

Implant Dentistry Update

Dr. Smith's Office

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What's New?

With so much information coming across our already overwhelmed dental brains, it seems increasingly difficult if not impossible to try and keep up with so many aspects of dentistry, especially in the science of dental implants and all that falls under that massive heading. The purpose of this newsletter is simply to review some new as well as not so new concepts, to compartmentalize some of the standards that seem to produce the most reliable results (both short term as well as long term), and to clear up some of the misconceptions that are being touted by the vast number of companies that are scheming seemingly night and day to grab a portion of what is a very profitable market. In addition, some additional comments on maintenance, troubleshooting, treatment of peri-implantitis would also seem to be in order as well.

When we started placing implants in our dental practice in 1985, there were only two companies in the United States that sold implants to practitioners. (The US FDA cleared those dental implants for use in the United States in 1982.) Nobelpharma, was started by Professor Per-Ingvar Branemark, the distinguished orthopedic surgeon from Gotenborg, Sweden, who **accidentally discovered** the use of titanium as a superior metal over surgical stainless steel, vitreous carbon and other metals that had been tried with not so stellar results to produce a reliable endosseous fixture in the human jaw. Hence, the Branemark implant evolved as the "gold standard" and this dates back to his initial findings from over 45 years ago. Initially, Nobelpharma only would train and sell dental implants to oral surgeons and oral surgeons alone. They, of course, have dramatically changed their philosophy and now heavily market to periodontists, endodontists, prosthodontists and general practitioners alike. They have also changed their name to NobleBiocare after purchasing SteriOSS and their implant designs and marketing approach have changed just as dramatically as well. Corevent was started by Dr. Gerry Niznick, a prosthodontist, who basically entered the market with the hollow basket Corevent implant. He went on to produce a clone of the Branemark implant (called the Swissplank) and the legal battles began. To his credit, he made his system available to anyone with a DDS degree and a credit card or check and the rest is history. He later developed the Tapered Screwvent which is now owned by the Zimmer Corporation and is one of the most widely used root form implants throughout the world. This implant, like so many others has been successfully cloned and this has spurred the huge entrance of new implant companies *from sea to shining sea*.

Currently there are over 300 dental implant manufacturers in the US and abroad. To make the turf wars even more interesting and confusing at the same time, engineering as well as scientific principles are added to so many root form types that it reminds me of trying to purchase an automobile. It used to be Ford, Chevrolet, Oldsmobile, Buick, Cadillac and Pontiac. Because of competition, complacency, and marketing, companies like GM and Ford found themselves in trouble in recent years. By the same token, market shares in the dental implant industry have been diluted in a similar fashion. However, the demand for these services has skyrocketed and the numbers of implants placed on a year to year basis has followed that same parallel. We see discussions on coatings, surface preparation, shapes, designs, polished vs non-polished collars, "platform switching", restorative options and the list goes on and on when we compare Implant A to Implant B. The good news is that they all really do work and work very well. I tend to get a little cynical when I hear some practitioner bragging that he has a 98.5% success rate simply because that is a much higher success rate than Almighty God has with the set of teeth he provided most of us with after our deciduous teeth were taken away by the tooth fairy. When one considers success rates at 20 years, 98.5% simply doesn't happen. Periodontal pathogens, especially in smokers and those that still haven't managed the art of toothbrushing and flossing (which in many circumstances had a lot to do with them losing a tooth or teeth to begin with), changes in occlusion, parafunction, onset of mental setbacks ranging from clinical depression to dementia, diabetes, immune disorders, along with the proverbial "X factor" and so forth all play an active part in dissolving bone around our precious titanium root replacements. So basically, it comes down to the fact that if we're going to have decent long term success, we really have to keep a close eye on our patients through well run recall systems. On top should a huge concern over this for that (*continued on page 2.*)



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Next issue:

Esthetic abutment options
"Tissue is the issue"
Treatment of complications
(Peri-Implantitis—minor to advanced cases)
Discussion on Fees
Oral Hygiene Adjuncts
Immediate Implant Placement
Periogenix (hyperbaric O2 in a can)
Patient Education modalities
CT Cases (surgical guides)
New techniques for Sinus Augmen- tation Bone Grafts
Review of various attachment sys- tems for overdentures
Retrofitting Implants to Existing Removable Cases
Mini Implants

What's New? (continued)

of that, the literature as well as our own clinical experience has shown us that once peri-implantitis sets in, bone loss will occur at a far greater rate around a dental implant than a natural tooth. If one subscribes to the fact that periodontal diseases have a direct influence on cardiovascular disease, then there should be a huge concern over this for that reason as well. Therefore, if we truly care about our own successes in this wonderful field in contemporary dentistry, we have to remain vigilant over these patients because left to their own accord, trouble will brew and correcting those problems, especially if intercepted too late can prove to be devastating, expensive, frustrating (for doctor and patient), as well as debilitating.

In this issue as well as in upcoming issues I will try and share "the good, the bad and the ugly". We learn by our successes, but I feel that we *learn even more by our failures*. When patients ask me today, "just how long do these implants last?" I can answer them with all candor, "as long as you take care of them appropriately which includes coming in for regular recall visits". *Absent that, God only knows!* Happy New Year.



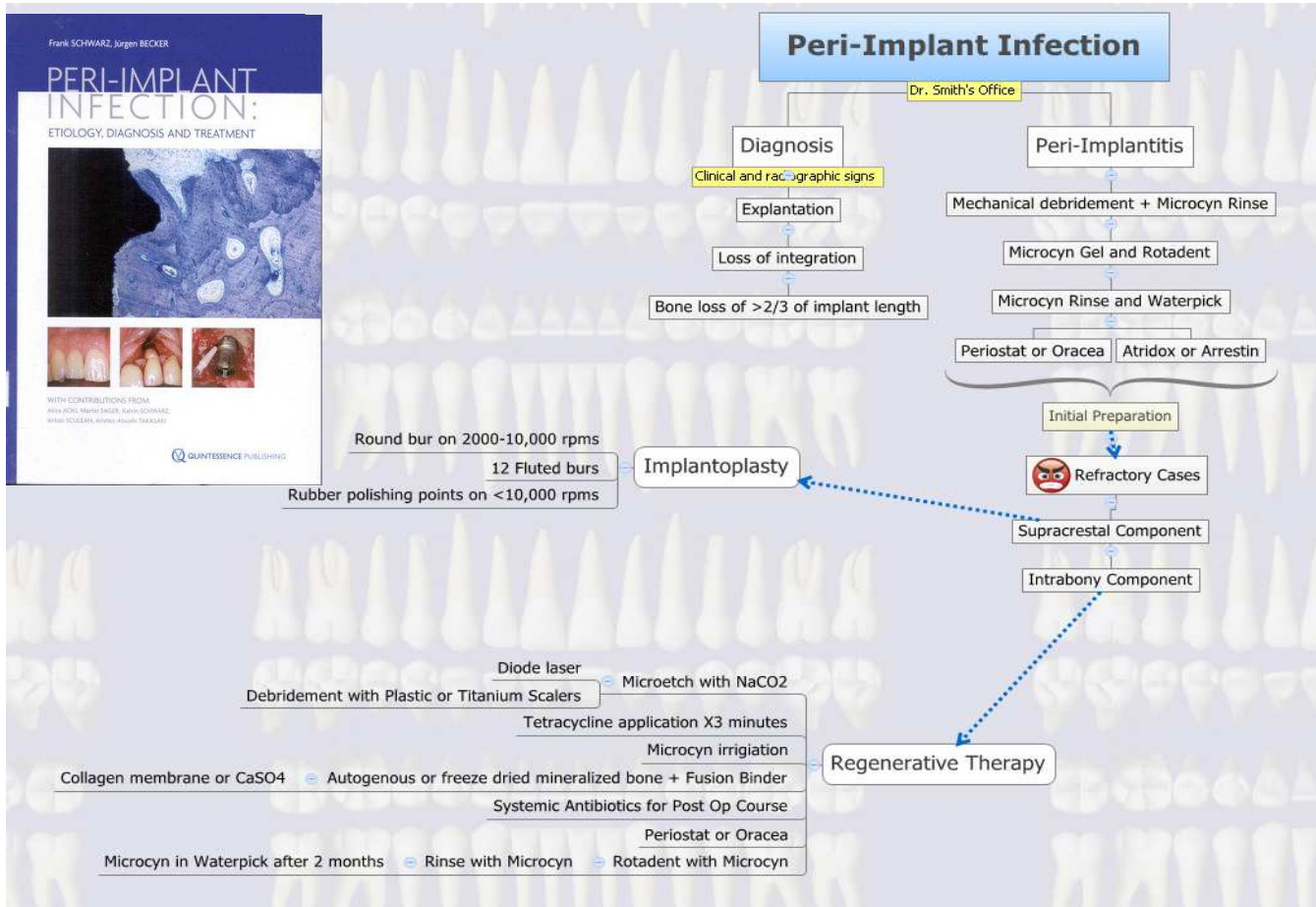
We made the "big move"

After 20 years at 229 Bendel Road, we finally moved to our new office at **Beaulieu Square**. A few more spacious operatories, plenty of parking, an upstairs conference room/kitchen as well as plenty of storage and a nice sized dental lab have made a big difference. Prior to starting this, I kind of felt like doing this at age 55 seemed just a "little crazy". However, staying where we were seemed even crazier especially after Dr. Fugetta started with us 5 years ago. So a change of scenery was inevitable. Looking back after being here for 4 months I can honestly say that this was a good idea. However, I'll NEVER move again, EVER!



Peri-Implantitis Treatment Flowchart

Pictured below is our flowchart for treatment of peri-implantitis with or without osseous involvement. As mentioned in the diatribe on page 1, early discovery and early intervention are vitally important and can often mean the difference between “saving an implant and losing an implant”



Overdenture Removal Tool

My patient, Mr. Bill Harristy from Eunice, LA came up with an innovative idea. He was having some slight difficulty with removing his maxillary Locator retained overdenture. He showed up with this idea on Monday morning! He took a set of salad tongs that he purchased at Walmart, disassembled them, took the fork part of the tongs and removed the inner portion. He then bent the two remaining tongs to just the right angle to engage the denture flange, and voila. **“Necessity is the mother of invention”**

Needless to say, this is a great idea, in particular with elderly patients and/or arthritic patients with limited hand strength.

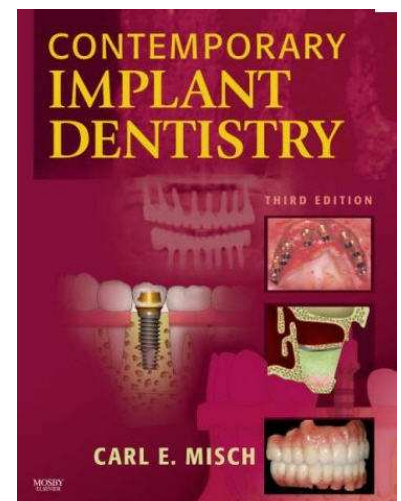


Mandibular Implant Supported Fixed Bridgework—This case involved removal of the remaining mandibular teeth after discussion of many treatment options. Immediate implant placement was done along with placement of a lower immediate fixed provisionals and mandatory soft diet for 2 months. This averted having to put her through the “immediate lower denture scenario” and all that goes along with that avenue.



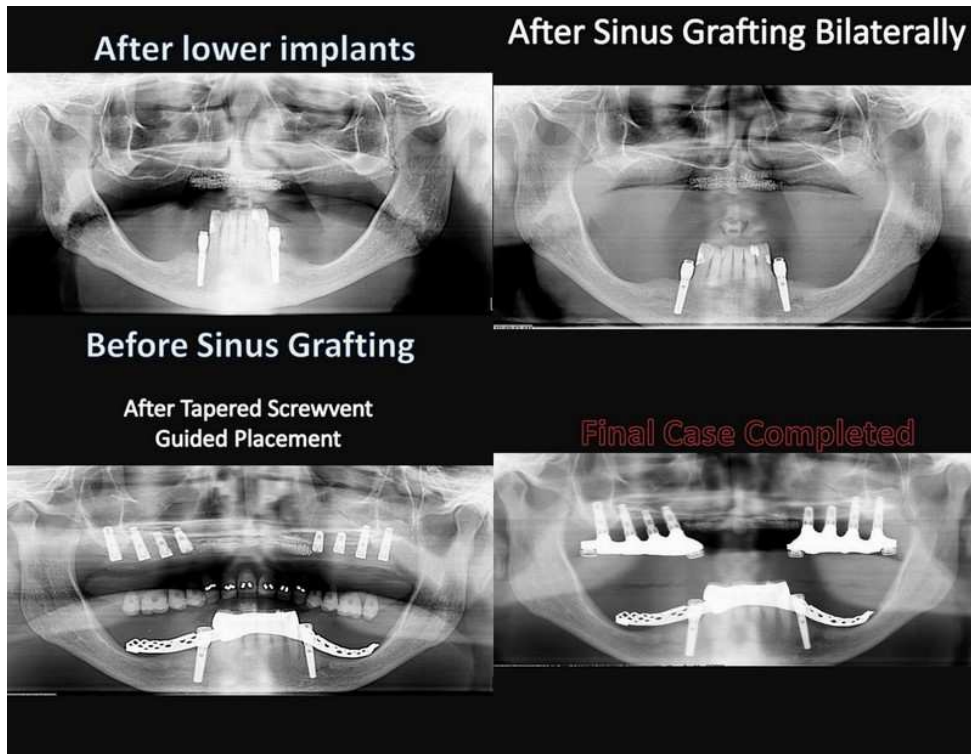
Read any good books lately?

If you want the best reference book on Implant Dentistry, Dr. Carl Misch's "Contemporary Implant Dentistry" is the Holy Bible! You can order this right off of Amazon. Or, you can borrow mine. ☺



Combination Syndrome Case

(a term used to describe the condition that commonly exists when a patient has worn a maxillary denture for many years that is opposed by lower anterior natural teeth) This lady had anterior HA augmentation done in Baton Rouge many years ago which offered very little enhanced retention for her maxillary denture. We saw her initially for implant placement in the lower first bicuspid areas so that she could have a more stable "clasppless" mandibular partial denture. We later discussed and implemented bilateral sinus bone grafting, placement of 8 Tapered Screwvent implants, which were ultimately restored with Locator Bars, and a new maxillary palateless overdenture.



Single Tooth Replacement—Attention to Details

Figure 1



Figure 4



Figure 2



Figure 5



Figure 3



This young lady presented to her dentist with a complaint of a “discolored front tooth”. With a diagnosis of external resorption and a hopeless prognosis, the tooth was removed and the coronal portion was bonded to the adjacent teeth. (Figure 1.) Due to an obvious height discrepancy between #8 (bonded pontic) and #9, at the time of implant insertion, a combination of CT grafting and coronal repositioning was accomplished and a shortened pontic was rebonded back to the adjacent teeth during the osseointegration phase. (Figures 2 and 3.) Subsequently the patient was seen for a fixture level impression so that a custom CAD/CAM zirconium abutment could be fabricated by Atlantis lab. Upon receiving it, it was tried in, some tissue recontouring was accomplished using a Diode laser (Figure 4), the Atlantis abutment was seated at 35 ncm, and a new provisional was fabricated and cemented into place. Final case (Figure 5) Final restoration was done by Dr. Mike Malone and Mike Bellerina, CDT.

Dental Implant Website

I have constructed “*all by myself*” a website so that I could compile a lot of info “in the cloud”. We’ll all be hearing more about working “in the cloud” in the future, particularly due to Google’s aggressive style and progressive innovations. In a nutshell, it simply means having a place to keep all of your data offsite so that it can be accessed from any PC, smartphone, iPad, etc. from anywhere. To access this site, simply type in the link below in your browser:

[Http://drsmithsite.weebly.com](http://drsmithsite.weebly.com)

This site contains the following:

Numerous articles in .pdf format related to dental implantology, soft tissue manipulation, bone grafting, case type examples in Power Point (can be downloaded for patient education purposes), video animations (for patient education), case studies on Periogenix that were done in our office, information on ImagDent (Cat Scan Center here in Lafayette on Coolidge Blvd.) as well as registration for upcoming courses.

[Home](#)
[Case Examples](#)
[Dr. Smith's CV](#)
[CTCB Imaging](#)
[Course Registration/Contact Us](#)
[Nearby Accomodations](#)



Implant Dentistry in Black and White for General Practitioners

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A Master in the Art of Living draws no sharp distinction between his work and his play; his labor and his leisure; his mind and his body; his education and his recreation.

He hardly knows which is which. He simply pursues his vision of excellence through whatever he is doing, and leaves others to determine whether he is working or playing.

To himself, he always appears to be doing both.

— François-René de Chateaubriand

Information: Course Brochure, Websites, Articles

[Course Brochure](#)

[Fusion Website](#) (Background Information, applications, ordering information)

[Dr. Smith and Fugetta's Website](#)

Dr. Smith's Tip

"If I had 9 hours to cut down a tree, I'd spend 8 of those hours sharpening my axe"

—Abraham Lincoln



The first time that I looked at my straight elevators and periosteal elevators with my high powered loupes I was amazed at how "dull and blunt" the working edges of these dental instruments were. Then, when I viewed them under a microscope at 10X I really freaked out!

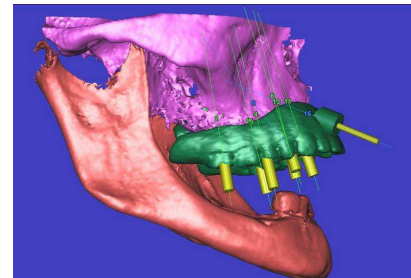
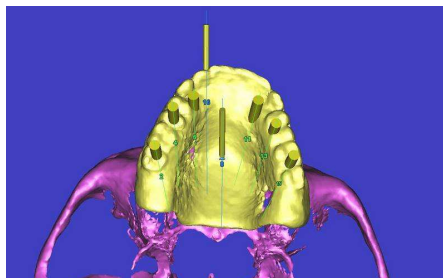
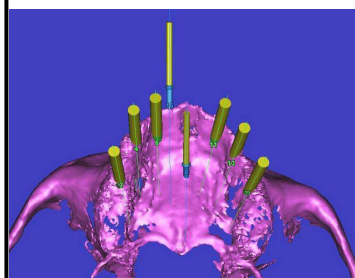
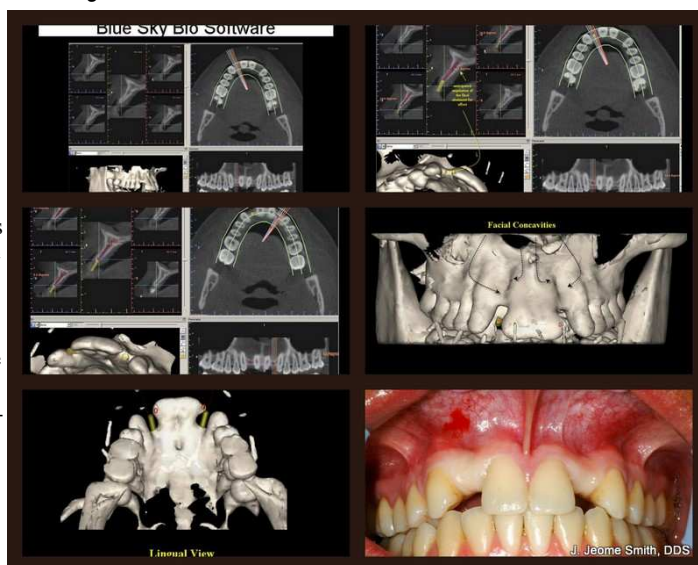
When you consider that you're trying to wedge a straight elevator into the PDL space to elevate a tooth or tooth root, doesn't it make sense to have something that'll fit in that space?! Under 10X magnification these elevators, looked ***more like baseball bats than finely milled surgical instruments***. The solution would be either to toss these out and purchase new ones OR simply sharpen them. Same goes for those periosteal elevators that we're using to gently elevate tissue including periosteum off of alveolar bone.

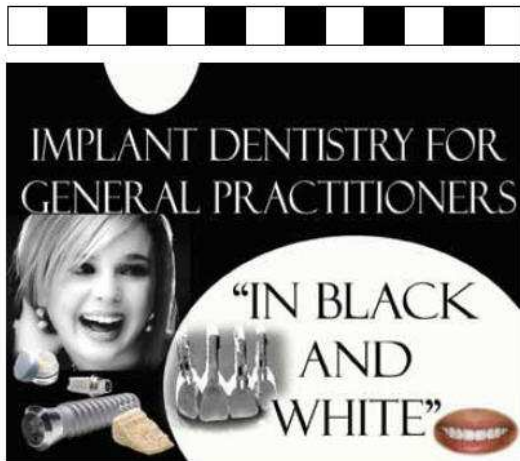
So if you want easier, simpler, quicker extractions and less tissue trauma with decreased post operative edema and pain, sharpen these Instruments up at least every six months. You'll be amazed at the difference that it makes. I use an Arkansas bullet shaped stone with oil on a straight handpiece. Takes less than 60 seconds per instrument.

Cat Scan Cone Beam Imaging—anyone confused?

There is much being said, written and advertised about Cat Scans in dentistry these days. Truthfully, there's much more to it than meets the eye. Having said that, there's no question that this is an indispensable tool in implant dentistry and orthodontia alike. However, there is quite a bit of material, machines, dogma, etc. out there in the 3D world. I'm amazed that when our local group of dentists purchased the iCat Machine which is housed at **ImagDent of Acadiana** on Coolidge Blvd. there were only 3 machines out there on the market. Fast forward only 3 years later and there must be close to 20 of them!

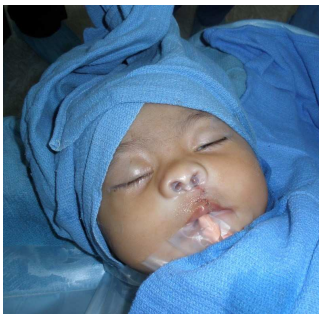
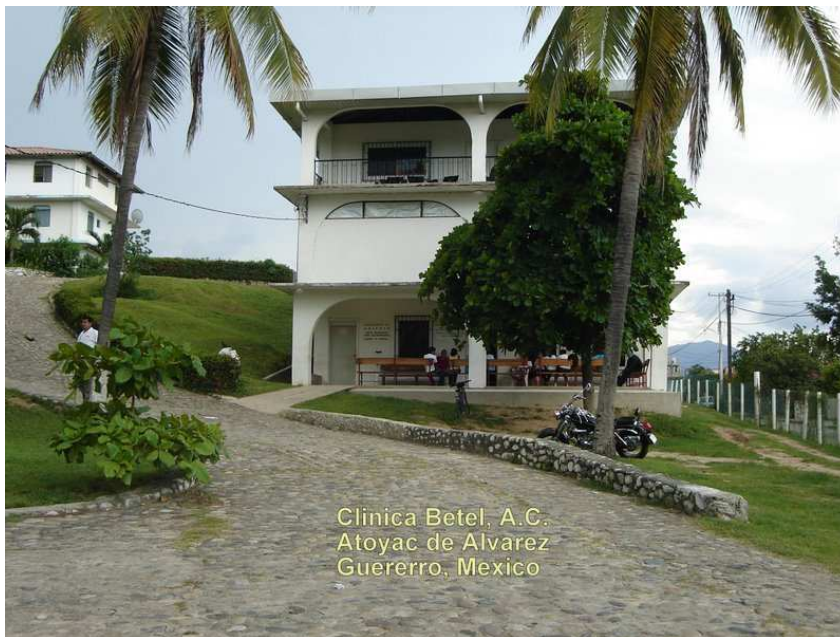
In the near future, I will host a meeting in our upstairs conference room to demonstrate the use of this information in a fashion that is understandable and simplifies this whole new wave of information. All in attendance will receive a **DVD tutorial** so that you'll know what to do if you order a CT from ImagDent and want to know how to manipulate the data in a useful fashion.





As part of an ongoing series, our office has a 2 day course entitled, ***“Implant Dentistry in Black and White”***. Which has been sponsored by Zimmer Dental since 2007. This course is given two times a year in our office. On Friday and Saturday mornings, we do 5 surgeries on each day followed by lecture in the afternoons. We have had over 100 dentists from around the country attend this course and believe it to be a

very informative and “down to earth” continuum for dentists involved with implant treatment on any level. If you are interested in attending any of these in the future, information is included in the enclosed brochure. All proceeds go to our clinic in Atoyac de Alvarez, Mexico (Clinica Betel, A.C.)



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Socket Preservation

If you're interested in adding socket preservation/bone grafting to your armamentaria, Fusion Bone Binder is an excellent binder to help prevent particulate graft from "migrating out of the hole" For more information on this you can go to this site:

[Http://fusionbonebinder.weebly.com](http://fusionbonebinder.weebly.com)

On this website you'll find background information, directions for usage, slide show of case examples as well as ordering information.

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The Art of Compounding for Dentistry



"Doug"

Douglas Boudreaux, P.D. - Owner

Education:

- Graduate of University of Louisiana, Monroe - May 1992
- Butler University - October 1992
- Nuclear Pharmacists Authorized User of Radioactive Material

Special Training:

- Professional Compounding Centers of America Compounding Techniques May 1991 and August 1997
- PCCA Bio-Identical Hormone Replacement Therapy February 2001, 2002 and 2005
- Nuclear Pharmacists Authorized User of Radioactive Material

Place of Birth: Lake Charles, LA
Married to: Jennifer Boudreaux, P.D.
Children: Camille 5, Anthony 7, Grace 4

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"Jennifer"

Jennifer Boudreaux, P.D.

Education:

- Graduate of Northeast Louisiana University, December 1993

Special Training:

- Nutritional Symposium
- Functional Endocrinology
- Bio-Identical Hormone Replacement Therapy
- Compounding Instruction

Place of Birth: Baton Rouge, LA
Married to: Douglas Boudreaux, P.D.

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Our compounding pharmacy has assisted Dentists for a number of years in providing customized solutions for patients that simply don't exist on the shelves of conventional pharmacies nor in the catalogs of dental suppliers. With compounds such as **TAC Alternative Gel**

for "the ultimate topical anesthetic" for painless injections, **Betamethasone** rinse for mucositis, **Negatan** for aphthous ulcers, **Ketoflex Gel** for TMD patients, **Cotton Mouth Lollipops** (Pilocarpine) for Xerostomia relief.

Our most recent addition, **Fusion**, "the bone grafting binder" for more predictable intraoral bone grafting. From socket preservation for future implant placement of maintenance of the edentulous ridge for proper pontic form, to grafting following apical surgery and/or removal of bony cysts, to onlay grafting. Fusion solves the age old problem of "managing the particulate grafting particles" so that they "stay put" to assure osseous regeneration. In addition, Fusion offers the benefit for the practitioner to use his or her grafting material of choice at a tremendous cost savings over commercially available.