Mold



Trimming



Final Coloring



MAINTENANCE, CONTINUING CARE & REPLACEMENTS

Patients with implant supported facial prostheses will be seen on a regular maintenance schedule after surgery: 1 month, 3 months, 6 months, 12 months and once a year thereafter. Patient whose prostheses are retained by alternative means will be seen yearly. If repairs or adjustments are needed, additional appointments may be required between yearly checkups.

The prosthesis and the tissue must be cleaned every day. Good hygiene is extremely important in keeping the tissue around the prosthesis and implants healthy, and in keeping the prosthesis in good condition. Lack of good hygiene may lead to implant loss and/or the inability to wear the prosthesis.

Changes in physical appearance and fit may occur over time so prostheses will need to be replaced every 2–4 years. There are two types of replacement options:

Repack (4–6 appointments) The same mold is used. The shape and fit of the prosthesis will be very similar to the existing prosthesis.

Resculpt (6–8 appointments) A new form will be sculpted in wax to create a new mold. The shape and fit of the new prosthesis will be different from the old prosthesis, modified for current appearance and anatomy.

CONTACT US

The interdisciplinary team at iRSM prides itself on having open communication within the team itself as well as with the patient. The patient's needs and concerns are the emphasis of the team's work. The quality of life for the patients is always the primary focus.

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