Better horizontal ridge expansion

Using advanced minimal-invasive instruments and techniques allows for concomitant implant placement and regenerative procedures

By Liviu Steier & Gabriela Steier, U.K.

This 54-year-old patient regularly attends our practice and takes part in our quarterly preventative program. His anamnesis contains no special entries. Figure 1 shows that the patient has lost tooth 12 as a result of a previously unsuccessful root canal treatment, followed by an unsuccessful apicotomy.

The prosthetic work has been in situ for a long time and was performed allo loco. Secondary decay at the crown margins of tooth 11 created the need for prosthetic retreatment.

The different treatment options were explained in great detail to the patient, one of which was fixed restoration using implants. The patient decided on implantation in position 12, and was told that as a consequence of local infection, apicotomy and long-term tooth loss, the alveolar ridge has collapsed and guided bone regeneration would be needed to restore the optimum anatomical condition.

The existing porcelain fused to metal bridge (abutment teeth = 15 and 11, pontic = 12) was removed, decay eliminated and new adhesive core build-ups performed. Buccal infiltration anesthesia was given and the patient was offered a new metallic, composite, veneered bridge.

A full gingival flap was raised, allowing the extensions of the bone resorption to be identified. It was obvious that implant placement without bone augmentation could not be performed. The two treatment options were explained in great detail to the patient, one of which was fixed restoration using implants. The patient decided on implantation in position 12, and was told that as a consequence of local infection, apicotomy and long-term tooth loss, the alveolar ridge has collapsed and guided bone regeneration would be needed to restore the optimum anatomical condition.

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The key to success for dental implants lies in the volume and quality of the bone in the recipient. Because a scarce amount of bone is often a problem, guided bone regeneration is a well-established solution. A study in the current issue of the Journal of Oral Implantology demonstrates complete bone regeneration of critical-size bone defects using a composite alloplastic graft of beta-tricalcium phosphate (β-TCP) in a calcium sulfate (CS) matrix without a membrane barrier. Tricalcium phosphate (TCP), which is considered bioactive and biocompatible, is an alloplastic ceramic material that shows promise as a bone graft substitute. TCP cements have a slower resorption rate than bone, however, and are rather dense. By adding a faster resorbing material, pores may be created, ensuring new bone tissue growing into the defect. CS is a material that can fill that need.

When CS is mixed with other bone graft materials, the osteogenesis is accelerated, the study finds. Calcification is increased and the needed quantity of new bone is achieved in a shorter period of time.

In the study, two types of bone substitute were tested: Fortoss® Resorb®, a porous β-TCP synthetic graft, and Fortoss Vital®, a synthetic composite biomaterial based on a porous β-TCP in a matrix of CS. Artificial defects were created on each iliac crest in four dogs. The experimental defects were treated in three groups: β-TCP alone (Fortoss Resorb), β-TCP in a CS matrix (Fortoss Vital), and ungrafted to heal spontaneously.

After these defects were left to heal for four months, a significant difference was shown between the two β-TCP groups. The study concludes that the “β-TCP/CS combination demonstrated complete regeneration up to the cortex in all 10-mm specimens tested, while β-TCP alone did not succeed in regenerating these large-diameter defects.”


About Journal of Oral Implantology

The Journal of Oral Implantology distinguishes itself as the first and oldest journal in the world devoted exclusively to implant dentistry. The official publication of the American Academy of Implant Dentistry and of the American Academy of Implant Prosthodontics, the journal is dedicated to providing valuable information to general dentists, oral surgeons, prosthodontists, periodontists, scientists, clinicians, laboratory owners and technicans, manufacturers, and educators. Topics include implant basics, prosthetics, pharmaceuticals, the latest research in implantology, implant surgery, and advanced implant procedures.

Nobel Biocare unveils results from largest U.S. consumer dental survey

Survey reveals almost 50 percent have missing teeth and few understand the health consequences

Nobel Biocare announced the results of the largest known consumer survey in dentistry at the 24th Annual Meeting of the Academy of Osseointegration in late February. The survey, which evaluated the responses of nearly 55,000 consumers, provides new insight into the prevalence of missing teeth in America and the general lack of understanding about the health consequences of missing teeth.

The survey revealed the emphasis consumers place on their smile when considering their overall appearance. The survey found that smile and appearance of teeth scored the highest (first and second, respectively) in terms of importance to personal appearance—exceeding hair, clothes, eyes, facial features and physique. In fact, nearly 90 percent of respondents ranked their smile as the most important attribute and almost 87 percent ranked the appearance of teeth as the second most important feature.

“As dentists, we are very aware of the underlying health issues that can be associated with missing teeth. In this survey, we wanted to better understand how missing teeth affect patients on an emotional level and determine their awareness of the associated consequences,” said Dr. Neil Park, vice president of professional relations, Nobel Biocare. “The results from this survey have provided us with a deeper understanding of the importance of a smile to people, and underscores the need for better consumer education highlighting the consequences of tooth loss and the available treatment options that can increase satisfaction.”

The survey revealed that nearly 50 percent of adults are missing at least one tooth. While most adults were aware of the visible consequences of missing teeth, including difficulty chewing food and impact to the appearance of a smile, there was limited awareness of the more serious health consequences, which can include bone loss that may lead to changes in the shape of the face and repositioning of existing teeth.

While there was a very strong correlation between prevalence of missing teeth among lower income households and among those with less educational achievement, the presence of missing teeth was still shown to have a remarkably high prevalence even among adult Americans with higher incomes.

For more information visit www.usdentalsurvey.com.

(Source: Nobel Biocare)
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Go green for healthy teeth, gums

New study suggests antioxidants in green tea may help reduce periodontal disease

With origins dating back more than 4,000 years ago, green tea has long been a popular beverage in Asian culture, and is increasingly gaining popularity in the United States. And while ancient Chinese and Japanese medicine believed green tea consumption could cure disease and heal wounds, recent scientific studies are beginning to establish the potential health benefits of drinking green tea, especially in weight loss, heart health and cancer prevention.

A study recently published in the Journal of Periodontology, the official publication of the American Academy of Periodontology (AAP), uncovered yet another benefit of green tea consumption.

Researchers found that routine intake of green tea may also help promote healthy teeth and gums. The study analyzed the periodontal health of 940 men, and found that those who regularly drank green tea had superior periodontal health compared to subjects who consumed less green tea.

“It has been long speculated that green tea possesses a host of health benefits,” said study author Dr. Yoshihiro Shimazaki of Kyoto University in Fukuoka, Japan. “And since many of us enjoy green tea on a regular basis, my colleagues and I were eager to investigate the impact of green tea consumption on periodontal health, especially considering the escalating emphasis on the connection between periodontal health and overall health.”

Male participants aged 49 through 59 were examined on three indicators of periodontal disease: periodontal pocket depth (PD), clinical attachment loss (CAL), and bleeding on probing (BOP) of the gum tissue.

Researchers observed that for every one cup of green tea consumed per day, there was a decrease in all three indicators, therefore signifying a lower instance of periodontal disease in those subjects who regularly drank green tea.

Green tea’s ability to help reduce symptoms of periodontal disease may be due to the presence of the antioxidant catechin.

Previous research has demonstrated antioxidants’ ability to reduce inflammation in the body, and the indicators of periodontal disease measured in this study, PD, CAL, and BOP, suggest the existence of an inflammatory response to periodontal bacteria in the mouth.

By interfering with the body’s inflammatory response to periodontal bacteria, green tea may actually help promote periodontal health, and ward off further disease. Periodontal disease is a chronic inflammatory disease that affects the gums and bone supporting the teeth, and has been associated with the progression of other diseases such as cardiovascular disease and diabetes.

“Periodontists believe that maintaining healthy gums is absolutely critical to maintaining a healthy body,” said Dr. David Cochran, DDS, PhD, president of the AAP and chairman of the Department of Periodontics at the University of Texas Health Science Center at San Antonio. “That is why it is so important to find simple ways to boost periodontal health, such as regularly drinking green tea something already known to possess certain health-related benefits.”

First interventional CT scanner for dental implants in the U.S.

While 3-D CT scanners are starting to be used for dental implant planning, they are usually only available before the procedure. An innovative surgeon, Dr. Michel Matouk, has devised a new protocol to improve precision by obtaining CT scans during surgical procedures, when they are most needed. This allows improved computer-planned and computer-guided implant surgery, therefore providing less invasive and more accurate placement of cosmetic dental implants.

When Peter S. was told his front tooth needed extraction, he hoped he could find a way to get immediate implant replacement under general anesthesia. "When Dr. Matouk discussed the possibility of CT scanning during the procedure to improve precision, I knew this would give the best result," he said. The scan revealed an adequate bony volume for implant placement at the exact site needed after the extraction, while he was still sedated. The implant was then placed uneventfully.

Matouk, a dental implant and maxillofacial surgeon, has been working on precision surgical navigation for years. His efforts just culminated in the development of computer-aided implantation using intra-operative CT scans. This new technology is currently limited to a few major neurosurgical academic centers and has not been applied to any dental surgery offices in the United States. It provides real-time tracking of surgical results. The technology uses a cone beam CT (CBCT), an alternative to conventional CT, which provides three-dimensional radiographic imaging, on-site, while reducing radiation 90 percent compared to hospital-based computer-assisted tomography (CT).

High-end dental implant centers are starting to offer CBCT to improve planning before the placement of dental implants. However, surgery is a fluid process and sometimes plans have to be modified; at that point, the surgeon is working "blindly." The final result can only be evaluated after the case is finished.

One to two millimeters, however, can mean the difference between success and failure in cosmetic dental implant surgery. It is for these complex situations that Matouk, a dually licensed physician and dentist, saw the need for interventional CBCT. He researched the different CBCT systems available and chose the one with the most field of vision and least radiation, and then proceeded to modify it to allow for intra-operative interventional use. As soon as he used it, he realized the new doors that this technology opens. And while surgical procedures have not changed, now the accuracy of the final result can be confirmed prior to the end of the case.
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ment options available were:

1) Vertical and horizontal bone augmentation with a healing time of at least five months and an implant placement with an additional surgery.

2) Horizontal ridge widening with immediate implant placement and bone grafting. Of course, there were advantages and disadvantages of each treatment option.

Advantages of bone augmentation and implant placement in two stages:
• Direct full control of bone augmentation procedure.
• Predicable bony support at implant placement time.
• Risk-free implant placement.

Disadvantages of bone augmentation and implant placement in two stages:
• Treatment delay by healing time of at least five months.
• Two surgical procedures needed.

Advantages of bone augmentation and implant placement at the same time:
• Single surgical procedure.
• Reduced healing time.
• Additional technical equipment required.

Meisinger offers a so-called Split Control instrument kit it described as a “[...] minimally invasive alternative to osteotomies. Bone spreading and bone condensing with special screw-like instruments (spreaders) achieve a controlled and standardized dilation of horizontally resorbed bone and a gentle densification of cancellous bone.”

The Split Control Kit by Meisinger (www.bone-management.com) contains different sized screws, built similarly to a Hed-
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Fig. 12: Direct view of the Biohorizons implant. The neck of the implant is seated exactly at the crest of the bone level.

Fig. 13: To improve the local blood perfusion, small and superficial bony defects were added to the regeneration area.

Fig. 14: Bio-Oss® Spongiosa small granules in place.

Fig. 15: Direct view of the augmented area and the BioGide membrane still reflected. The excellent blood perfusion from the bone is visible.

Fig. 16: Flaps sutured in place.

Fig. 17: The pontic of the temporary restoration appeared overextended due to the three-dimensional augmentation. The needed reduction was marked.

Fig. 18: Temporary restoration after resizing.

Clinical IMPLANT TRIBUNE | March 2009

Case Acceptance Frustrations?

Who Else Wants Predictable Case Acceptance in the Emerging New Dental Economy?

Who is this Implant Dentist and why is he telling the harsh truth about the secrets to case acceptance in 2009 practice?

1. Not knowing what to present with cases (problems, solutions, photos, technology, quotes, etc.) to get yes!
2. Patients not “willing” their problems “valuing” oral health?
3. Costs not having the financial ability to accept complete care or patients having “sticker shock”?
4. Preventing to patients who are not ready for treatment?
5. Difficult getting acceptance on ready large cases and more optimal costly treatment plans?
6. New patients not willing to accept more complete care?
7. Time investment issues (work-up case, diagnose, prepare for referral)?
8. Counseling patients who aren’t ready emotionally or financially?
9. Patients always needing at least partly care?
10. Patients refusing orthodontics by treatment plans and options?
11. Difficult gaining patient trust?
12. Not knowing how to follow up or when?

If you said yes to one or more of the above, don’t get upset. James has put together a system that eliminates every one of the 12 frustrations.

The Introductory DVD to the Maximum Case Acceptance System is the first step to improved case acceptance for your entire practice and will immediately improve your current case acceptance by creating the right behavioral patterns that will guarantee increased acceptance and success.

NEW Case Acceptance System

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strom file, but reversed. Initial small-sized drills are offered within the kit intended for use as markers and access instruments, and to be followed by the spreaders in increasing dimensions.

The implant guiding system (by Innovative Implant Technology) was used to two-dimensionally position the primary marker drill. To begin with, an 010 followed by an 018 pilot drill was used, complemented by an expansion burr in the size of a 023 burr. The bony spreading was performed using the following spreaders: 027, 029, 031, 033.

As a next step, the guided bone regeneration was performed. To augment the buccal resorption, BioOss Spongiosa small granules, 0.25 mm (Geistlich Biomaterials), were used and covered with Geistlich Bio-Gide resorbable bilayer membrane 25 x 25 mm both soaked in wound blood.

With the membrane covering the augmentation material, additional fixation of the membrane was avoided because of the available fixation and immobilization using the soft tissue.

The flap was sutured in place crestally using GoreTEx suture because of its mechanical performance. The lateral-releasing incisions were closed using 6x0 Prolene suture material.

**Conclusion**

The buccal bone plate can resorb to a severe degree as a result of tooth loss. Conventional implantologic reconstructive therapy supposed until recently a two-stage approach: guided bone regeneration followed by a five-month healing time and a second surgery for fixture installment.

Using advanced minimal-invasive instruments for extremely thin-ridge expansion allows for concomitant implant placement and regenerative procedures.
Biolase Technology, Inc., a leading dental laser company, recently announced new optional accessories for the ezlase™ soft tissue diode laser that make it the most powerful and versatile fully portable soft tissue — and now whitening — diode laser available.

A new Whiting Handpiece puts the ezlase in a class of its own for versatility and revenue generating potential.

“Consumer demand for tooth whitening continues to grow,” Jake St. Philip, chief executive officer of Biolase explained, “and now the ezlase, besides performing a wide range of FDA-cleared soft-tissue procedures, offers owners the potential for even greater return on investment.”

The ezlase delivers dramatic whitening results in one appointment when used with Biolase Laser-White10 laser-accelerated whitening gel. The handpiece treats an entire quadrant of teeth at once, and a full mouth treatment takes only 40 minutes.

A new Battery Pack allows a dentist or hygienist to move the ezlase quickly between operatories and position it for the best operating convenience and efficiency. Now every patient in the practice can benefit from powerful Waterlase Dentistry™ features like ComfortPulse™ settings. The Battery Pack multiplies convenient ezlase features such as twist-on disposable tips, presets, and the most comprehensive setting controls of any diode laser into greater productivity for the dentist and the entire practice. The ezlase Battery Pack attaches to the ezlase in seconds — without tools — so dentist or staff can move it quickly and easily when necessary.

“Continually introducing new accessories and upgrades is another way Biolase protects our customers’ investment in Waterlase Dentistry, and helps ensure they get a top return in productivity.” All of these accessories are available for immediate ordering directly from Biolase Technology at (888) 424-6527, or www.ezlase.com/accessories.
How do you achieve optimal long-term treatment outcomes for your patients? The standard norm regarding dental implant treatment success from 1986 does not reflect what is possible to achieve today. There are no reasons why the clinician or the patient should accept a marginal bone loss of up to 1.5 millimeters based on a standard set 20 years ago. It has been proven in study after study that with the Astra Tech Implant System™ the mean marginal bone level reduction is only 0.3 millimeters over five years.

How much bone loss are you willing to accept?
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‘IDS Cologne is a global marketplace’

Interview with Dr. Martin Rickert, chairman of the Association of German Dental Manufacturers (VDDI e.V.)

By Daniel Zimmermann
Dental Tribune International

Prospects for the 33rd International Dental Show Cologne this month look promising, representatives of the German dental industry have agreed. At a recent press conference in Cologne, they also rejected fears of economic cutbacks due to the ongoing financial crisis. According to Dr. Martin Rickert, chairman of the Association of German Dental Manufacturers (VDDI e.V.), there is still a steady demand for medical and dental services. DTI Group Editor Daniel Zimmermann spoke with Dr. Rickert about the current state of the industry and his expectations for IDS Cologne 2009.

Dr. Rickert, the economic valuation of the German dental market in 2008 was fairly positive. Has this changed with the current financial crisis?

Not really. As you correctly point out, it is predominantly a financial crisis. The industry’s outlook for 2008 was good, and currently, there is a trend toward a stable return, which does not fulfill all our expectations but still promises to deliver satisfactory profits. There are certainly fluctuations in various market segments and world markets that stem from different influences and are not attributable to a single cause. There have been initial reports on redundancies in the United States. Should we be preparing for cutbacks or restructuring measures in Germany as well?

The U.S. health sector differs from that in Germany and in most European countries and, therefore, many private investors have been affected by the financial crisis. Mass redundancies in key sectors mean that many people can no longer contribute toward company health insurance schemes in the U.S. This will definitely not be the case in Germany because the statutory health insurance provider and private health insurance companies are prepared to cover the healthcare costs for their clients in the future. Even if we are in for job losses in various economic sectors, there are not likely to be any negative effects on the German health-care market.

What positive effects will IDS have on the industry?

The 33rd IDS will again exhibit a comprehensive range of modern dental products and technologies. Visitors will be able to see and experience an abundance of new product and service innovations. Technological developments in the medical field and our industry’s investment in research and development continually produce new and improved systems solutions for dental practices and laboratories, which are of great financial interest to dentists and technician alike. ... I am confident that despite the current economic fluctuations patients will not neglect their oral health or decide not to make use of necessary care and treatment. Dental implants and automated fabrication of dental restorations are currently the fastest growing sectors in dentistry. Is this boom reflected in the products and services that are going to be presented at IDS?

Implant-borne restorations are in fact one of the fastest growing sectors, with more than 700,000 dental implants placed in Germany last year and an annual growth-rate of around 10 to 15 percent. These high-quality restorations will continue to be in demand by many patients in the future because they are one of the most progressive and long-lasting restorations available. Incidentally, the growth in dental implants in Germany can largely be attributed to the fact that the statutory health insurance scheme has subsidised this treatment since the introduction of a fixed coverage system in 2005. IDS will exhibit the entire range of modern implantology systems, presenting both innovations and developments in tried-and-tested systems.
Implant dentists worldwide routinely report difficulties with predictable implant case acceptance. The table at right shows the “dirty dozen” of common complaints related to case acceptance for advanced implant clinicians. Acceptance issues increase in parallel with case fee size.

Not surprisingly, frustrations quickly surface for reconstructive and implant dentists because fees start at $7,000 (USD), average $20,000-$40,000 and surpass $100,000 for complicated scenarios.

Without a systematic sales process, you are unlikely to have patients predictably enter treatment for cases greater than $10,000. With a systematic process, not only is your likelihood of success with that fee level predictable but acceptance becomes more predictable for even the largest treatment plans.

Foundational issues underlying these frustrations include: dentist and staff insecurities about money, failure to gain patient understanding, denial of types of patients presenting, lack of honesty from professional organizations regarding elective dentistry, industry-wide denial of “frozen in time” reimbursements, refusal to embrace the science of persuasion and psychology related to patient buying behaviors, ignorance by C.E. providers on complexity of implant dentistry case acceptance, unwillingness of practices to invest in structured sales processes, and inhaled, outdated information touted by ignorant consultants with no direct experience of 21st century treatments or fees.

If you look into industries with similar price levels as implant treatments you’ll find concerted efforts on structuring the steps and sequence of events in the sales process for maximum results. Think of this as a systematic checklist like those used in the aviation industry, except in dentistry the system is designed to increase the chances of the right patient making the right decision related to treatment.

Other industries routinely devote resources to training sales (case acceptance) processes. Anywhere from $25,000 to $100,000 invested per sales team member is common. While dentists quickly invest in technologies and equipment with no direct revenue generation, they are also quick to ignore the fundamental need for investing and implementing case acceptance systems, which positively impact the practice finances for the lifetime of the clinician.

Too many advanced trained clinicians mistakenly think that reading one book, going to a two-day dental sales course, attending “rah-rah” events, or listening to an hour-long “bonus” on case acceptance during clinical C.E. courses will allow them to avoid the investment needed to achieve the desired goal. The end result is our current mass of clinicians guilty of repeatedly committing “random acts of case acceptance” and who stay frustrated by the “dirty dozen.”

For those doctors realizing these realities and who invest the time and resources, their result is predictable success with having implant cases enter treatment that run the gamut of complexity with fees worthy of their skills. Fortunately, you won’t find those clinicians using high-pressure sales techniques, memorizing a litany of “sales closes,” making major changes in their clinical procedures, or spending time revisiting ineffective models of “educating” patients.

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Top 12 implant case acceptance frustrations reported by highly trained clinicians

1. Not knowing what is meant by fee structure, benefits, stress, technology, models, etc.
2. Patients not owning their problems / “sick” and health
3. Patients not having financial ability to cover complex care, patient “ficker sheet”
4. Patients not ready for treatment
5. Need to get acceptance on really large cases and more complex treatment plans
6. Other fees if M’s who will accept more complex care
7. Counseling patients who aren’t sure emotionally or financially
8. Keeping patients in to have units done
9. Patient feeling overwhelmed by treatment discussion
10. Difficulty getting patients’ trust
11. Not knowing how to follow up
12. Not knowing how to follow up

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9. Patient feeling overwhelmed by treatment discussion
10. Difficulty getting patients’ trust
11. Not knowing how to follow up
12. Not knowing how to follow up

For those doctors realizing these realities and who invest the time and resources, their result is predictable success with having implant cases enter treatment that run the gamut of complexity with fees worthy of their skills. Fortunately, you won’t find those clinicians using high-pressure sales techniques, memorizing a litany of “sales closes,” making major changes in their clinical procedures, or spending time revisiting ineffective models of “educating” patients.

Other industries routinely devote resources to training sales (case acceptance) processes. Anywhere from $25,000 to $100,000 invested per sales team member is common. While dentists quickly invest in technologies and equipment with no direct revenue generation, they are also quick to ignore the fundamental need for investing and implementing case acceptance systems, which positively impact the practice finances for the lifetime of the clinician.

Top 12 implant case acceptance frustrations reported by highly trained clinicians

1. Not knowing what is meant by fee structure, benefits, stress, technology, models, etc.
2. Patients not owning their problems / “sick” and health
3. Patients not having financial ability to cover complex care, patient “ficker sheet”
4. Patients not ready for treatment
5. Need to get acceptance on really large cases and more complex treatment plans
6. Other fees if M’s who will accept more complex care
7. Counseling patients who aren’t sure emotionally or financially
8. Keeping patients in to have units done
9. Patient feeling overwhelmed by treatment discussion
10. Difficulty getting patients’ trust
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because a systemic case acceptance process involves none of those items. Why invest time, energy and capital for getting more case acceptance? Two obvious reasons are 1) helping more patients and 2) having a larger income. Additionally, it makes it easier to live your values, share your integrity and create influence for a greater good. If inclined, one spiritual law states “the greatest among you is servant to all.” The better your case acceptance system, the more patients you ultimately serve.

Lastly, even an ethical argument is possible. If you have the most clinical skills, you have the most obligation to increase your case acceptance skills so that your skills are fully utilized. That argument is difficult to repudiate if you believe patients needing advanced dental implant procedures are much better off after getting treatment and those around them (friends, family, co-workers) are also better off when your patient returns to comfort, beauty and function.

Regardless of the reasons resonating with you as an individual, if a case acceptance system is lacking or absent in your practice, you are not utilizing your hard-earned clinical skills, but instead are experiencing more professional frustration than necessary, helping fewer of the patients needing you and most certainly diminishing your income.

Certainly those are more than enough reasons to do the opposite of the dental majority and invest in improving what’s fundamental to more implant case acceptance success.

-AD-

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 trademarked sales system to dentists who treat elective reconstructive and dental implant patients. McAnally holds several implant fellowships and maintains a two-day per week 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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The secret of systems for implant practices

By Roger P. Levin, DDS

Implant dentistry has seen amazing advances in the last 20 years. There are better component parts and higher success rates. Implant practices are at the forefront of advancement in all areas except one — their practice systems. While they insist on the latest technology, implant practices too often rely on outdated systems that do not support growth. In an uncertain economy, this is a recipe for disaster.

Up-to-date business systems are as vital to your practice as the latest technological advancement.

Systems! Systems! Systems!

In any practice, effective systems increase efficiency, which, in turn, leads to enhanced profitability. Unfortunately, many doctors are so overwhelmed by their practice’s daily operations that they cannot begin to think about a systems overhaul.

Whether striving to keep up with advancements in the implant field or facing challenges in their lives, doctors view revamping their systems as so overwhelming that they too often put it off indefinitely. This means millions of production dollars lost over a 20- or 30-year career. Income that could go directly toward the doctor’s financial independence simply falls through the cracks.

Levin Group recommends the following three-step process for effective systems implementation:

Redesign/replace your systems

Levin Group helps its clients implement many major business systems for stimulating practice efficiency and profit, including the following:

• **Power Cell Scheduling**
  - Implant procedures require time in your schedule. You just need to find it. Incorporating Power Cell Scheduling can increase your scheduling capacity significantly.

• **Greenlight Case Presentation**
  - Using the methods introduced in Greenlight Case Presentation helps you instill patient motivation and increase your implant case acceptance rates.

• **Stage III Customer Service**
  - Increasing referrals significantly through incredible patient experiences is possible with Stage III Customer Service. When the practice becomes focused on creating a truly positive experience for the patient in addition to excellent clinical care, it goes beyond just being “nice.”

• **The Four Financial Options**
  - Patients with flexible financial options are patients who will say “YES” to implants. By offering these options — a 5 percent discount for full payment in advance; half now, half before treatment completion; credit cards and third-party financing — you are making it easier for patients to accept implant treatment.

The creation of a step-by-step system means every phase is clearly explained in writing so that current staff members can master them and new staff members can learn them quickly. If they are not divided into steps that each staff member can follow, then the systems become unused and ineffective.

**Scripting is crucial**

Scripting should generate a great deal of patient enthusiasm. How? By stating and reinforcing benefits.

Remember, most systems are implemented through verbal communication with patients. If you question the importance of scripts, simply have a mystery shopper make a cold call to your office about implants and report to you. The results may be surprising. The mystery caller will probably report that the front desk staff was nice and that he or she was told the office does indeed perform implant treatment. That sounds like the office is doing its job, right? Most doctors would say yes, but they would be mistaken.

In fact, enormous opportunities are missed to give information about the practice, the staff, the doctor, and its range of services or technologies. In other words, very little value was added or confidence created.

Imagine scripting in which this caller would have heard about the benefits of implants, how wonderful you are as a doctor, that your team is terrific and caring, and that your practice offers a full array of quality services and advanced technologies.

**Focus on training**

Levin Group recommends that staff meetings include a training period where you review systems, quiz team members and create an overall positive training experience for staff. Doing so encourages your staff to participate and practice what they learn. A dynamic meeting structure will help drive that message so that systems are critical. By reviewing systems monthly, you make it clear that you are serious about having them followed. It is also an opportunity to consider areas for improvement.

**Conclusion**

Systems are the backbone of your implant practice. Replacing outdated and inefficient systems is vital for thriving and surviving in the current economy.

Consider an outside professional to advise you and get your team involved in upgrading your systems. Remember that a practice is only as good as its systems. By upgrading the four major systems I’ve discussed, you are positioning your practice for significant growth.

*Implant Tribune* readers are entitled to receive a 20 percent courtesy on Dr. Levin’s latest *Total Implant Success* seminar being held April 13-14 in Chicago. To receive this courtesy, call (888) 973-0000 and mention “Implant Tribune” or e-mail customerservice@levingroup.com with “Implant Tribune” in the subject line. For more information, visit www.levingroupimplant.com.
From May 7-9, the International Congress of Oral Implantologists (ICOI) and Temple University College of Dentistry will co-host a spring implant symposium at the Downtown Marriott Hotel in Philadelphia.

The theme for this meeting, as designed by Dr. John T. Green of Dayton, Ohio, is “Implant Restorative Science: The Good, The Bad, The Beautiful.” The symposium is also being hosted by ICOI’s Component Auxiliary Society, the Association of Dental Implant Auxiliaries (ADIA).

Topics to be covered in the general session are: how to manage the gap; minimally invasive surgery; analysis of tooth size; space size issues; gingival architecture solutions; improvement of doctor/patient/lab communications; implant maintenance issues; i-Cat Analysis; treatment for peri-implantitis; ortho-implant realities; immediate provisionalization; CAD/CAM realities; occlusion; abutment selections and complications.

Speaking on these topics are the following lecturers:

Scientific program

• May 7 — afternoon session
  Implant therapy: Prosthetics
  Session host: Dr. J. Terry Green
  1 to 2:30 p.m. — Dr. William Becker: Implant Restorative
  2:30 to 3:30 p.m. — Dr. Ernesto A. Lee: Implant Supported vs. Tooth Supported Prosthesis: Evidence Based Decision Making in the Esthetic Zone
  3:30 to 4 p.m. — Break with exhibitors

• May 8 — morning session
  Implant therapy: Health and maintenance
  Session host: Dr. Jon Suzuki
  8 to 8:05 a.m. — Dr. Amir Ismail: welcome remarks from Dean of Temple College of Dentistry
  8:05 to 8:45 a.m. — Dr. Jon Suzuki: Bisphosphonates and Periodontal and Implant Surgery
  8:45 to 9 a.m. — Dr. Thomas Rams: Microbiology of Peri-implantitis
  9 to 9:45 a.m. — Lynn Mortilla, RDH: Maintenance of Dental Implants
  9:45 to 10:15 a.m. — Break with exhibitors
  10:15 to 11:15 a.m. — Dr. Carl Misch: Extract and Immediate Implant Insertion: Risk and Benefits
  11:15 to 12 p.m. — Dr. Hom-Lay Wang: Management of Implant Complications and Peri-implantitis
  12 to 1 p.m. — Lunch with exhibitors

• May 8 — afternoon session
  Implant Therapy: Imaging, surgical placement and esthetics
  Session Host: Dr. Thomas Rams
  1 to 2 p.m. — Dr. Robert Margeas: Immediate Extraction, Implant Placement and Provisionalization in The Esthetic Zone Using the Patient’s Natural Tooth
  2 to 3 p.m. — Dr. Brad Potter: Imaging for Implant Dentistry (Life in the CBCT World)
  3 to 3:30 p.m. — Break with exhibitors
  3:30 to 6 p.m. — Drs. Steve Chu and Joseph Greenberg: Treatment Planning Strategies for the Anterior Dentition: Biometric Determines for Teeth and Implants
  7 to 8 p.m. — Awards ceremony

• May 9 — morning session
  Implant Therapy: Successful Laboratory and Prosthetic Requirements
  Session Host: Dr. J. Terry Green
  8 to 9 a.m. — Dr. Paul Stoodley: Biofilms and the Oral Environment
  9 to 10:30 a.m. — Dr. Alan Sulikowski and Akiko Yoshido, CDT: Implant Esthetics, How You Plan for Restorative Success with your Laboratory
  10:30 to 11 a.m. — Break with exhibitors
  11 a.m. to 12 p.m. — Dr. Ariel Baigrodski: Abutment Selection in the Esthetic Zone: Current Concepts of Materials and Design
  12 to 1 p.m. — Lunch with exhibitors

• May 9 — afternoon session
  Implant Therapy: Intraoral Site Selection Influencing Prosthetic Success
  Session Host: Mark Marinbach, CDT
  1 to 2 p.m. — Dr. Ward Smalley: Implant Position and Restorative Solutions
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AAIP to hold 27th annual meeting in Scottsdale, Ariz.

The American Academy of Implant Prosthodontics (AAIP) will hold its 27th annual meeting at the Marriott at McDowell Mountains in Scottsdale, Ariz., in association with the Dental Implant Clinical Research Group and Midwestern University College of Dental Medicine.

The theme of the meeting will be “Implants and Economics” and will feature dental clinicians and financial analysts.

Featured speakers at the meeting will include Drs. Leonard I. Linkow, Harold F. Morris, Peter A. Neff, Sheldon Winkler, and Messrs. Craig E. Columbus and Rick A. Jaye.

Linkow, considered by many of his colleagues to be the “Father of Oral Implantology,” will speak on “Oral Implantology: Yesterday, Today, and Tomorrow.” In 1992, New York University College of Dentistry created the first and only endowed chair in implantology in perpetuity with Linkow as the recipient.

Neff, formerly professor and chairperson of the Department of Occlusion at Georgetown University School of Dentistry and author of the popular textbook, “TMJ Occlusion and Function,” will speak on “Occlusal Considerations in Implant Prosthodontics.”

Morris, co-director of the Dental Implant Clinical Research Group and clinical professor of restorative dentistry at Temple University, will speak on “Recent Advances in Implant Research.”

Winkler, adjunct professor of dentistry at Midwestern University College of Dental Medicine, will speak on “The Settling Effect, and Removing Broken Implant Screws.”

Jaye, chief financial planner for Greenbook Financial Services, will speak on “Integrating Financial Planning for Dentists.”

That is just a sampling of the many topics to be featured.

For more information on the AAIP or the Annual meeting, call (480) 388-8062 or e-mail swinkdent@cox.net.

(Source: AAIP)

DMID, MS, received the Nobel Bio- care Brånemark Ossesintegration Award, which is funded by a five-year, $2.5 million donation from Nobel Biocare.

Laney, who was the first president of the AO, is also the only one to have served two terms in the position. In 1991, Laney was the first fellow of the AO, and in 2006 he received the highest honor the academy can bestow as the recipient of the Distinguished Service Award.

The three-day event packed a powerful educational punch with round table clinics, oral scientific research lectures, oral clinical research lectures, limited attendance lectures, treatment approaches lectures, clinical innovations lectures, a clinical track program, lunch and learn sessions, a closing symposium, a dental hygienist program and a dental laboratory technician program.

It is no wonder then that when ever I went — from lunch and dinner meetings off site to the flight back to Arizona where I am based — I consistently overheard people discussing topics brought up during the AO meeting. It was abundantly clear that AO attendees came to San Diego to learn the latest in implant innovations and were well-rewarded for their time.

AD President Steven G. Lewis, DMD, speaks during the Opening Symposium.
SimPlant Academy offers educational courses

Training sessions offer step-by-step guidance to dental professionals

SimPlant Academy, the educational wing of Materialise Dental, is offering computer guided implant dentistry hands-on training sessions for beginners and more advanced users on March 27, April 24 and May 29.

Courses take place at the Materialise Dental office in Glen Burnie, Md. There is also the opportunity to sign up for one of the training sessions at the SimPlant Academy World Conference in Monterey, Calif., which takes place June 25-27.

From scan to plan to guide, to the ultimate immediate smile, the SimPlant Academy training courses will show dental professionals step-by-step how to plan and place implants with ease and confidence thanks to SimPlant and SurgiGuide drill guides.

SimPlant CompatAbility means predictable and accurate dental implant treatment, resulting in a more efficient and stress-free practice. It gives dental professionals the opportunity to plan their surgery time more resourcefully, accept more referrals and enjoy higher revenue on even the most complex cases. It also allows clinicians to continue working with the implant brands and scanning equipment they already know and use.

For more information and registration, call (888) 327-8202, ext. 117, or send an e-mail to matt.tedrow@materialise.be. Check out additional information at www.materialisedental.com.

(Source: Materialise Dental)

Upcoming Implant Events

April 28–30
25th Annual Session of American Academy of Cosmetic Dentistry
Honolulu, Hawaii
www.aacd.com

May 7-9
ICOI/Temple University Spring Symposium
Philadelphia
www.icoi.org

May 21–26
Journées Dentaires Internationales du Québec (JDIQ)
Ordre Des Dentistes Du Quebec
Palais des congrès de Montréal
www.odq.qc.ca

June 11–14
American Academy of Implant Dentistry: Northeast District
Boston, Mass.
http://aaidne.org/

Aug. 20–22
26th Annual Meeting of ICOI
Vancouver Convention Centre
Vancouver, Canada
www.icoi.org

Sept. 12-13
American Academy of Periodontology Annual Meeting
Boston, Mass.
www.perio.org

Oct. 12–17
American Association of Oral and Maxillofacial Surgeons
Annual Meeting
Metro Toronto Convention Centre
Toronto, Ontario
www.aoms.org

Nov 4–7
American College of Prosthodontists
90th Annual Session
Manchester Grand Hyatt, San Diego
www.prosthodontics.org

Nov. 10–13
American Academy of Implant Dentistry Annual Meeting
New Orleans, La.
www.aaid-implant.org
Fabrication of an aesthetic single-tooth restoration

Patients’ needs and desires for highly aesthetic tooth restorations are increasing in demand. In the aesthetic zone, the ability to place life-like restorations that have durability and strength are critical. New CAD/CAM technology has provided the optimal substructure for the highly aesthetic restorative materials needed to fabricate these restorations.

To this end, BIOMET 3i has recently added a zirconia abutment option to the Encode Complete Restorative System. The clinical case to follow demonstrates treatment that met the patient’s demand for an immediate aesthetic result.

A 58-year-old female patient presented with external root resorption of the maxillary right lateral incisor, which had previous endodontic treatment. Since the patient desired a fixed restoration for her hopeless tooth, the treatment plan included tooth extraction, immediate implant placement and immediate provisionalization. Following tooth extraction, the socket was debrided and the site was prepared for placement of a Nano-Tite™ Tapered Implant (BIO-MET 3i, Palm Beach Gardens, Fla.). The implant was confirmed to have high primary stability. A PreFormance® Post (BIOMET 3i) was placed and adjusted for occlusal clearance followed by the fabrication of a fixed-provisional restoration.

Three months later, the patient was seen for evaluation. Healing was uneventful with a minimal amount of interdental soft-tissue recession. The provisional restoration was removed and an Encode® Healing Abutment (BIOMET 3i) was placed into the internal interface of the implant (Fig. 1). An impression was made of the Encode Healing Abutment and of the opposing arch. The two impressions, a shade selection and an occlusal registration were sent to the dental laboratory, and the provisional restoration was replaced.

In the laboratory, the impressions were poured (Fig. 2), mounted and articulated on Adesso Split Plates (Stratos Articulator, Ivoclar Vivadent, Inc.). An Encode Complete Laboratory Work Order Form was completed and sent along with both casts to the BIOMET 3i PSR Department for fabrication of an Encode Zirconia Abutment.

After scanning the master cast (Fig. 2), the abutment was designed virtually and milled from a blank of zirconia. Using the same data, an implant analog was placed into the cast with a computer-driven robotic arm to create a Robocast Master Cast. The Encode Zirconia Abutment and Robocast Master Cast were returned to the dental laboratory for fabrication of an all-ceramic crown.

The provisional restoration and PreFormance Post were removed and the definitive Encode Zirconia Abutment was placed (Fig. 3). A Gold-Tite® Abutment Screw was placed to secure the abutment. A verification radiograph was taken to ensure complete seating. Once confirmed, the abutment screw was tightened to 20 Ncm. The all-ceramic crown was tried-in and the aesthetics of the restoration were evaluated. The definitive restoration is shown in figure 4. A post-restorative periapical radiograph was taken and the patient was given oral hygiene instructions.

Surgical colleague: Karina Leal, DMD, West Palm Beach, Fla.
Laboratory colleagues: Frank A. Lavonia, III, CDT, and Jeff Esposito, CDT, Biotech Dental Prosthetics, Palm Beach Gardens, Fla.

About the author

Robert G. Ritter, DMD, received his dental degree from The Medical University of South Carolina College of Dental Medicine in Charleston. He is a member of the American Dental Association, the Academy of Cosmetic Dentistry and is on the board of The Florida Academy of Cosmetic Dentistry. Dr. Ritter lectures nationally, as well as internationally, on cosmetic dentistry, new materials and joint-based dentistry. He has published many articles on adhesive and cosmetic dentistry and is on the editorial board of Practical Periodontics and Aesthetics Dentistry and Reality. Dr. Ritter maintains a private practice, with a focus on adhesive aesthetic dentistry, in Jupiter, Fla.
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New KOMET bur kits designed to work on zirconium abutments

The esthetic bar is constantly rising, and dentists are using zirconium abutments for implant restorations more and more. That’s why KOMET USA has developed a new bur kit for dentists and laboratory technicians who work with this quality material. Developed in conjunction with Dr. George Priest of Hilton Head, S.C., the ZAPD (Zirconium Abutment Preparation Diamond Kit LD 0118) was designed to specifically prepare zirconium implant abutments. Because margins in some selected zirconium-crown abutments do not have enough incisal or occlusal clearance, a technician or dentist can now easily modify the abutments themselves with the burs provided in this easy-to-use kit. This is a far cry from sending the abutments back to the laboratory or accepting a compromised abutment.

The kit contains a series of five burs. There are two tapered burs (ZR850.314.016 medium grit and ZR890.314.016 fine grit) for refining axial walls. Two other burs (ZR8851.314.016 and ZR8881.314.012) are wide and narrow coarse grit diamonds for establishing a chamfer margin that follows the soft-tissue scallop.

The ZR8790.314.025 football-shaped diamond bur is used for palatal or lingual reduction for occlusal clearance. Please note that these burs should be used with water coolant, either on an implant lab holder or intraorally. By using these burs the lab tech or dentist can feel the impact by refining these abutments themselves, thus making the procedure more cost efficient. These burs are also useful for removing zirconium core crowns, such as Procera® (Procera is a registered trademark of Nobel Biocare).

For more information about KOMET USA or ZAPD Kit LD 0118, call (888) 566-3887 or visit www.komet-usa.com.

Astra Tech to accept digital scan data for Atlantis patient-specific abutments

In collaboration with 3M ESPE, Astra Tech now accepts digital scans taken with the Lava+ Scan ST System for the design and manufacture of Atlantis® abutments. With this new option, Lava Scan ST Design System users can place orders for single-unit Atlantis abutment cases in titanium, gold-shaded titanium and zirconia without having to send a model, thereby reducing cost and time while increasing efficiency. Leading clinicians consider the Atlantis® abutment to be better for their practice because it:
- Provides optimal function and esthetics
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Case submitted by Cary A. Shagof, DDS (Surgical); Jeffrey A. Birzukhin, DDS (Restorative) SPMP03605 REV 8 MAR 2008