A simple, esthetic and inexpensive technique for a custom implant abutment

By John M. Highsmith, DDS, AAACD, DICOI

In implant reconstruction, the dimension from the implant platform to the crest of tissue, especially in esthetically critical areas, is often more than 2 mm. Many implant manufacturers supply a straight abutment for cement with the implant, which significantly can reduce the cost to the dentist. However, these abutments tend to have a margin about 1 mm tall, which limits their use to relatively thin tissue.

The problem with using a short margin abutment with thick tissue is that the margin ends up in an area where it can be impossible to clean up all the excess cement, leading to periodontal infection (“cementoma”). There are several options available currently:

• Purchase an abutment with a taller machined margin, which the dentist can prep to the desired height and contour. This can work, but there is the additional expense of the abutment and the possibility of the metal abutment showing through thin tissue.

• Zirconia abutments, which can be either prepared or custom milled, such as the Atlantis abutment. These work well but add expense to the case. The zirconia is also always a white color.

• A third option is herein described, where the straight abutment is modified with porcelain to create a custom abutment at minimal cost and improves esthetics.

This patient desired a dental implant to replace tooth #8. She was referred by another general dentist for this treatment, and she was not interested in other cosmetic treatment of her other teeth (Fig. 1).

The tooth had a split root that rendered it unrestorable (Fig. 2). The tooth was removed and a denture tooth bonded to place as a temporary. Eight weeks after extraction, a flap was raised and the implant placed (Fig. 3) (13 x 3.7 mm ScrewPlant, Implant Direct). Due to the bucal bone loss, some grafting was required over the implant. A core of autogenous bone was harvested (Fig. 4) past

Fig. 1: Preoperative appearance.
Study: laughing gas found to be more effective under hypnosis

The pain-relieving effects of nitrous oxide — laughing gas — may be enhanced by suggestion or hypnosis, according to a new study by University College London (UCL). The study, published online in the journal Psychopharmacology, found that the nitrous oxide boosted imaginative suggestibility by approximately 10 percent, despite participants' expectations regarding the effects of the drug. The findings indicate that dental patients may benefit from being coached to relax while undergoing sedation.

“Nitrous oxide is one of the most widely used yet least well understood anaesthetic gases and until recently, relatively little was known about how it worked inside the body,” Dr. Matthew Whalley, honorary research fellow at UCL, stated. “Many dentists use laughing gas to relieve discomfort in their patients, but our study suggests that combining the gas with instructions and suggestions to help them to relax and become absorbed in imagery, for example, might enhance the pain-relieving effect.”

Whalley said an estimated number of 500 dentists in the UK have been trained to use hypnosis, and find that their patients respond well to being spoken to in a quiet, hypnotic manner.

The new findings suggest that these effects could be further enhanced with laughing gas, he added.

JOP study: preserving your gum line can improve your ‘bottom line’

Faced with plummeting investments and an unstable job market, many Americans are feeling the effects of the recent economic crisis. In fact, a recent study by the American Psychological Association found that more than 80 percent of Americans rank money and the economy as significant causes of stress. And while chronic stress can lead to a host of health problems, including a weakened immune system and increased blood pressure, it can also take its toll on proper nutrition and oral health.

“Stress may lead to neglect regular brushing and flossing. In addition, the hormone cortisol may also play a role in the connection between stress and gum disease. Chronic stress is associated with higher and more prolonged levels of cortisol; previous research has found that increased amounts of cortisol in the bloodstream can lead to a more destructive form of periodontal disease.”

“During periods of high stress such as what we are currently experiencing in this economic climate, individuals should seek healthy sources of relief such as regular exercise, eating a balanced diet, and getting adequate sleep,” Cochran said. “Doing so can help maintain a healthy mouth, and potentially help ward off other negative health concerns.”

Preserve your gum line, improve your bottom line

Reducing stress in an effort to avoid gum disease may not only help sustain overall health, but it might also help your pocketbook as well.

A study published in the December 2007 JOP found preventing periodontal disease may be one way to help lower your total health care expenses.

In the study, patients with severe periodontal disease had 21 percent higher health care costs as compared to those with no periodontal disease. Severe periodontal disease (periodontitis) involves bone loss and diminished tissue attachment around the teeth. And because past research has shown that periodontal disease may lead to other serious health conditions, striving to maintain oral health may help diminish the need to incur additional health care expenses, and ultimately help reduce overall health care spending.

“In these stressful times I encourage my patients to pay even more attention to their teeth and gums,” Cochran said. “And in turn, since preventing gum disease may help reduce overall health care expenses, maintaining a healthy mouth may actually be a stress reliever in itself.”

(Source: American Academy of Periodontology)
Experts quarrel over mouthwash

Study in Australian dental journal pushes oral cancer debate

By Daniel Zimmermann, Managing Editor,
Dental Tribune International

LEIPZIG, Germany: New evidence from Australia has revealed that the long-term use of mouthwash containing alcohol can lead to an increased risk of developing oral cancer.

The information, which was released after a scientific review was published in the Australian Dental Journal, reports on evidence that ethanol allows carcinogenic substances, such as nicotine, to permeate the lining of the mouth.

University of Melbourne in Australia, a solvent for different flavor oils. Is used to kill the bacteria responsible for tooth decay. It is also necessary as a solvent for different flavor oils.

Michael McCullough, associate professor of Oral Medicine at the University of Melbourne in Australia, who led the study said, “We see people with oral cancer who have no other risk factors than the use of mouthwash containing alcohol, so what we’ve done is review all the evidence. Since the article, further evidence has come out, too.”

“We believe there should be warnings. If it was a facial cream that had the effect of reducing acne but had a four- to five-fold increased risk of skin cancer, no-one would be recommending it,” he added.

The Australian government said although the study was “very interesting,” it lacked definite proof that these products would increase the risk of cancer. Ministry of Health dental officer, Robin Whyman, recommended people speak to their dentists when using mouthwash long term.

Speaking to Dental Tribune, a spokesperson for Johnson & Johnson rejected the claims. “Leading cancer scientists, as well as the U.S. Food and Drug Administration and researchers in dentistry, have found no evidence that alcohol-containing mouthwashes, if used properly, lead to increased risk of developing oral cancer.”

The company, which is behind the Listerine brand, holds 25 percent of the global mouthwash market and claims to have conducted more than 100 scientific evaluations of its top-selling brand.

Disagreement over mouthwashes — and what it really means

By Bernhard Stewart

Recent media controversy in Australia over the risk of oral cancer associated with the use of alcohol-containing mouthwashes can be seen as one aspect of a pervasive public health issue.

Once an agent has been unequivocally established as carcinogenic to humans, exposure to that agent in any context is likely to be hazardous and therefore should be prevented. Consideration of this principle in relation to alcohol-containing mouthwashes clearly illustrates one aspect of the dilemma. Specifically, in determining public health policy, how much weight should be accorded to the general findings concerning the agent in question in comparison with those findings that relate specifically to the context under consideration?

Causation of cancer from drinking alcoholic beverages is established to the point of certainty. The anatomical sites principally involved are the oral cavity and oropharynx, and risk is increased multiplicatively in smokers.

However, the evidence in relation to the risk of oral cancer associated with mouthwash use is equivocal to the point that sharply differing conclusions may be drawn. Writing in the Australian Dental Journal, McCullough and Farah, arguing from the perspective of alcohol as an established carcinogen, state: “There is now sufficient evidence to accept the proposition that developing oral cancer is increased or contributed to by the use of alcohol-containing mouthwashes.”

This differs from the conclusion by La Vecchia in Oral Oncology: “A link between mouthwash use, specifically alcohol-containing mouthwash, and oral cancer is not supported by epidemiological evidence.” La Vecchia delineates uncertainties regarding mouthwash studies generally, specifically in relation to the lack of clear evidence regarding an anticipated increased risk attributable to alcohol per se.

General agreement that a carcinogenic hazard associated with the use of alcohol-containing mouthwashes is plausible suggests cautionary advice should be given to those making long-term use of these products. However, present uncertainty would not justify warning labels or restricted sales of mouthwashes.

Contact

Bernhard Stewart is currently working as a professor in the Faculty of Medicine at the University of New South Wales in Sydney in Australia. He can be reached at bernard.stewart@sesiahs.health.nsw.gov.au.

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Charles L. Meadows, DDS, Periodontist

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Charles C. Chen, DDS, Periodontist

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Robert Levine, DDS, Periodontist

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the apex of the implant site, which was crushed and combined with MinerOss (BioHorizons) (Fig. 5). A membrane (Pericardium, Zimmer) was tacked into place to cover the graft (Fig. 6).

After six months of healing (Fig. 7), a screw-retained temporary was placed to aid in forming the soft tissue without any cement lines (Fig. 8). After two months of healing, the temporary was removed and an impression taken to capture the implant position as well as the soft tissue profile (Fig. 9).

The ceramist took the straight abutment that came with the implant and contoured it for clearance with the opposing dentition. The margin of this abutment would be too far apical for adequate cement clearance, so he modified it with porcelain specifically developed for titanium (Vita Titanium Porcelain, Vident).

Emergence profile can be developed as needed for the soft tissue profile, as well as adding a pink color to blend in with the gingival tissue (Figs. 10, 11).

That can help in the esthetics if there is any tissue recession in future years, as well as maintaining the gingival color. A porcelain to metal crown was fabricated with a porcelain butt margin.

In this case, on the day of delivery/try-in, the screw had loosened, resulting in some tissue irritation and bleeding, preventing delivery that day (Fig. 12). Photographs were taken for slight color modifications. The temporary crown was replaced to allow tissue healing for final cementation.
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After two weeks, the final crown was delivered (Fig. 13). A small amount of composite (Durafill, 3M) was placed on the adjacent teeth to reduce the black triangle and aid in symmetry.

The modified abutment was placed into the healthy site and torqued to place. The screw hole in the abutment was filled with BelyX luting cement (3M) and final photographs taken.

The use of titanium porcelain on the abutment allowed the ceramist to control emergence profile, bring the margin to a cleansable level, color the subgingival material for the best esthetics, all at a cost less than a milled zirconia abutment, because the abutment came with the implant.

Thanks to Mr. Kent Decker, CDT, for his artistry and help in developing this technique.
New features will further assist surgeons during advanced bone grafting procedures

Osteogenics Biomedical has announced the addition of two new membrane shapes and sizes, the Ti-250 XL and Ti-250 Buccal, to its line of Cytoplast® titanium-reinforced regeneration membranes. Company officials will introduce the products at the Academy of Osseointegration’s Annual Meeting in San Diego from Feb. 26-28.

The new membranes are the first in a planned improvement to the entire line of Cytoplast® titanium-reinforced membranes.

Clinicians designed the new membranes to include a broader titanium frame, as well as pilot holes to create more secure membrane stabilization.

The Ti-250 XL measures 30 mm x 40 mm and is ideal for grafting very large bony defects, especially vertical and horizontal ridge augmentation. Measuring 17 mm x 25 mm, the Ti-250 Buccal is designed for use in large buccal defects.

“We’ve identified these two sizes during an ongoing effort to provide surgeons with products that best fit their needs and through market research, which identified a demand for these specific membrane sizes,” said company president Shane Shuttlesworth.

The PTFE membrane’s titanium frame increases rigidity and allows for the creation and preservation of space when grafting.

Osteogenics Biomedical’s patented Regentex® surface helps stabilize the membrane and the soft tissue flap.

The membranes will be available for purchase at the Academy of Osseointegration’s annual meeting. Nationwide sales begin March 2.

For further information, contact Osteogenics Biomedical at (888) 796-1923, or visit the Web site at www.cytoplast.com.

About Osteogenics Biomedical

Osteogenics Biomedical is a leader in the development of innovative guided tissue regeneration products for use by oral and maxillofacial surgeons, periodontists and other clinicians involved in regenerative or implant dentistry. Based in Lubbock, Texas, the company distributes its products under the Cytoplast® brand.

(Source: Osteogenics Biomedical)
PracticeWorks Systems, LLC, presents the first in a series of new modules designed to help dental practitioners work more efficiently.

The KODAK Acquisition Module provides a simple way to immediately capture images for patients who are already in the office, thereby increasing overall productivity and promoting a faster workflow.

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Says Dr. Ron Cavola, a seasoned dental practitioner in Conyers, Ga., and loyal KODAK SOFTDENT Practice Management Software user, “[my] patients and staff are “in and out of the pan room pretty quickly now … to me, [the KODAK Acquisition Module] is a time saver.”

Upon its initial release, the Acquisition Module will integrate with the latest versions of KODAK SOFTDENT and PRACTICEWORKS Practice Management Software, with future support available for other KODAK premier practice management software.

For more information, call (800) 944-6365 or visit the Web site at www.kodakdental.com.

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(See source: PracticeWorks Systems)
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Nobody wants a sinus ‘lift,’ and sinus elevations aren’t commodities

Periodically, I’ll see a second opinion consultation where a patient is “shopping” his sinus elevation as if it were an item he would run by Walmart to grab on his way home from dropping the kids at soccer.

How did we arrive at this point where for some doctors a sinus “lift” procedure is a commodity their patient will go to another doctor to price compare?

Having performed my share of successful sinus “lifts,” I can attest that few patients come in asking for one. For those who do present for a second opinion, the procedure was invariably presented in ways that are inconsistent with predictable case acceptance.

The previous doctor usually spent lots of time discussing the virtues of the sinus graft and procedural steps in detail at presentation, confused consent with case presentation and very likely frightened the patient. The type of conversation where the minutiae of consent is discussed at the inappropriately time does nothing to highlight the doctor’s unique skill and methods of treatment. Without just that, the service is easily pushed into the commodity category. The patient now has a state of mind and the price comparison game begins.

Here’s a story regarding commodities: As a part-time clinician, I still attend clinical C.E. just like you, and as a marketing and sales guru, I invest in and attend a quarterly, elite-level coaching, sales and marketing “mastermind” group whose participants are high-income savvy business owners who meet to leverage and pull ideas from each other.

In the room are marketers, Real Estate investors, mortgage brokers, manufacturers, money managers, developers, and even a writer sharing what’s working in their business for marketing and sales. There’s not an industry represented that doesn’t have a slew of members complaining to their leaders about a commodity issue in their niche. Thus, everyone in the room has similar commodity issues as us dentists.

When you put that together with the recession, you would probably think it’s “ix-nay on the oney-may,” yet the majority of the group members, all facing similar commoditization issues, report more revenue and income over last year.

One member selling residential HVAC units to homeowners in Southern California says: “I don’t watch the news, I don’t read the papers. The biggest thing I fight is the mentality of my team watching that stuff. Sales is nothing more than a state of mind, and I just finished my best quarter yet.” You can be assured that many of his competitors are blaming the economy, customers, the commoditization of HVAC units and the recession for their problems versus their lack of action and looking for answers. Even those businesses in attendance that are far more commoditized then dentistry report less of a problem with their individual companies over their average peers.

How can all this be? Well, what they all have in common is all have taken specific steps to structure their marketing and sales (case acceptance) process in ways that helps remove them from the pricing game, and as we as dentists must mimic this approach if we wish to win against our commodity problem.

Here are some specific commodity-fighting strategies adapted to us as dentists from these other business models:

1) Create a category of one just for your practice. If a practice can’t be compared to another, the commodity aspect goes away.

2) Become more adept at case presentation, problem-solution marketing, and using a patient qualifying system. An effective case acceptance system reduces the patient’s belief that you are a commodity. Qualifying systems determine whether someone gets to take up your valuable time and eliminates most who see you purely as a commodity.

3) Understand that patients crave simplicity, not complexity, in their dealings with you regardless of whether it’s one extraction, crown, sinus “lift,” or a mouth full of implants.

4) Be informed about the social class changes under way and the new emerging economy and align yourself with the segment of the population that isn’t as focused on lowest cost.

If we ignore the need to refine our marketing and case acceptance process to help cure this “all-dentists are equal” thinking that many patients have developed and simply hope it goes away on its own, this is irrational behavior on our part and puts the blame for commoditization squarely on our own shoulders.

The smartest in the profession are taking action to remove sinus “lifts” and their entire practices from the commoditization game. What are you up to?

About the author

Dr. James McAnally is CEO of Big Case Marketing, a global leader in providing turn-key marketing for the complex case patient and in teaching a trade-marked sales system to dentists who treat elective reconstructive and dental implant patients. Big Case Marketing doctors are on three continents and programs are conducted worldwide.

He holds several implant fellowships and maintains a two-day per week part-time practice focusing on reconstructive and implant dentistry in Seattle, Wash. For more information, go to www.bigcasemarketing.com or e-mail info@bigcasemarketing.com.
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- Abutment Design Modifications
- Peri-Implant Papilla Support

COURSE DATES
MARCH 4, 2009
OCTOBER 7, 2009
DECEMBER 9, 2009

HANDS-ON PORCINE LABORATORY (1/2 day)
- Full and Partial Thickness Flap Management
- Apical Repositioned Flap and Soft Tissue Graft Harvest
- Tunneling Procedure and Graft Placement
- Soft Tissue Autograft and Allograft Management
- Suturing Methods

COURSE DATES
MARCH 4, 2009
OCTOBER 7, 2009
DECEMBER 9, 2009

BONE, RIDGE & SOCKET GRAFTING
2-DAY LECTURE, HANDS-ON & LIVE SURGERY

DAY 1: AM INTERACTIVE LECTURE (1/2 Day)
- Treatment planning and patient selection for grafting procedures
- Concepts and techniques in bone grafting from incision to suturing
- Extraction site management: immediate versus delayed implant placement with bone and soft tissue grafting
- Prosthetic steps to assist in grafting and implant procedures
- New technology using rhBMP-2 / INFUSE bone grafts
- Resorbable and non-resorbable membranes for vertical and horizontal ridge augmentation

COURSE DATES
MARCH 5-6, 2009
JULY 16-17, 2009
OCTOBER 8-9, 2009
DECEMBER 10-11, 2009

DAY 1: PM LIVE SURGERY OBSERVATION (1/2 Day)
During this 4-hour session 2 live surgery cases will be demonstrated. The first case is a posterior case of ridge and sinus augmentation. The second case is an anterior esthetic case, where details for optimal implant placement and site development will be demonstrated. The live surgery session is video taped through a high-quality 2-camera single and live multifeed for interaction between participants and the clinical team.

DAY 2: AM HANDS-ON PORCINE LABORATORY (1/2 Day)
- Tooth extraction with a simultaneous implant placement and bone grafting with membrane placement
- Horizontal ridge augmentation with simultaneous implant placement, sandwich bone grafting with resorbable membrane placement
- Vertical ridge augmentation with rhBMP-2 / INFUSE graft, Ti-mesh, bone locks and bone filler;

DAY 2: PM INTERACTIVE LECTURE (1/2 Day)
- Potential intraoral donor sites, as well as techniques
- Bone filler materials and rhBMP-2 growth factors
- Resorbable and non-resorbable membranes for vertical and horizontal ridge augmentation
- rhBMP-2 / INFUSE grafting and protocol results

COURSE DATES
MARCH 17, 2009
JULY 18, 2009
OCTOBER 20, 2009
DECEMBER 12, 2009

SINUS ELEVATION AND GRAFTING
1-DAY LECTURE & HANDS-ON WORKSHOP

INTERACTIVE LECTURE (1/2 Day)
- Patient Selection, CTDiagnosis, Pre-modification
- Decision making and clinical protocol in osteotomy versus Lateral window approach
- Bone Graft layering protocol with Autogenous, Xenograft and barrier membrane
- New protocols using rhBMP-2 / INFUSE and bone fillers
- Choice of implant system and when to stage the sinus bone graft
- Diagnosis of problems and management of sinus complications

COURSE DATES
MARCH 1, 2009
JULY 15, 2009
OCTOBER 8, 2009
DECEMBER 12, 2009

HANDS-ON LABORATORY WITH GOAT MAXILLA MODEL (1/2 Day)
- Lateral window approach using bone cutting instruments
- Internal sinus elevation using osteotomy techniques
- Bone graft layering technique with barrier membranes
- rhBMP-2 / INFUSE bone graft and filler protocol
- Implant placement techniques
- Extraction and sinus treatment
- Post management and suturing methods

COURSE FEES

1-DAY Soft Tissue Management & Grafting Around Dental Implants
Tuition: $995

2-DAY Bone, Ridge & Socket Grafting
Tuition: $1995

1-DAY Sinus Elevation & Grafting
Tuition: $1195

All Three Courses
Tuition: $4185

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No area of dentistry is growing at the pace of oral implantology. Benefits to the consumer and the incredible improvements in the science of implant therapy have resulted in this exponential growth. The consumer is demanding implant treatment and industry is responding. Double digit increases in implant placement and restoration will be the norm over the next several years.

Obviously, keeping up with the ever-changing science and clinical techniques is a challenge that has been embraced by industry, academia and professional associations. Now is the time to invest in your practice.

The International Congress of Oral Implantologists (ICOI) has achieved the status of the world’s largest professional dental implant association by providing unsurpassed implant education with the cooperation of individual members, its many component and affiliate societies, and in alliances with both the academic and corporate world.

The ICOI and its component/affiliate societies around the world hold multiple implant symposia and courses annually. In addition, the ICOI co-hosts with universities/dental colleges, several symposia in the United States and abroad. And the ICOI has coupled with industry leaders such as BioHorizons Implant Systems, Inc., Keystone Dental, Inc., MIS Implant Technologies, Nobel Biocare, PreXion Inc., BIOMET 3i, Chase Health Advantage financing options, Dentsply Tulsa Dental Specialties, EBI Implant Systems, Inc., Misch International Implant Institute, Oslohealth, Zimmer Dental, Dentatus USA Ltd., Harvest Technologies Corp., IMTEC Corporation, Materi-alise Dental, Inc., J. Morita, OCO Biomedical, Piezorsurgery, Inc., Bienven, Root Laboratory Inc., Salvin Dental Specialties Inc., Sybron Implant Solutions and more to provide extended courses around the world as well as sponsor ICOI’s Glossary of Implant Dentistry II.

The Glossary II has more than 1,400 terms and is a practical aid for every specialist and generalist in the rapidly expanding field of implant dentistry. The glossary’s accompanying searchable CD-ROM serves everyone by providing an easy look-up feature and portability. All of these efforts result in the education of thousands of dentists annually.

Introductory, intermediate, advanced — all levels of education

Indeed, look at ICOI’s Web site (www.icoi.org) and under “Meetings” you will discover a wide range of symposia sponsored by the ICOI and its component and affiliate societies. It also lists the myriad independent courses that can be university based, private or manufacturer-sponsored. Courses are designed for various levels of competence in placement and restoration of dental implants. Every facet of oral implantology/implant dentistry is covered by courses today and these listings keep growing as interest in dental implants increases at such a rapid rate.

Location, location, location

With the wide array of courses/symposia being offered by associations as well as private and corporate enterprises, doctors can virtually travel the globe and obtain continuing education credits in dental implantology specific to their individual needs. Take the ICOI’s meeting schedule for the next two years for example. All of these symposia provide well known international faculties and offer C.E. credits for attendees.

ICOI fully sponsored symposia

2009:
• Philadelphia, Pa., Spring Implant Symposium with Temple University School of Dentistry
• Vancouver, Canada, World Congress XXVI
• Karlsruhe, Germany, European Congress
• New York, N.Y., Implant Symposium with NYU College of Dentistry 2010
• New Orleans, La., Spring Implant Symposium
• Istanbul, Turkey, European Congress
• Hamburg, Germany, World Congress XVII
• New York, N.Y., Implant Symposium with NYU College of Dentistry 2011
• Las Vegas, Nev., Winter Symposium
• Chicago, Ill., Implant Prosthodontic Symposium
• Seoul, South Korea, World Congress XXVIII
• New York, N.Y., Implant Symposium with NYU College of Dentistry

ICOI component, affiliate society meetings

In 2009 alone, the following sites will have ICOI Component or Affiliate Society meetings:
• Cairo, Egypt
• Tehran, Iran
• Marrakesh, Morocco
• Shenzhen, Fuzhou, Shanghai, etc., China
Academy of Osseointegration
Annual Meeting
February 26-28, 2009
San Diego Convention Center

San Diego

Highlights include:

• Round Table Clinics
• Limited Attendance Lectures
• Two Track Program (Surgical & Restorative)
• Commercial Exhibits
• Failure Festival
• Dental Hygiene/Assistant Program
• Laboratory Technician Program

osseo.org
For full details on these meetings, visit the ICOI Web site at www.icoi.org.

Don’t forget the team

One of ICOI's most important Component Societies is the Association of Dental Implant Auxiliaries (ADIA). This association, under the leadership of its Executive Director, Lynn Mortilla, RDH, has as its mission to advance the field of implant dentistry through education of the office team. The ADIA has developed criteria and training, but also has an established network that provides dental offices with updated and consistent information on daily practice challenges. It holds semi-annual meetings with the ICOI providing one or two-day didactic programs given by the doctors and one full day devoted to comprehensive certification programs for hygienists, assistants and front office staff.

All members of the office team are “brought up to speed” in the education process. Parallel implant education for both the doctor and team helps to create a seamless administrative function within the practice.

The result is practice growth. The ADIA’s certification programs have been recognized by the industry as a viable means of implant education. Several manufacturers sponsor ADIA-certification programs — regionally and nationally in North America. And the ADIA is growing internationally now, giving programs in Europe and the Far East.

In North America, ICOI members are actively involved in educating dentists at all levels through successful independent courses or institute programs, university programs and manufacturer-sponsored courses. These members encourage a lifelong commitment to implant education through participation in the ICOI and its advanced credentialing programs. The programs range from one or two days, nine days to 15 days, six months to eight months or even two years. They are offered locally as study clubs, through private institutes and at university/hotel settings. Many are tailored to the beginning and intermediate audience and provide a solid basis in implant prosthetics and surgery. Others offer advanced techniques and hands-on courses or focus in areas such as soft tissue management, advanced bone grafting, stem cell aspiration and more.

Listed below in alphabetic order are some ICOI member course directors. Additional contact information for them and Web links can be found at www.icoi.org/dentist-meetings-courses.htm.

Dr. Robert Bagoff, Donald Callan, Todd Engel, Rick Ferguson, Kenneth Hebel, Nilo Hernandez, William Mark Hunt, Ed Mills, Carl Misch, Alvarez Ordonez, Ara Nazarian, Jack Piermati, Michael Pikos, Yvan Poitras, John Russo, Dennis Smiler, Samuel Strong, Joseph Zaky, Ron Zokol as well as New York University College of Dentistry, Temple University School of Dentistry and University of Texas Health Science Center at San Antonio.

the day. “In addition, to keep attendees from being caught in a time warp and being isolated in the convention center all day, CNN news briefs will crawl at the bottom of the electronic sign screens, reporting the day’s latest national and international news,” he added.

Another change may increase activity in the exhibition hall.

“Live presentations of plenary sessions in the exhibit area will allow attendees to increase the time they can spend with our record number of exhibitors,” Smith said. “For the first time, attendees can stay in the exhibit area, learning about new products and services and not miss a plenary session presentation.”

The meeting’s theme is “A New Wave in Implant Therapy.”

“Each speaker has been carefully chosen to address recent advances in light of existing, scientifically substantiated, protocols,” said Program Chair Dr. David L. Guichet.

The meeting kicks off Thursday morning with AO’s Corporate Forums. These sessions give implant manufacturers an opportunity to present their newest products and latest developments. Attendees will discover the latest in craniofacial implant technology research and development.

Complete program and registration information is available on the Academy’s Web site at www.osseo.org.
VANCOUVER, CANADA
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ICOI World Congress XXVI
12th Annual IPS Symposium and
12th Congress of the Asia Pacific Section

For more information please contact the ICOI Central Office
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PDA meeting to coincide with OSAP Symposium

The Organization for Safety and Asepsis Procedures (OSAP) has announced that the Professional Dental Assisting (PDA) Conference will be held concurrently with the 2009 OSAP Symposium, June 11–14, at the Marriott Legacy Park in Plano, Texas. The PDA Conference will feature informative sessions presented by the nation’s best educators, all geared to the dental assistant.

The PDA Conference provides unparalleled professional development and continuing education opportunities in conjunction with the American Dental Assistants Association and supported by the Dental Assisting National Board, as well as a chance to network with other dental assistants and experts from around the country. These benefits will be substantially broadened this year by the meeting’s proximity to the nation’s top conference on dental safety and infection control: the OSAP Symposium. The collaboration offers benefits to the attendees of both conferences.

The OSAP Symposium is designed for infection control and safety instructors, lecturers, authors and consultants; researchers; dentists; hygienists; assistants; lab technicians; nurses in dental clinics; and dental sales and marketing personnel. During the meeting, leading experts on infection control and occupational health and safety share information of critical concern to anyone involved in dentistry.

PDA attendees will attend their own sessions, specific to the needs and interests of dental assistants, but there will be several opportunities to take advantage of OSAP Symposium activities such as the kick-off address by internationally known infection control authority Dr. John Molinari, social events (including an auction of vacations, jewelry and other items), and the exhibit hall, with products that address today’s practice challenges from the leading manufacturers of infection control and safety products.

The PDA-OSAP collaboration results from a natural synergy as dental assistants play a key role in maintaining proper infection control practices in the operatory.

For more information or to register for either the PDA Conference or the OSAP Symposium, go to www.osap.org or call (800) 298-OSAP (6727). Check the Web site often for additional details.

OSAP is the Organization for Safety and Asepsis Procedures. Founded in 1984, the non-profit association is dentistry’s premier resource for infection control and safety information.

Through its publications, courses, Web site and worldwide collaborations, OSAP and the tax-exempt OSAP Foundation support education, research, service and policy development to promote safety and the control of infectious diseases in dental health-care settings worldwide.

(Source: Organization for Safety and Asepsis Procedures)
Angled Zirconia Abutment provides convenient restorative solution

Zimmer Dental Inc., a leading provider of dental oral rehabilitation products and a subsidiary of Zimmer Holdings, Inc., is pleased to announce the availability of its Zimmer® Contour Angled Zirconia Abutment in the United States, Canada, Europe, Latin America and Australia. Engineered for use with its Tapered Screw-Vent® implants, the Zimmer® Contour Angled Zirconia Abutment provides clinicians with a convenient, off-the-shelf restorative solution for immediately satisfying patients’ esthetic needs.

Delivering an exceptional combination of strength, esthetics and simplicity, the Zimmer Contour Angled Zirconia Abutment carries on the tradition of the Hex-Lock™ Contour Abutment System. In addition, like the straight Contour Zirconia Abutment, the angled abutment’s innovative titanium ring provides a stable titanium-to-titanium fit with the Tapered Screw-Vent implant for added reliability.

Angled at 17 degrees, the Zimmer Contour Angled Zirconia Abutment provides a natural looking base for an all-ceramic, cement-retained crown in the esthetic zone — thereby increasing the likelihood of overall patient satisfaction. The abutment collar is contoured below the margin to create space for soft tissue without compromising strength or quality. Combined with the highly bio-compatible zirconia material, this provides an ideal esthetic result.

Contact your Zimmer Dental sales consultant or customer service at (800) 854-7019, (760) 929-4500 (for outside the U.S.), or visit www.zimmerdental.com for more information.

J. Morita introduces Veraviewepocs 3De: 5-D/Pan/Ceph with built-in sensors

The new Veraviewepocs 3De offers digital 3-D, panoramic and cephalometric imaging options, no cassette change required. This model features built-in sensors for all image types designed to save time and protect the hardware. With Ø 40 X H 40 and Ø 40 X H 80 mm 3-D fields of view, 3De is suitable for more than 90 percent of all clinical cases allowing for maxillary/mandibular arch diagnosis. In addition, it offers a “true” panoramic image, not a reconstruction, which is typically covered by insurance companies. This model is available at a very affordable price and offers views with class-leading clarity, perfect for general dentistry, endodontics and implantology.

For more information, call (877) J.MORITA (566-7482) or contact your dealer. Visit online at www.jmoritausa.com.

Massad Bur Kits designed specifically for trimming removable prosthodontics

Dentists who prescribe removable prosthetics for their edentulous patients might have to remodel the lingual cusps before their installation.

Thanks to KOMET USA and Dr. Joseph Massad of Tulsa, Okla., two new bur kits are now available that help dental professionals in this procedure.

Developed in conjunction with Dr. Massad, Kits Ti2064 and Ti2065 come with special diamond grinders for both dentists and laboratory technicians. Dental professionals will feel the impact of these kits as they assist with tooth set-up time and post-processing equilibration. The bars included in these two kits prevent a prosthetic from tipping by reshaping grooves and eliminating interferences, achieving a smooth central fossa. This results in ideal mandibular tooth topography without sacrificing esthetics. This reshaping provides the central fossa a home for opposing maxillary lingual cusps in centric relation occlusion.

Both the Ti2064 and Ti2065 kits also come with the proper instruments for trimming and polishing acrylic and the metal parts of the prosthesis. The kits also come with a post dam bar, specifically developed in conjunction with Dr. Massad. The idea behind this instrument is to create a consistent calibrated method to carve the ever-so-vital post palatal seal. Having the right kit will allow dental professionals to achieve postoperative equilibration in record time and significantly minimize post-operative appointments.

For more information, call (888) KOMET (566-5887) or visit www.kometusa.com.
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