



The International Congress of Oral Implantologists is hosting its annual Winter Symposium from Feb. 16–18 in San Diego. Photo/www.sxc.hu

ICOI goes 'Back to the Future' for annual Winter Symposium

The International Congress of Oral Implantologists (ICOI) will educate attendees at its 2012 Winter Symposium with a symposium in San Diego, Calif. The venue for this symposium will be the new Hilton Bay Front Hotel. The dates for the meeting are Feb. 16-18.

ICOI's winter symposium, "Back to the Future of Implantology 2012 and Beyond," has been designed by Program Chairman Dr. Dennis Smiler. As described in his mission statement: "This unrivaled, interactive course will provide you with the knowledge and understanding of the integrated surgical and prosthetic requirement for implant success.

"Whether you are looking to develop a strong implant practice or want to refine your skills and expand your existing implant practice, you will benefit from this

comprehensive course.

"Emphasis has been placed on advanced implant placement and in-office bone graft surgical procedures. The core curriculum is clinically focused on the latest research and clinical science to provide the participant with an understanding of the rationale and scientific basis for implant and bone-graft success."

Main podium speakers include the following clinicians: Drs. William Dapper, Abdelsalam El Askary, Rick Ferguson, Yvan Fortin, Michele Jacotti, Sonya Leizi, Henriette Lerner, Burt Melton, Carl Misch, Hari S. Prasad, Devorah Schwartz, Nicholas Shubin, Dennis Smiler, Yukihito Takagi, Ilser Turkyilmaz, Natalie Wong, Hoda Yousef and Andre Zetola as well as Jeffery Carlson and Renzo Casellini.

The focused lectures will deal with the areas of solving surgical challenges for bone-graft success; solving prosthetic challenges of the implant-supported restoration; applying new key concepts of bone graft and implant design; mastering concepts that continue to work; and, finally, mastering concepts of esthetic implant restoration.

Whether your practice is focused on surgical or prosthetic disciplines, this program has something for you.

A full range of sponsored workshops will be conducted on the Thursday morning (8 a.m. to noon) prior to the commencement of the general session.

Drs. Joel Berger and Ian Aires will hold a session on "The Use of 3-D Stereolithographic

JOI study: Surgery protocol for heart patients shows positive results

Cardiac patients who take anticoagulant medications and need a tooth extraction face an increased risk of bleeding that must be addressed by the treating clinician. Therefore, a protocol for heart patients is needed that will avoid significant bleeding after dental extractions without suspending anti-coagulant therapy.

A study reported in a recent issue of the Journal of Oral Implantology evaluated the use of leukocyte- and platelet-rich fibrin biomaterial. This material is commonly used in dentistry to improve healing and tissue regeneration. It was tested as a safe filling and hemostatic material after dental extractions in 50 heart patients undergoing oral anticoagulant therapy.

These heart patients had mechanical valve substitutions and then were placed on anticoagulant oral therapy with warfarin. It is not recommended that the anticoagulant be suspended and replaced with heparin before a minor surgery, although this substitution may control the risk of bleeding.

One method of controlling bleeding without suspending the anticoagulant is the use of platelet-rich plasma gel placed in post-extraction tooth sockets. Although this protocol has been successful, there are barriers to its daily use. The platelet concentrates are expensive and take a long time to prepare.

Platelet-rich fibrin offers an alternative biomaterial that is simple and inexpensive to prepare. Blood is collected in tubes without anticoagulant and centrifuged. It divides into three layers, creating a strong platelet-rich fibrin clot in the middle layer. Platelet-rich fibrin has proved useful in daily dental practice as filling material for regeneration in order to place implants.

In this study, 50 heart patients following an anticoagulant therapy were treated with leukocyte- and platelet-rich fibrin clots placed into post-extraction sockets. Complications of bleeding were reported in only two patients, and 10 had mild bleeding.

Full text of the article, "Prevention of Hemorrhagic Complications After Dental Extractions Into Open Heart Surgery Patients Under Anticoagulant Therapy: The Use of Leukocyte- and Platelet-Rich Fibrin," Journal of Oral Implantology, Vol. 37, No. 6, 2011, is available at www.joionline.org/

(Source: Journal of Oral Implantology)

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Models in Implant Planning and Fabrication of Surgical Guides and Bone Reduction Guides" as sponsored by Nobel Biocare.

Dr. Robert Horowitz will explain "Simplified Extraction Socket Augmentation and Immediate Socket Implants in the Aesthetic Zone" (lecture and hands-on), sponsored by MIS.

Drs. Jin Kim, Sang H. Park, Brody Trejos, Tony Vo, Edward Choi and Hyung Ick Kim will present a full program on "Ad-

vanced Surgical Techniques in Soft- and Hard-Tissue Manipulation." This course is sponsored by Dentis.

Dr. Hisham Nasr and MegaGen will discuss "The Any Ridge Implant System" (lecture and hands-on).

Dr. Ara Nazarian and his sponsor, OCO Biomedical, will focus on "Clinical Tips for Incorporating Grafting Short-Implants and Over-Dentures into Your Practice."

Dr. Hom-Lay Wang's hands-on workshop will deal with "Socket Augmentation for Minimizing Buccal Bone Resorp-

tion and Improving Implant Esthetics." This course is brought to you by Osteogenics Biomedical.

Dr. Carl E. Misch and the Misch International Implant Institute will cover "Esthetics Maxillary Anterior Implants."

Additionally, the Association of Dental Implant Auxiliaries, a component of ICOI, will hold a 2½-day program in tandem with the doctors' program. All staff members are encouraged to attend.

For more information on the Winter Symposium in San Diego, visit ICOI's web site, www.icoi.org.

Times of crisis bring new plans for craniofacial medical care

Medical care for cleft lip or palate is typically offered in stages, with carefully timed surgeries and long-term comprehensive care provided by a team of professionals. When a crisis occurs, such as a natural disaster or political unrest, this standard of care is disrupted. There is a need to establish standards for continuing care for children with craniofacial anomalies during times of upheaval.

Several articles in the November 2011 issue of Cleft Palate–Craniofacial Journal address issues surrounding this topic. One article centers on craniofacial care in locations where disaster and unrest have created difficult conditions. Another addresses an emerging trend of a higher incidence of craniofacial anomalies after a disaster. A third article suggests that guidance is needed for domestic and global crisis relief programs.

When Hurricane Katrina struck New Orleans, in 2005, Children's Hospital housed one of the two craniofacial teams in the city. Lessons learned during the hurricane's aftermath have led to new policies for the hospital. When evacuating its facility became necessary, the hospital set up a temporary location at a Baton Rouge, clinic 80 miles away and a satellite clinic in Lafayette, La., two hours away. The hospital has continued to work with these locations as satellite sites in case future evacuations are required.

Communications with patients were found to be lacking after Hurricane Katrina. Hospital staff were unable to contact many patients' families to inform them when and where they could expect medical care for craniofacial anomalies.

Before this disruption, the mail had served as the primary means of communication. Now mobile phone numbers and e-mail addresses are collected as part of routine patient information.

Researchers report in another article that the number of new cleft cases showed an increase in greater New Orleans about nine months after Hurricane Katrina. This study found that the increase, particularly among African-Americans, could be attributed to higher levels of teratogenic agents or elevated stress levels following the hurricane.

Hurricane Katrina and other catastrophic events in recent years have shown a need for guidance in crisis relief programs. No such standards currently exist for cleft and craniofacial care. As presen-



Photo/Provided by www.stivesrotary.org

ted in another article in this issue, principles set forth by the American Cleft Palate–Craniofacial Association may provide precisely such guidance.

The authors recommend using this document as a template for international clinical care programs. This would provide standards for examining the conduct of relief programs and ensuring that medical teams are effective, ethical and culturally sensitive.

Full text of "Flood, Disaster, and Turmoil: Social Issues in Cleft and Craniofacial Care and Crisis Relief," and other articles in this issue of Cleft Palate–Craniofacial Journal, Vol. 48, No. 6, November 2011, published by Allen Press, are available at [http://](http://cpcj.allenpress.com/cpcjonline)

cpcj.allenpress.com/cpcjonline.

About Cleft Palate–Craniofacial Journal

The official publication of the American Cleft Palate–Craniofacial Association (ACPA), the Cleft Palate–Craniofacial Journal is a bimonthly international, interdisciplinary journal on craniofacial anomalies.

The journal explores and reports on the study and treatment, including experimental and proven surgical procedures, of cleft lip/palate and craniofacial anomalies. It also keeps readers in touch with the latest research in related laboratory sciences. To learn more about the society, visit www.acpa-cpf.org.

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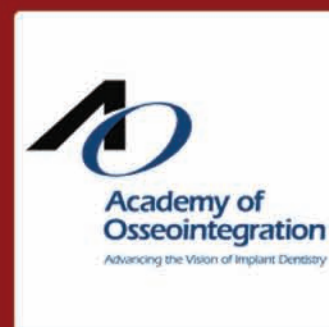
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Trinon Collegium Practicum: practical implantology courses for clinicians

Continuing education in dental implantology has traditionally focused on theoretical aspects. However, since 2003, the Trinon Collegium Practicum has organized practice-orientated dental implantology courses based on the model of surgeon training in European hospitals, enabling dentists to have a firmer grasp of implantology.

Entering implantology can be difficult for dentists to achieve successfully. It is not a subject of university education, and with international universities and courses being focused largely on theoretical orientation, it proves a time-consuming endeavor. Furthermore, in international education and training programs, the dentists almost never work on patients or might work on phantom cases, classified as hands-on.

This, according to Prof. Rainer Valentin, board member of the German Society for Dental Implantology (DGZI), led to education in implantology placing an increasing emphasis on theoretical training, which then results in a neglect of practical experience and, most importantly, the proof thereof.

This phenomenon is repeated globally and results in dentists often lacking in confidence and developing a fear of complicated cases, which essentially leads to long pauses between individual implants and a limited learning curve.

Learning by doing

The Q-Implant Marathon is one reaction to this situation in the continuous-education sector. Started in 2003 in Cuba, and since conducted more than 70 times in four countries worldwide, the course is designed to be purely hands-on with a real patient experience under strict supervision from international surgeons and university hospitals. Participants with a strong theoretical foundation in implantology spend five days assisting in and performing surgery, placing approximately 30 implants within this short period.

"One only is confident doing what one knows," said Dr. Harald Glas from Vienna, summarizing the positive effect of practical education. During the Q-Implant Marathon, Glas worked with international peers and supervisors on several cases a day. Every case is discussed beforehand with the supervising tutor and assisting surgeon; furthermore, even during the surgery, questions about surgical treatments are addressed.

Patients are prepared and followed-up by the resident team of the university hospital and, in most cases, are immediately provided with long-term temporary restorations so participants can see the result of the treatment and complete their photographic documentation.

The phased approach of the Q-Implant Marathon, which accounts for 45 dental CME points, divides participants in three levels: Beginner, Advanced I and Advanced II.

This gives dental practitioners an opportunity to learn the relevant practical



The Q-Implant Marathon team with participants in Santo Domingo. Photos/Provided by Trinon Collegium Practicum

knowledge they require at their home clinics.

Beginners' courses are working on basic implant cases whereas surgeons with considerable experience can venture into more complicated cases with the knowledge and safety of having a supervisor to discuss the case and assist during surgery.

The concept of hands-on courses has been influenced by surgeon training in European hospitals where emphasis on practical surgical training of young doctors is at the center from day one. The experienced surgeon guides the hand of the assistant physician and gives him the feeling for working on patients while in a safe and controlled environment.

"Learning by doing is the most successful way to gain experience in implantology and that is why we do it that way," said Dr. Alfredo Valencia, the scientific director of the Q-Implant Marathon program.

A focus on the United States

Today, the concept has been rolled out throughout three permanent locations worldwide with one in Dominican Republic and two courses in Asia. In the last eight years, the Trinon Collegium Practicum has seen more than 2,000 dentists participate in the Q-Implant Marathon with more than 12,000 patients treated and more than 30,000 implants placed.

The decision to conduct these hands-on courses in Dominican Republic stems

from the rising number of dental implantologists in the United States and its surrounding regions, a growing number of patients demanding a high level of care and the overall lack of practice-orientated courses in close proximity to American dentists. The course in Dominican Republic is based in Santo Domingo and has been conducted more than 26 times. This course collaborates with private clinics, where the clinic equipment is comparable to U.S. standards; similarly, the infrastructure is more or less comparable to the situation in the United States. All of the Trinon Collegium Practicum courses have ensured that conditions under which surgeons work have appropriate standards including surgical equipment, professional tooth scaling for patients, digital X-ray equipment and modern dental treatment chairs.

The head instructor for the Q-Implant Marathon in Santo Domingo is Valencia, who studied human medicine at the Oviedo University in Spain and specialized in stomatology, oral-maxillofacial surgery and implantology over the years. Valencia is supported by a team of assisting tutors, whom he personally recruited. Most of these tutors have learned implantology from him.

"So I know them well and it is easy for me to work with them," Valencia said.

The atmosphere is harmonious: even after 12 hours in the surgery room, the groups still like to meet for an evening meal. Cour-



Q-Implant Marathon participants in Santo Domingo working in a team.

ses in Santo Domingo have developed even further over time with regard to patient care and technical aspects of surgery. One of the most important improvements has been patient selection. The local team is now able to assign patients to suit the ability and the needs of participants.

Contact information

The Q-Implant Marathon is conducted six to eight times a year in the Dominican Republic and Asia. To find out more about the Q-Implant Marathon, contact: Optimum Solution Group, Mac Kubiak, call (877) 705-1002, e-mail info@optimumsolutiongroup.com or see www.implantologycourses.com



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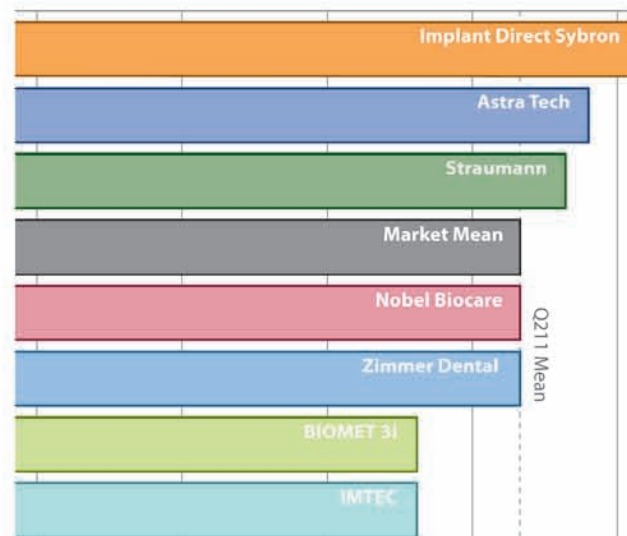
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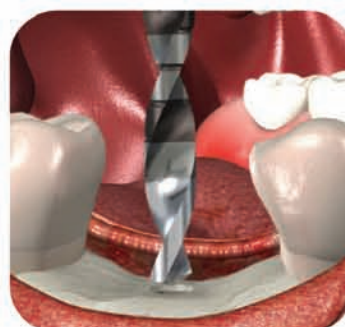
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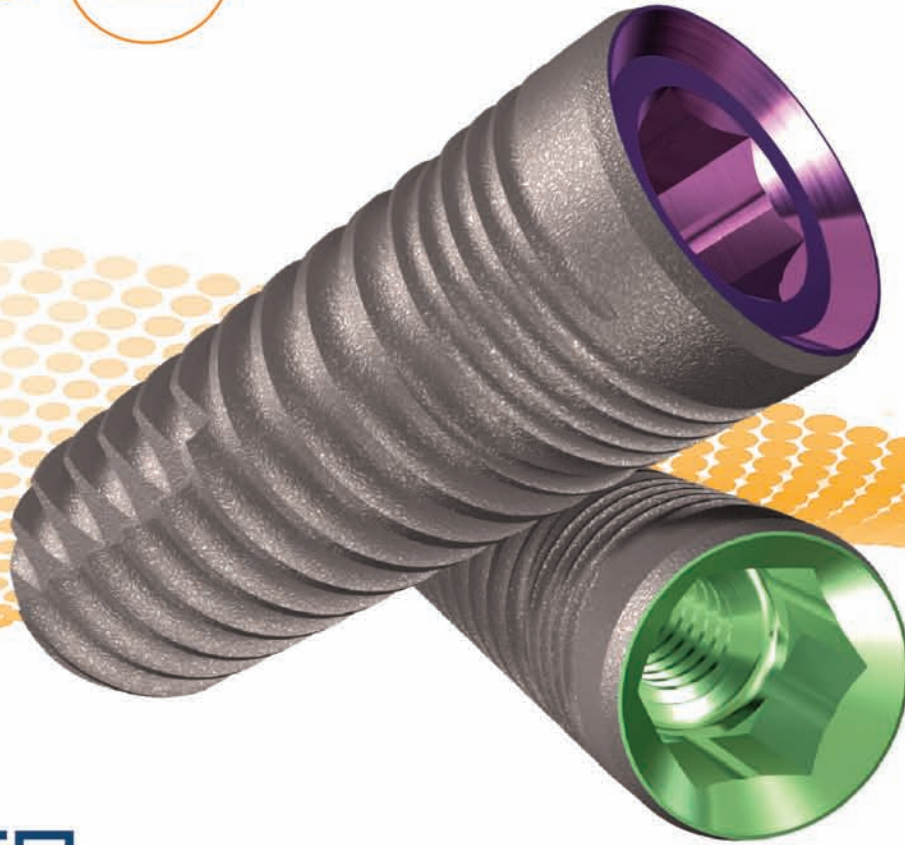
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