



LIFE SMILES

— by —

RANDY MITCHMORE, DDS

2020 Press Kit





Personality Profile

The power of a smile is transformative. Dr. Randy Mitchmore of Houston has taken his four decades of training and experience and become an industry leader in harnessing that power for his patients.

The combination of expertise and compassion is at the heart of Dr. Mitchmore's current practice, LifeSmiles by Dr. Randy Mitchmore, located in Houston, Texas, offers the most advanced procedures and technology.

An awarded industry expert, Dr. Mitchmore shares his knowledge and approach with others in the dentistry field through his contributions to textbooks, professional journals, workshops and his own publications. He has served as a Chairman for the Cosmetic Dentistry Charitable Foundation in addition to other medical and civic advisory positions.



Culture Profile



- Dr. Randy Mitchmore and his team focus on the whole health and individuality of each patient pampering them from the second they step through the door.
- Patients travel to LifeSmiles from around the world due to their dental expertise, advanced technology and luxurious environment, which includes a sparkling pool, soothing music and the occasional glass of champagne.
- LifeSmiles patients can counter dental anxiety with aromatherapy, custom playlists and gentle IV sedation AKA “twilight dentistry.”
- Training to work at LifeSmiles starts and ends with detailed attention to positive, calming interaction with each patient.

DENTISTRY TODAY



Randy Mitchmore, DDS

Loose Screw on an Implant Crown

Why? Now What Can Be Done?



Loose Screw on an Implant Crown

Why? Now What Can Be Done?

Randy Mitchmore, DDS



Figure 1. First crown check (July 14, 2014).



Figure 2. Abutment seat verification (November 25, 2014).



Figure 3. Second crown check (February 23, 2015).



Figure 4. Trephine bur from MICA Crestal Approach Kit (integrated dental systems).

It is Monday, and you have a tight schedule. The phone rings, and it is one of your best patients calling to say that his implant is loose and he is about to leave town for 3 weeks. What better way to deflate the positive energy from your day than a crisis first thing Monday morning? This is considered a dental emergency for a number of reasons. Proper triage of the real problem is critical. The first step is skillfully handling the intake phone call by knowing what questions to begin asking the patient. Implant dentistry is very complex, and the lay public cannot be expected to know all of the possible parts. The patient typically will call to say an implant is loose or to let you know that it fell out when, in most cases, it is a healing collar that is loose or has come out. Other times, it can be a screw holding a prosthetic part that has loosened. In some cases, the implant itself may be loose. These are all widely varied causes for the call, and the time needed on your schedule to address each specific treatment scenario is vastly different.

It is considered an *emergency*, because if it is a missing healing collar, the gum tissue can close over the implant with amazing speed—in just a few days. Then, the treatment involves anesthesia and possible second-stage surgery again to uncover the implant. If not addressed in a timely manner, this could easily turn into a one-hour appointment instead of a very short one. It can also be a setback in the healing process and in patient relations. If the healing collar can be replaced immediately before tissue closure begins, it is usually a 5-minute appointment (actual treatment time), with the result also being a *grateful patient*.

If the problem is a loose screw holding a prosthetic piece,

inadequate torque, serious analysis of the problem must be undertaken, and the solution can be time consuming and costly in terms of parts, time, and laboratory fees. The consequence of not addressing this immediately could lead to the fracture of the screw and difficulty retrieving it or catastrophic problems with the abutment or the implant.

The patient case presented herein is about the repeated and puzzling loss of an implant crown on a patient's mandibular right first molar.

Background

Sixty-nine percent of the adult population is missing at least one permanent tooth.¹ To meet this need, the largest dental product category is implants, with sales of more than \$4.2 billion annually.² In my practice, I consider a freestanding dental implant the treatment of choice over a fixed bridge or other options. Those figures translate to more than 250,000 dental implants being placed each year. Although most of today's dentists never placed implants in their dental school training, the number of dentists adding dental implant service to their practices is growing rapidly. With this growth and the sheer volume of placements comes the opportunity for unexpected or unusual outcomes and complications. When a dentist decides to place implants, the dentist must also be prepared for complications, unexpected outcomes, and the work-around solutions needed.

By far, the most common implant design today comes in 3

signed to preserve the adjacent papillae was used to expose the implant (Figure 5). There were loose fragments around the hex and, in addition, a crack was visible in the 2 remaining sections (Figures 6 and 7). The selected trephine bur fit over the implant perfectly (Figure 8). A gentle up-and-down motion of a few millimeters with irrigation was used until the depth of the final taper of the implant was reached at about 8.0 mm. The implant was then easily removed by placing a driver inside and rotating it counter clockwise (Figure 9). The



Figure 16. Radiograph of the custom abutment.



Figure 17. Lateral view of the final crown over the implant in the lower right first molar position.



Figure 18. Occlusal view of the final crown.



Figure 19. Radiograph of the completed crown in the lower right first molar position.

An alternate method would have been to place a thin, flat cover screw and bury the implant under the tissue. This was not done, because there was excellent initial stability of the implant and, in addition, there were no gaps between the osteotomy

Ncm'. The crown was then cemented with SensiTemp Resin Non-Eugenol Temporary Cement (Sultan Health-care). The author uses this as the final cement (Figures 17 and 18). The margin, complete seat of the crown, and excess cement removal were radio-

remedy the problem was to explant a fully osseointegrated implant. This was a delicate procedure with serious anatomical considerations of innervation and the desire to be as minimally invasive as possible. Using 3-D cone beam scans, very precise instrumentation for the explantation procedure was illustrated and explained, allowing for a successful new implant to be placed during the same surgical visit. A new style of implant addressed the possible failures of the previous one. Finally, it should be noted that the final implant, custom abutment, and crown were completed only 3 months from the explant date.♦

Acknowledgment:

The author wishes to thank the dental laboratory team at Aurum Lab (Las Vegas) for their excellent technical work done for this case.

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SION

implant crown is patient and for any use of the failure to know if the e a simple procedure consuming ce team member must have trainees to begin properly answer the and how to schedule appropriately. crew-retained abutment crown is a dental e, the screw could be done to ment, or the im cause discomfort, nd patient ill will. osening could be inadequate initial le parts, micro- rograms, or break-plant.

IMMENTS

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IMPLANTS



Figure 5. Broken fragment initial incision.



Figure 6. Metal fragment.



Figure 7. Exposed broken implant.



Figure 8. Trephine over implant.



Figure 9. Trephine core and new implant.



Figure 10. Healing collar and new implant.



Figure 11. Healing collar, 3 months post-op.



Figure 12. Tissue response in healing collar on the day of the impression.

Loose Screw on an Implant Crown...

Continued from page 104

thrust, components are combined. They both rely on a screw to draw the abutment down into the implant as well as connect the components to the actual implant.

In earlier generations of implant design (the type in the 1990s), a common unpleasant occurrence was the loosening of the screw. This would result in an unhappy patient and, at the very least, an interruption in dental office scheduling. Sometimes the screw was simply retightened with a slightly higher torque. Other times, it could be a catastrophic occurrence of the actual screw/abutment breaking off inside the implant. Retrieval could range from difficult to impossible.

Fortunately, screw loosening is uncommon in implants on the market today. This is due to higher precision in the manufacture of the components and improved designs (such as a Morse taper and other design features) that do not rely on the screw solely for retention and to have the abutment firmly seated. Gold plating on the threads of the screw, and also precise measurement and guidelines of torque used to tighten the screw, are other significant improvements.

CASE REPORT

In this case, a 12 × 10-mm Internal Hex Tapered Screw style implant was successfully placed in the lower right molar area in September 2011. The second-stage surgery to uncover the abutment and impression for the crown was performed 8 months later

(May 2012) when the implant was fully integrated.

Three months later, the abutment was loose from the implant. The crown was destroyed in the process of uncovering the abutment. The abutment was cleaned and the screw was torqued back to the implant, then a digital scan was made for a new crown.

Two years later, the abutment came loose again (Figure 1). This occurrence is highly unusual. A new abutment was made to rule out any issues with the fit of the abutment. The new abutment and crown was ready to seat in November 2014 (Figure 2). It was at this seat appointment that the underlying problem could be visualized for the first time. The flange of the hex on the coronal portion of the implant had fractured. The pieces were intact, making x-ray detection very difficult. The patient was informed of the situation and the poor prognosis. The best way to treat the situation would be an explant followed by a new implant. The option of attempting to bore out the inside of the implant to make a custom post and core was discussed and agreed upon as not a good option. Knowing the prognosis was poor, the

new abutment and crown were seated, subsequently failing in just 6 months (Figures 2 and 3). The patient was then scheduled for explant surgery.

In this case, the patient's structural failure of the implant could have one or more causes, such as (1) the metal being too thin for the load, (2) incomplete seating of the abutment, (3) inadequate torque on the screw, (4) incorrect or incompatible parts, or (5) micromovements associated with a microgap at the implant-to-abutment interface.³

A mobile, nonosseointegrated implant is extracted easily with forceps or by unscrewing it. However, an osseointegrated implant failure due to a fracture of the implant requires surgery for removal. It is quite different from extracting a tooth that has a periodontal ligament, and, therefore, it cannot be extracted like a tooth. Great caution has to be used not to remove the buccal or lingual plate during explantation, because an implant is circumferentially integrated.⁴ Because it was planned to place another implant within the same site, great care had to be taken to preserve as much alveolar bone as possible.

Clinical Protocol

A chlorhexidine gluconate mouthwash (Alcohol Free Sunstar GUM (Paroex)) and facial cleansing were done to kill and suppress gram-positive and gram-negative bacteria.⁵ Next, a conservative flap procedure de-



JUNE 17

HOUSTON'S LGBTQ MAGAZINE

OutSmart

PORTRAITS of

pride

THE FACES OF LGBTQ ACTIVISM
P. 44



HOUSTON'S STONEWALL
40 YEARS LATER

P. 93



LAYING THE GROUNDWORK
FOR A NEW HERO

P. 103

Sometimes Life Smiles

Dr. Randy Mitchmore will see to that.

By Marene Gustin

George Takei has said the goal of his Twitter posts is to give fans a smile every morning. But what if you looked in the mirror to smile and saw broken, bad teeth? What if you just stopped smiling because you were embarrassed by your grille?

When you have bad teeth, it's not just your self-esteem that suffers—it can also cause other health problems, including eating issues. But Dr. Randy Mitchmore can fix all of that and have you smiling the very next day.

Although he's always loved science and people, Mitchmore started out studying for the ministry. "But I wound up in dentistry," he says. "Now, I minister in a different way."

Mitchmore is a second-generation Houstonian with a doctorate from the University of Texas medical school in Houston. He's had a private dental practice in Montrose since 1978 and spends a lot of time and energy giving back to the community. He's vice chair of the Montrose Management District, a volunteer with Give Back a Smile (the American Academy of Cosmetic Dentistry's project to restore damaged teeth for domestic-abuse victims), and he's spent years on the board of Bering Omega Community Services.

Mitchmore has advanced dental training from several institutes, has written a shelf full of books on dentistry, teaches, is one of the few dentists who's certified in IV sedation, and specializes in dental implants. "My dad hated the partials he wore back in 1986," Mitchmore recalls. "So I started learning about implants so I could fix his teeth. And it made such a difference for him."

Dentistry has come a long way since the



© **Dean of Dentistry**
Dr. Randy Mitchmore has a practice in Montrose for 29 years.

'80s, and one of the newest techniques is called Teeth Tomorrow, which Mitchmore now offers.

Teeth Tomorrow is an alternative to the

By Henry V. Thiel

While looks aren't everything for Robert Curtis Day, it was Samuel Vaughn DeSpain III's legs that caught his eye on February 29, 1992, at the Paper Moon night club in San Antonio.

"Actually, Curt sent a mutual friend over to invite me to join them because he liked my legs," DeSpain recalls, smiling. "We talked together the rest of that night. We were totally smitten with each other!"

Twenty-three years later, Day proposed—and he still likes DeSpain's legs.

"To say I was shocked when he proposed would be the ultimate understatement," DeSpain says. "Curt had never been a big marriage person; it was always just a piece of paper to him."

"Over the years I came to realize that yes, I wanted to marry Curt," he adds. "I've always had a feeling of peace around Curt. I used to wonder what I did to deserve such a wonderful person in my life. Curt is my rock when things go crazy, and my voice of reason when I see none. I knew what he thought about marriage,

regular cleanings. The only thing you don't have to do is floss, since the Prettau Zirconia does not attract plaque or food particles.

"I can eat again. It was an ease and

so I never brought it up. So when he proposed, I could not believe what I was hearing!"

Day popped the question over dinner on an ordinary weeknight, "using the same voice he uses when he asks me to pass the potatoes," DeSpain says.

"I thought to myself, is he joking with me? When he steered the conversation to the coming year and mentioned that February had 29

"I would be happy to wash dishes with this man for the rest of my life."

days in 2016, I didn't know what he was talking about. To be perfectly honest, I didn't think that he was serious, so I didn't give him an answer. Then two weeks later, he asks me if I had been looking at possible wedding locations. "What? I said to myself: 'Oh my God, he's serious. He wants to marry me!'" I screamed in my head. I was totally blown away!

"The first thing we did as an engaged couple was to call the friend who introduced us, and

asked if he would attend our wedding," shares DeSpain. "We were thrilled when he said yes."

DeSpain, 45, attended the University of Texas at San Antonio and works as a manager at Williams-Sonoma. Day, 49, serves as director of finance for the southwest region at Ernst & Young.

"They were married on February 29, 2016, on Smathers Beach in Key West, Florida, with William Joseph Weinstein officiating.

"I only requested two things about the wedding," Day says. "I wanted the wedding to be small, and on a beach."

"We also wanted to be married in the U.S.A. to ensure that no one could contest our marriage," he adds. "We chose Key West because we knew it would be fun for everyone, and because we have always enjoyed what Key West has to offer."

To plan their destination wedding, the couple relied on the vendors at WeddingToGoKeyWest.com. "Their professionalism was very helpful, and we would recommend them to anyone," Day says. →



Taking Years Off Your Smile

By Laura Johannes

Updated April 13, 2010 12:01 am ET

THE WALL STREET JOURNAL.

WSJ

A Good Bite

Some dentists say there's a limit to how much dental work can do and caution against changing a good bite just for cosmetics. If work is overdone, you risk creating jaw pain, says Houston dentist Randy Mitchmore. "You can push the envelope and get nice cosmetic results, but if you violate biological principles of health you can get in trouble," Dr. Mitchmore says.

Other risks include that overly thick veneers, particularly if not shaped properly, can leave a ridge at the gumline where bacteria can collect. Veneers can develop small gaps where they meet the tooth that allow moisture or bacteria to leak underneath, causing decay—though dentists say high-quality work makes that less likely.





Community News

Sometimes Life Smiles

Marene Gustin · June 9, 2017

31 2 minutes read



Dr. Randy Mitchmore will see to that.

By Marene Gustin

George Takei has said the goal of his Twitter posts is to give fans a smile every morning. But what if you looked in the mirror to smile and saw broken, bad teeth? What if you just stopped smiling because you were embarrassed by your grille?

Online press hits: Dr. Randy Mitchmore, DDS

THE WALL STREET JOURNAL.

Taking Years Off Your Smile

By Laura Johannes

Updated April 13, 2010 12:01 am ET

Wall Street Journal wjs.com featuring: Dr. Randy Mitchmore, DDS

SAVE PRINT TEXT

(See Corrections & Amplifications item below.)



Chamber Chat with LifeSmiles by Dr. Randy Mitchmore

5/6/2019

The Chamber is committed to telling the stories of our members. Chamber Chat is a regular series profiling our members. We love great stories about how our members are giving back through their businesses!

In this Chamber Chat, learn more about Dr. Randy Mitchmore with **LifeSmiles by Dr. Randy Mitchmore**. Not only has Dr. Randy been a Texas dentist for over 41 years, but he is widely recognized as an expert in the field, mentoring dentists from all over the country and has authored a number of books. Learn more about Dr. Randy and why honoring and valuing patient care is an important part of the culture at LifeSmiles by Dr. Randy Mitchmore.

LifeSmiles by Dr. Randy Mitchmore offers expert cosmetic Dentistry and Spa services transform people's lives every day.

Tell us more about LifeSmiles by Dr. Randy Mitchmore.

Houstonia.

WARM SMILES

Find Cookies and a Pool at This Montrose Dentist's Office

Dentist Randy Mitchmore will ease your mind and fix your teeth.

By [Catherine Wendlandt](#) • 8/17/2020 at 1:01pm



Mitchmore had his own traumatizing experience in a dentist's chair as a little boy. He had a bad toothache, so his parents took him to a dentist who "seemed like this huge ogre of a man," he recalls. The man shamed him, blaming him for developing a cavity and making him cry. "It's a wonder I ever became a dentist," he jokes.

But become a dentist he did, and he's had his Houston practice for more than 20 years. Today Mitchmore offers a wide range of general, restorative, and cosmetic dentistry services, including treatment for TMJ, Botox, dental implants, and adhesive dentistry—synthetic enamels and crowns—that "can literally fool the eye that anything's been done," he says. Mitchmore is sure to keep up with the latest science and technology, too. For example, if you don't have enough bone in your jaw for an implant, he will literally grow it back for you using a procedure called Platelet Rich Plasma Therapy.

If all this sounds expensive, it is, but everything that Mitchmore does falls under his mantra—and the title of his [2014 book](#)—"The Gift of a Life Smile." Simply put, it's about making his patients feel better about themselves, whatever that means for them. Some people come in just wanting to make sure their teeth are healthy; others are embarrassed by the way they look and want a bigger, brighter smile. "So the gift might be confidence," Mitchmore says. "It might be health; it might be 'I just want to know I've got the best teeth I can have.'"

But no matter the reason for a patient's visit, the whole experience will feel less like a trip to the dentist and more like a conversation around the kitchen table. And once you do get that smile, Mitchmore and Copous will take you outside by the pool, pop a bottle of champagne, and celebrate.

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LifeSmiles by Randy Mitchmore, 1722 West Alabama St, lifesmiles.us





Press Release

Meet the Dentist Who Pampers Patients Poolside

Anyone who walks through the door at LifeSmiles by Dr. Randy Mitchmore, is greeted with a warm smile from the staff, plush and comfy chairs, and a glass of the best tasting water in Houston. There's a noticeable difference in service and atmosphere at LifeSmiles because every single person who works there makes sure of it. They roll out the red carpet, offering a comfort menu of aromatherapy, cozy blankets, massages, and choice of beverages, including champagne.

Patients sit around a sparkling pool talking teeth, embracing the swanky, spa-like surroundings, while hygienists ham it up before X-rays, which makes the entire process feel more like a glam photoshoot than a bite down exercise. During procedures, patients receive headphones with custom playlists and can choose sedation to relieve extreme anxiety. IV sedation or "twilight dentistry" is a safe and effective way to stay calm during treatment.

The reason people choose Mitchmore goes beyond his 40 years of experience – it's more about the one-of-a-kind culture and high-end services they receive at LifeSmiles. The treatment may cost more, but at the end of the day, the peace of mind and mouth is worth it.



Photo Gallery

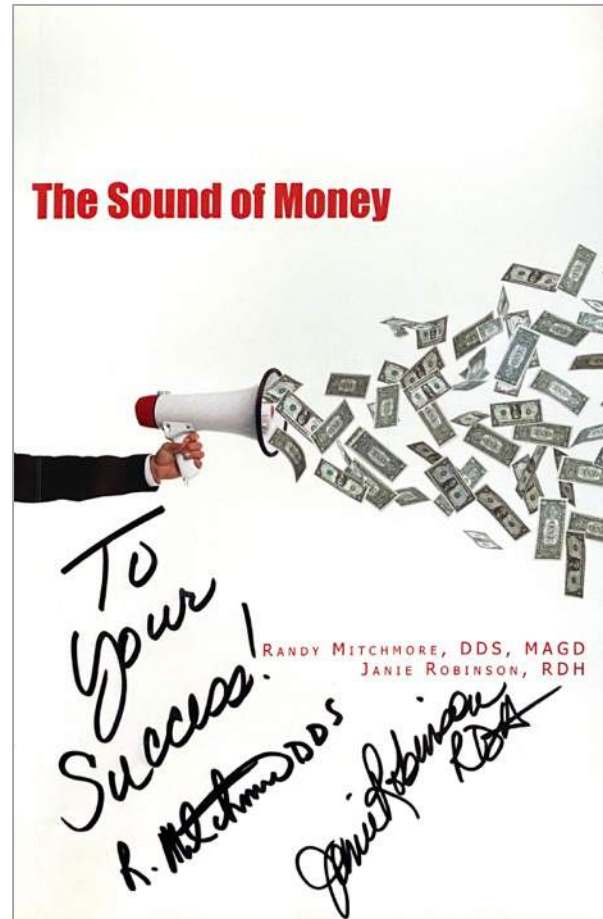
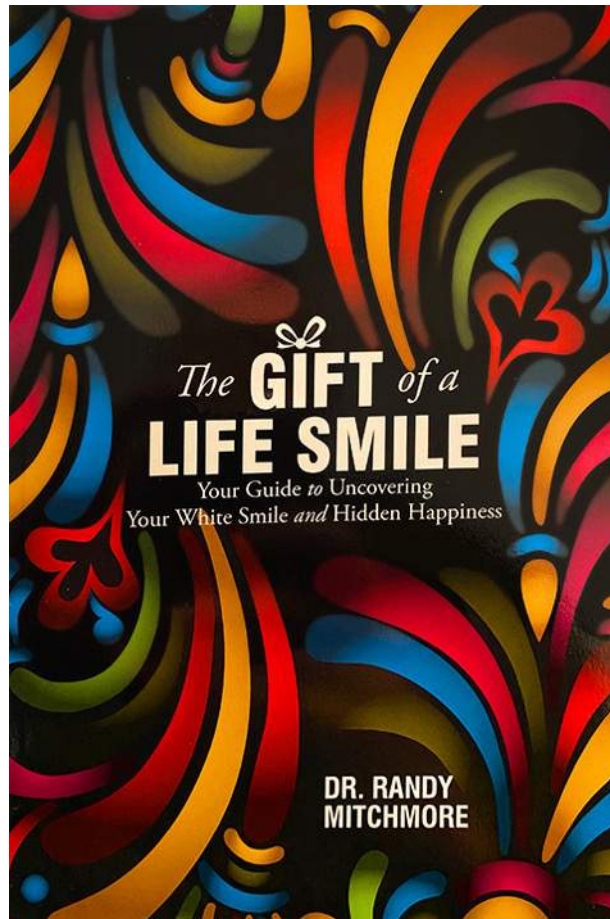


Photo Gallery Link available upon request





Books by Dr. Randy Mitchmore



In addition to his many achievements as a dentist, Dr. Mitchmore is a published author. His titles include *The Sound of Money*, an expert handbook for dentists, and *The Gift of a Life Smile*, an inspirational guide for patients and dentists alike.





Candace's Story: An inspirational story about never giving up



After suffering serious burns as an infant, Candace was told by other dentists that she was not a candidate for dental implants because her gums were severely impacted. However, Dr. Randy Mitchmore is an expert with challenging dentistry and gave her hope. With his dental expertise and the latest technology, he was able to overcome the obstacles that had stopped previous dentists. Now, Candace says, "I have a Mercedes in my mouth."

In Candace's word, "Dr. Mitchmore does life right. Caring for others and all the while, changing their lives with the beauty of a smile."

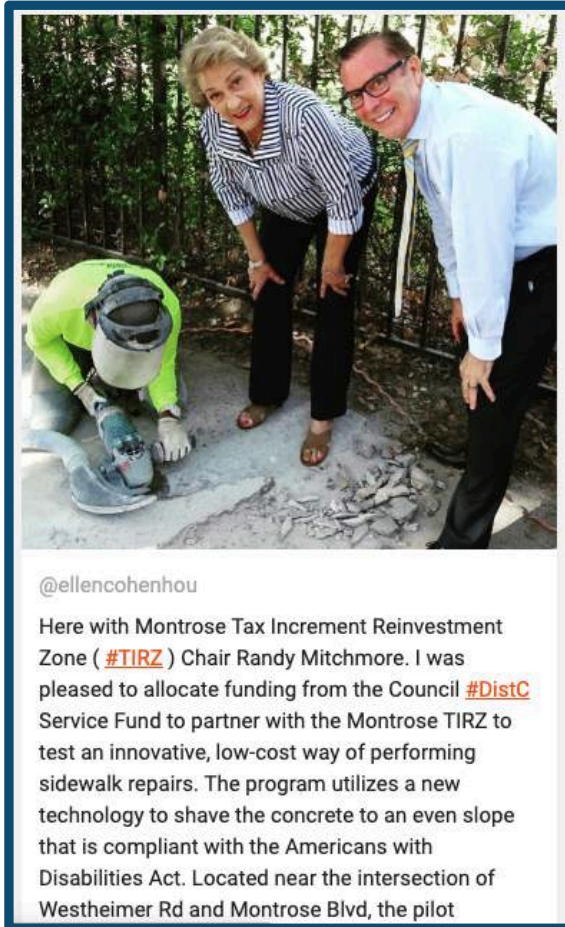




The LifeSmiles Team



Dr. Randy Mitchmore Awards / Accolades



- Chairman of the Board of Trustees of the American Academy of Cosmetic Dentistry
- President's Award from the American Academy of Cosmetic Dentistry
- Dr. Randy Mitchmore Day proclaimed by Houston Mayor Annise Parker on June 14, 2014
- Recognition from the Texas House of Representatives for 30 Years of Outstanding Practice in Dentistry
- Recognition from the Museum District Business Alliance for "Give Back a Smile," his program benefitting survivors of domestic violence
- Chair of the Montrose Tax Increment Reinvestment Zone (TIRZ)





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