‘Risks vs. Rewards’ in implant dentistry

Dr. Frank Spear will open AO 2016 Annual Meeting with his presentation

By AO Staff

Dr. Frank Spear will open the Academy of Osseointegration’s (AO) 2016 Annual Meeting with his presentation, ‘Globalization of Training, Education and Comprehensive Collaborative Treatment Planning in Implant Dentistry: Understanding the Risks and Rewards.’ Spear has been restoring implants for 30 years and believes technique is one thing but perspective is another.

“When you have been in practice long enough, you start asking different questions about what’s a best practice,” Spear said. “You get to see what performs well and what doesn’t.” Though most of his cases have worked out well, he admits he might have handled some differently.

Clinicians should consider both the risks and rewards for patients and what’s ahead for them in their life when placing implants. Spear will suggest key questions to ask when weighing risk vs. reward, such as:

• What is the age of the patient?
• What other conditions of the patient’s health should I consider before I place an implant?
• Can I delay this implant and save the tooth for the benefit of a patient’s long-term dental care?
• What can I do to help prolong the life of the restoration I use on top of the implant?
• What’s going to happen next if something fails?

Spear will also cover the globalization of training and education, and comprehensive and collaborative treatment planning. Using the evolution of implant dentistry from the past three decades, his aim is to identify the best practices today, using the history of the science as a background for their development.

“We honestly didn’t know what we were doing in the ’80s — we were learning and flying by the seat of our pants,” he said. “Technology matured, and we improved in the ’90s and even more in the 2000s. And now we know what works, but we also know what doesn’t work.

“It’s a good timeframe in the history of implants to look back at what we’ve done with a different perspective on it.”

Following Spear’s presentation, clinicians from around the world will present in the opening symposium on the risks and rewards for various topics of concern for today’s dental implant professional. From grafting with growth factors or biologics to not grafting at all, to bone augmentation, and even guided surgery, there are pros and cons to many of the decisions and treatments from which dentists choose.

Spear feels the AO Annual Meeting is a great way for clinicians to stay current on the best practices of implant dentistry. He has always enjoyed the learning aspect of the meeting, collaborating with the best and brightest clinicians from around the world.

“I enjoy getting to hear really bright people who are doing a lot, especially involved with research,” he said. “They are answering a lot of questions we’ve had for years, but we haven’t had the research answers for them.”

The AO 31st Annual Meeting is set for Feb. 17-20 in San Diego. You can register to attend at www.osseo.org. Follow AO on Facebook and Twitter using #AO2016 to stay up-to-date.

About the Academy of Osseointegration (AO)

With 6,000 members in 70 countries around the world, the Academy of Osseointegration is recognized as a premier international association for professionals interested in implant dentistry. The AO serves as a nexus where specialists and generalists can come together to evaluate emerging research, technology and techniques, share best practices, and coordinate optimal patient care using timely, evidence-based information.
California Implant Institute presents live patient surgical courses in Mexico

By California Implant Institute Staff

The California Implant Institute is pleased to present five-day Level I and Level II comprehensive live patient surgical externship courses in Baja California, Mexico, coming up soon.

Level I course
Attendees of the Level I course will implement step-by-step implant surgical protocols on live patients under the supervision of Louie Al-Faraje, DDS, and additional faculty. The five-day course will include eight hours of lectures on diagnosis and treatment planning of implant cases (around two hours each morning). Each attendee will place 10-15 implants and assist with multiple implants on live patients.

Course participants will increase their knowledge and skill in the areas of flap design, alveolarplasty, implant placement, bone grafting and suturing techniques. Upon completion of the externship, attendees will have smoother techniques and will be able to transition from the classroom to surgically placing implants in their own offices.

All patients are carefully selected by the California Implant Institute faculty, and CT scans are provided for all patients. During the most recent program, 15 participants placed more than 170 implants, including immediate and computer-guided placements, and performed multiple bone-grafting procedures.

Level II course
Attendees of the Level II course will increase their knowledge and skill level in the areas of advanced implant surgical techniques, including lateral-window sinus lifting, maxillary and mandibular ridge expansions, CT graft and block grafting. Level II participants will work also with Piezotome and CO2 laser units, which are available at each Level II working station. Attendees will add advanced implant-related surgical procedures to their practice.

Upcoming courses
The live patient surgical externship in Mexico is provided four times a year. Each of the Level I and Level II programs offer 40 C.E. credits. Complete information on the externship, including tuition, testimonials, staff bios, accommodations and location, can be found at www.implanteducation.net, by calling (858) 496-0574 or by e-mail at info@implanteducation.net.

Academic director
Dr. Al-Faraje is a private practitioner as well as the founder and director of the California Implant Institute, which conducts a one-year fellowship program in implant dentistry. He is a fellow of the American Academy of Implant Dentistry and a diplomate of the International Congress of Oral Implantologists and the American Board of Oral Implantology.

Do you have general comments or critique you would like to share? Is there a particular topic you would like to see featured in Implant Tribune? Let us know by e-mailing feedback@dental-tribune.com. We look forward to hearing from you! If you would like to make any change to your subscription, please send an e-mail to unsubscribe@dental-tribune.com and be sure to include which publications you are referring to. Also, please note that subscription changes can take up to six weeks to process.
LEVEL I COURSE CURRICULUM
- Each doctor will surgically place 10-15 implants
- Each doctor will assist their partner in placing 10-15 implants (Doctors divided into groups of two)
- Doctors will work on flap techniques (one-wall, two-wall, and three-wall flaps are performed multiple times each day)
- Level-I implants are placed in both edentulous and immediate extraction sockets, giving doctors exposure to both techniques
- Alveolectomy is also a Level-I procedure; at least one patient for every doctor will be in need of alveolectomy
- 2-3 hours of treatment planning each morning
- Lecture material and surgical DVDs are provided before the program to enhance the learning experience

LEVEL II COURSE CURRICULUM
Each doctor will perform 4-5 surgeries and assist their partner in performing 4-5 surgeries; thus, each doctor is exposed to 8-10 advanced implant/bone-grafting surgical procedures.

The surgeries will be selected from the following procedures:
- Sinus elevation through the lateral window
- Sinus elevation through the osteotomy site
- Maxillary alveolar ridge expansion using a split-cortical technique
- Mandibular alveolar ridge expansion using Pedicled Sandwich Flap (PSP)
- Connective tissue grafting
- Block bone grafting
- Level-II participants will continue to work on their flapping and suturing techniques and will perform multiple alveolectomy procedures.
- Lecture material and surgical DVDs are provided before the program to enhance the learning experience

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Piezomed by W&H: Minimally invasive, maximally effective

By W&H Staff

Current developments focus on minimally invasive procedures with less postoperative pain for the patient and a faster healing time. Piezo technology has increasingly been finding its way into oral and maxillofacial surgery (OMFS) and implantology for more than a decade.

Maximum precision in surgical use and gentler treatment for the patient are just some advantages to this cutting-edge technology. With the new Piezomed, W&H can use state-of-the-art ultrasound technology for even the most demanding tasks in bone surgery, providing surgeons with optimal support in their daily work, the company asserts.

“Our product development has a clear aim: to consistently fulfill the many different needs of the patients and also to satisfy the users’ requirements. The new Piezomed minimizes the invasiveness of surgical treatments. Safe working thanks to automatic instrument detection and unique instrument design takes on a completely new meaning for the user,” said Andreas Lette, strategic W&H product manager and head of product innovation.

New dimension in bone surgery

The new surgical instrument from W&H employs state-of-the-art ultrasound technology. High-frequency micro-vibrations enable high-precision incisions while the so-called cavitation effect ensures an almost blood-free surgical site and an excellent view of the treatment area.

In addition to these benefits, W&H offers maximum safety during operation with its patented automatic instrument tip detection. Piezomed detects the instrument during tip insertion and sets the correct power class automatically. This significantly lowers the risk of harming a patient and overloading the instruments, according to the company.

Equipped for any task

W&H offers a selected range of 24 intelligently created working instruments to provide optimum cover for the wide variety of tasks dealt with by surgeons.

“For example, the bone saws have a specially developed tooth design that enables bone block harvesting with low bone loss. We also offer a special saw that boasts extremely high-cutting performance,” Lette said.

“Many of the surgical instruments developed by W&H are an absolute world first in the global dental sector. Our developments are patented to protect our unique expertise,” he continued.

The instruments have another advantage with their efficient cooling concept. The spray exits near the instrument’s work area, thus protecting the instrument from thermo-mechanical material stress. The user benefits from even safer and cooler processing of the operating field, according to W&H.

Piezomed supports the surgeon’s individual way of working with three different operating modes: “Power,” “Basic” and “Smooth.” The operating modes store a variety of performance characteristics. Equipped with a multi-functional foot control, the surgical device offers freedom for the users’ hands.

Please contact www.wh.com/na or call (800) 265-6277 for additional information on any W&H surgical product.
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‘An alternative to any procedure’

Dr. John Russo talks about the benefits of his Ellman radiosurgery unit

By Implant Tribune Staff

John Russo, DDS, MHS, is a periodontist in Sarasota, Fla. He graduated from the Ohio State University College of Dentistry and received a periodontics certificate from the Medical University of South Carolina as well as a master in health sciences degree.

Today he is a clinical assistant professor of periodontics at the Medical University of South Carolina, a diplomat of the International Congress of Oral Implantologists and a nationally recognized expert in dental implants and bone grafting.

One of the products Russo spends a lot of time with is his Ellman radiosurgery unit, which can be used for more than 30 different dental procedures and appeals to those ready to move beyond the scalpel as well as those looking for an alternative to lasers and electrocautery units.

Russo said he has been using his unit for more than 10 years on a daily basis. Implant Tribune talked with him to get a little more insight into what he likes about it.

What do you use your Ellman radiosurgery unit for? How many procedures can it be used for?

The Ellman radiosurgery unit can be used as an alternative to any procedure performed with a scalpel. I use my unit for cautery of donor sites for gingival grafts, making incisions, harvesting donor tissue for soft-tissue grafts, excisional biopsies, gingivoplasty, removal of pigmentation, frenectomies and many other procedures.

What do you see as the benefit of Ellman’s radiofrequency technology as compared to lasers and electrocautery?

In my experience, the Ellman radiosurgery unit has significantly less collateral thermal penetration/damage than electrosurgery units. Another benefit is I do not have to “ground” my patients prior to using the technology. With my Ellman unit, I can cauterize bleeding vessels larger than 0.3 mm whereas my laser will only cauterize vessels smaller than 0.3 mm. Also with the Ellman unit, I have a choice of multiple tips that can be used in different circumstances and locations of the mouth and can also be bent for more customized access.

How are the results?

The results can be described as laserlike surgery. The result of cutting or cauterizing tissue with the Ellman unit is minimal heat production and minimal depth of tissue penetration.

Does your Ellman provide good return on investment?

When comparing the cost of my Ellman unit to my laser, the Ellman is significantly less expensive and allows me to perform more treatments, mostly due to the availability of different tips for different procedures. The Ellman has been a great return on investment.

‘In my experience, the Ellman radiosurgery unit has significantly less collateral thermal penetration/damage than electrosurgery units.’
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