Dr. Stanley Malamed explains why all practitioners need to be prepared for an emergency in their dental office.

It didn’t have to be like this,” Malamed said. “Are you prepared? Is your entire office staff trained for an emergency situation?”

To the musical strains of “Stayin’ Alive,” the University of Southern California professor offered tips and advice. His main point was “your legal obligation is to keep the patient alive,” which means following steps to ensure the patient either gets better or simply remains alive until emergency professionals arrive on the scene.

Acronyms such as PABCD (positioning; airway; breathing; circulation; definitive care) and MONA (morphine; oxygen; nitroglycerin; aspirin) will help practitioners remember what to focus on during an emergency.

“Remember: Doing nothing means the person is going to die,” he said.

He also recommended that everyone purchase automated external defibrillators (AEDs) to use in the case of an emergency.

“They’re simple to use, they’re available over-the-counter, you cannot do it wrong, and you might save a life.”

• Laser treatments: Dr. Edward Kusek of Sioux Falls told his AAID colleagues he has employed lasers in most of the surgeries he has performed in the last five years, which include implants and endodontic procedures. He said the lasers use low levels of non-ionizing radiation and actually generate less heat and discomfort than other devices commonly used in dental surgery.

“Erbium and/or diode lasers can accelerate healing in dental surgery and are very effective for detoxifying an area to clear up infection,” Kusek said. “In our practice and in several studies we have conducted, lasers have proven to stimulate better tissue growth and height and also foster stronger bone growth and better contact with the implant. As a result, we have cut the cycle time for most implant procedures from six to three months.”

Kusek added that for most patients, laser detoxification allows immediate placement of the implant and securing a temporary crown in one visit. “Being able to send the patient home in one day with an immediate load implant in the smile zone helps socially because the missing teeth aren’t noticeable,” he said. “Three months later, the permanent crown can be affixed.”

In his presentation, Kusek covered the case of a young woman whose root canal failed because the root cracked and the area was badly infected. The tooth was extracted and the laser was used to clear up the infection. “Once the socket and surrounding area were detoxified by the laser treatment, the implant was inserted and a temporary crown attached. The patient went home with her smile looking great and the final outcome in three months was excellent,” said Kusek. “Given the degree of infection, she would not have received an immediate-load implant in the same visit without the laser treatment.”

Kusek said about 7 percent of dentists have some type of lasers in their offices and many are evaluating the cost benefits. “In my experience, nothing matches laser applications for overall implant procedure outcomes in infection management, bone regeneration, osseointegration, tissue-growth enhancement and overall esthetic success,” he said.

• Esthetic zone: Dr. Eric Van Dooren, who maintains a private practice in Belgium, provided a lecture focusing on less invasive procedures that allow for preserving soft-tissue quality.

“It’s all about soft-tissue stability,” Van Dooren said.

He offered surgical and prosthetic concepts for five different cases and explained what sort of intuition he used to determine which techniques to use in each case.

Some techniques Van Dooren discussed included modified socket seal surgery, flapless surgery, both delayed and immediate implant placement, connective tissue grafting with BioOss, and hybrid techniques.

• Accessible treatment: In a candid address, noted dental researcher, author and lecturer Gordon Christensen, DDS, PhD, urged more dentists to add implants to their practices, but said the procedure must become simpler and less costly to achieve optimal public and professional acceptance.

“I strongly encourage more dentists to add implants to their practices and make this treatment accessible and affordable for their patients,” Christensen said. “The statistics on missing teeth in the U.S are staggering and, frankly, embarrassing for the dental profession. We can make a major contribution to improving the nation’s oral health by further utilization of dental implants, but we must get serious about reducing the cost of the procedure. Ultimately, costly implant placements don’t serve the public or the profession, even though dental implants are the best treatment available for replacing missing teeth.”

Impressive advances in technology have made implant procedures safer and more predictable with 85 percent-plus success rates, Christensen noted.

“However, we need more innovative and simpler implant designs — short, wide, narrow, hollow, non-round — and simpler and more reliable methods for evaluating bone quality, quantity and osseointegration.”