

to fill in the gaps and properly educate patients

about their treatment options.

## Townie Review: Implants

It is up to us as healthcare practitioners to fill in the gaps and properly educate patients about their treatment options.

#### **Educating Your Patients**

When it comes to treatment options in dentistry, patient information is even more sparse and perhaps more inconsistent. As a result, most patients routinely make ill-informed decisions with regard to their oral healthcare simply because, well, they don't know any better.

Personally, I had such terrible experiences in the dental chair as an adolescent, I thought one day I'd go the route of dentures and just get it over with. I mean, what could be worse that sitting in that smelly little dental operatory while my dentist ground away on what felt like to me, perfectly normal teeth. Then, he filled them with what looked like gray metal, resulting in having to microwave ice cream so I wouldn't go into orbit when it contacted the grayish alloy.

Fortunately, I wound up in dental school and was amazed at what dentistry could do for people, including myself. Although I have no missing teeth, I do have my fair share of root canals and crowns on posterior teeth. Now as a patient, if I were to lose one of my back or front teeth, there is absolutely no question in my mind the best replacement would be a single-root-form implant/crown over a three-unit bridge—period. Then again, I have spent four years in dental school and another 23 years chairside performing dental procedures, listening to patient comments on various degrees of satisfaction with treatment outcomes, and have had the opportunity to view long-term outcomes of various procedures I have performed.

Restoring function to optimal levels would seem to be any dentist's goal for the patients who come in needing our help. Oftentimes, haunting questions cruise through our minds: "Will they take care of it"; "Can they afford it"; "Can I provide the level of care the patient desires"; "What if problems ensue"; "Can I adequately troubleshoot and solve these related problems to the patient's level of satisfaction"; "What if it doesn't work"?

Getting past these questions can seem a daunting task. Being adequately prepared as a practitioner includes plenty of prosthetic and surgical training. Belonging to one or more of the professional implant organizations, such as the American Academy of Implant Dentistry or the International Congress of Oral Implantologists, is a great way to boost your progress as an implant dentist as well. I believe interaction with other dentists who perform these procedures, especially those who have been at it awhile, is very valuable.

Finding a mentor in these organizations to go to for advice isn't just a good idea, it's a must. While we hopefully learn a lot from our own experiences, we certainly can learn quite a bit from those who have gone before us as pioneers in this very exciting field in modern dental care. Being upfront, honest, caring and "knowing your own limitations" helps with all of this as well.

Most patients don't know squat about dental Implantology, including those who have previously worked in dental offices. There are so many misconceptions about implants, both good and bad, it is imperative we all seek to address this in a timely and methodical fashion. Patients need to fully understand the benefits and risks of this revolutionary process for replacing teeth, but also be confident in their final decisions to proceed with our recommendations. Through the use of programs like CAESY; testimonies from other patients; and showing example cases of single, multiple and full-arch implant restorations; we can show patients "what's on the menu" regardless of the simplicity or complexity of the case. Moreover, patients who have seen the true realities of their case in graphic detail are freed from their unrealistic expectations.

Moreover, full disclosure about implants and instilling confidence in patients about their decisions minimizes buyer's remorse, broken appointments, and misunderstandings when complications do arise—as they inevitably will (as with all types of dental care).

Patients are empowered when they feel they have made a sound intellectual decision. In return for that feeling of empowerment, they place more value and trust in your treatment plan.



An example of CAESY Education Systems' patient education presentation on implants

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#### **Presenting the Treatment Plan Menu**

Presentation of the treatment plan menu is vitally important. Let's take a look at how different restaurants present their menu. Now, I honestly don't particularly care for the waiter in a local restaurant who has to describe each entree in miniscule detail. It usually goes something like this: "Hello, my name is Todd, I'll be your waiter." I usually spontaneously reply, "Hello Todd, I'm Jerome, I'll be your customer." Then Todd retorts, "The special today is lamb. It was lightly tenderized by the chef, seasoned with natural herbs from the Galapagos islands, and grilled on an open flame with natural woods from the rainforest; giving it a natural smokey flavor. It is then topped with miniature fruit pears and baby clams. All of this is surrounded by various greens..." yadda, yadda, yadda. To that I reply, "Why thank you Todd, I'll take the t-bone medium rare with the fried onion rings...and some hot sauce" (must be the Southern in me).

To continue our restaurant example, look at Denny's. Denny's doesn't need a guy like Todd, Denny's has the menu with those oversaturated gorgeous digital photographs of pecan waffles glistening butter and dripping maple syrup. It's like a stoplight screaming at your subconscious, "Stop browsing through the menu and order this you indecisive hominid". I'll bet even Todd would find it hard to resist.

My point is simply this: drop the long, drawn out, you-need-a-doctorate-in-dentistry verbal explanations and use visual illustrations of treatment options—for each case. Make sure you have a complete library of before and after cases in order to do so.

I would recommend using your own photography of cases, provided that they are appropriate; i.e. no blood, no puffy gums, no nostril hairs, etc. If that is not an option, I would purchase the *Illustrated Guide to Understanding Dental Implants*. It's a fantastic, patient-friendly textbook with full color illustrations done by prosthodontist, Scott Ganz. This book can be purchased through Salvin Dental Specialties at 1-800-535-6566 or online at www.salvin.com. I've used this book in my own practice for many years and it continues to be invaluable in helping staff explain treatment to patients, including: what immediate implant placement, sinus lift grafting, fixed detachable implant borne restorations verses removable implant borne restorations and so on.

Salvin Dental Specialties also offers *As Good As New, A Consumer's Guide To Dental Implants* by Dr. Charles Babbush, an oral surgeon who has been involved in implant dentistry on a large scale for decades now. This is a 200-page book with more than 150 illustrations is a must read for patients with dental challenges as well as dentists who are interested in implant dentistry. His emphasis is on "improved quality of life for patients" and describes the entire

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implant process in easy-to-understand language along with testimonials. In addition, Salvin dental has implant models for all types of cases that are reasonably priced. This company, which is endorsed and used by many of the big names in implant dentistry, has "everything for your implant practice but the implants". It's like the Wal-Mart of implant dentistry with everything from torque wrenches to bone morselizers.

#### **Cost Saving Ideas**

Implant dentistry is here to stay. Its popularity is growing exponentially as the word is spreading into the patient population. Competition between companies in the implant industry is fierce and heating up steadily. Not only do we now have more treatment options than ever, especially with the advent of the mini-implants, we are also seeing an outbreak of more and more "clone companies" than ever.

In a day and age where healthcare costs are skyrocketing and costs of providing dental care continues to be of concern to all of us, utilizing alternative implant delivery systems, with respect to cost savings for our patients and thus being able to offer this vital service to the masses rather than to just the upper class, is a venue worth looking into. However, proceed with caution as you would the purchase of any dental treatment modality.

Another consideration in cost savings is individual efficiency levels in offering these services. When one applies the "time savings/time wasting" concepts, such as those taught by Scott Perkins, DDS of Houston, Texas, it doesn't take very long to realize it isn't just singleunit crowns and molar endodontics that need to be reviewed for wasted time and motion. When these concepts are applied to implant dentistry, we can easily unearth and see vividly that this discipline is perhaps more saddled with time and cost wasters than any other discipline in dentistry.

For instance, for the replacement of a single-molar tooth, implant "system A" requires 13 different screws, analogs, transfers, etc. When you add up the costs for all of the components used in "system A" and include the extra laboratory fees (imposed by the lab for having to deal with this), it makes the bottom-line total very high. Thus, the final crown fee has to be high, with perhaps a not so wonderful profit

Then, if we look at a "system B", where the implant mount comes with the implant and can be used not only as an implant transfer, but also as a prepped abutment. All of a sudden, a moderatelypriced implant becomes a bargain when compared to the status quo. No cost for the abutment or the transfer, and the mount is prepped in the lab to resemble a prepped tooth. Upon insertion into the implant body, a conventional crown and bridge impression is taken and this "die" is treated just like a natural tooth; therefore, there should be NO additional laboratory fees.

I know of one dentist who boasts a \$10,000 fee for a set of custom dentures. By utilizing mini-implants in both arches (four per arch) on a proper candidate, we can offer stable implant retained custom dentures for both arches for approximately \$8,000. That's 20 percent less than the fee offered for traditional dentures. I would argue the patients who received implant-retained dentures received a superior service because of the mere fact that the dentures are implant borne and therefore stable and secure.

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## **Hey Doc**

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If we can just follow basic established esthetic principals, these dentures can be considered in the same class as those seen on the television show Extreme Makeover. In addition, with the use of miniimplants we have the option to utilize the patient's existing denture, when indicated, and this can be a huge relief to the patient as well as the treating dentist, especially if the patient already has a lower denture that is well fitting and comfortable for them. Cost can be contained because when it is time for a replacement we can use a Lang Duplicator to duplicate the existing denture. A final impression and bite can then be recorded and the fabrication of the new metal-base reinforced prosthesis is very simple to accomplish. With these tools available, the cost can also be contained as well.

#### Conclusion

These are exciting times in dentistry and through the elevation of patient awareness, full disclosure of the treatment plan and cost containment we can create a win-win situation for those patients who seek care in our offices.



"Illustrated Guide to Understanding Dental Implants" By Scott Ganz Cost: \$65 (Spanish version available)

As Good As New, A Cosumer's Guide To Dental Implants By Dr. Charles Babbush Cost: \$19.95



Ordering Information: Salvin Dental at 1-800-535-6566 or online at www.salvin.com

J. Jerome Smith, DDS is a native of Lafayette, Louisiana and did his undergraduate studies at the University of Southwestern Louisiana. He graduated from LSU School of Dentistry in 1980.

Dr. Smith has worked in conjunction with over 60 general dentists and other specialists throughout the state of Louisiana in providing implant dental care for their patients as well as teaching these concepts to practitioners for the past 18 years. He has conducted numerous lectures and published several articles on various subjects in Dental Implantology and Digital Imaging/Dental Office Computerization and Networking throughout the US and Mexico.

Dr. Smith is a diplomate of the International Congress of Oral Implantologists and a fellow of the Pierre Fauchard Academy. He is also an active member of The American College of Oral Implantologists, The American Society of Osseointegration and several other dental association and organizations. Dr. Smith also is an adjunct clinical professor in the Dept. of General Dentistry at the LSU School of Dentistry. Dr. Smith can be contacted via e-mail at jerome@jeromesmithdds.com or phone at 337.235.1523.