

IMPLANT TRIBUNE

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Annual session aims to help in attendees 'Meeting the Challenge'

By Sierra Rendon, Managing Editor

The American Association of Oral and Maxillofacial Surgeons 97th Annual Meeting will take place Sept. 28-Oct. 3 in the nation's capital.

The Washington, D.C., event has the theme of "Meeting the Challenge: Innovative Care of the Surgical Patient," and event organizers say after attending, participants should be able to discuss and apply innovative care of the surgical patient based on evidence-based medicine; provide open communications with the surgical team to improve care within OMS guidelines; and identify and address challenges of the surgical patient.

General meeting registration grants admission to three full-day clinical module programs; symposia; the Keynote Lecture; oral abstract and poster sessions; open forums; CIG programs; and the exhibit hall.

Speakers at this year's annual meeting include Drs. Andrew R. Salama, Daniel Oreadi, Jack A. Buhrow, Michael J. Guntson, Louis G. Mercuri, Craig M. Misch, Stuart E. Lieblich, Michael A. Pikos, Peter K. Moy, Derek M. Steinbacher and many more.



The AAOMS 97th Annual Meeting will take place Sept. 28–Oct. 3 at the Walter E. Washington Convention Center in Washington, D.C.

Photo/www.freeimages.com

Clinical modules

Three full-day clinical module programs will focus on a different topic each day. The "Dental Implant" module will take place on Thursday, Oct. 1, the "Dentoalveolar" module on Friday, Oct. 2, and the "Anesthesia" module on Saturday, Oct. 3. Each of these module programs will begin with a large audience plenary session, followed by a number of smaller break-

out sessions as the morning progresses. After lunch, the "Dental Implant" and "Dentoalveolar" sessions will include oral abstracts and "How I Do It" clinical presentations. The "Anesthesia" afternoon session will include a review of OMSNIC closed case files. Tickets are not required for these three clinical module programs. Space will be available on a first-come, first-served basis. Please indicate your

intention to attend on your meeting registration form.

Clinical courses

Each clinical course has been designated as one of the following course types: case study, innovative techniques, point/counterpoint, refresher course or

► See AAOMS, page B2

AO announces call for applications for 2016-2017 Osseointegration Foundation Research Grants

By AO Staff

Dental professionals pursuing groundbreaking dental implant research may be eligible for as much as \$30,000 in research grants. The Academy of Osseointegration (AO) announced it is currently accepting applications for the 2016-2017 Osseointegration Foundation Research Grants.

Applications that address areas of research to enhance the public acceptance of implants are encouraged. The submission deadline is Nov. 30 and applications can be downloaded at the AO website: www.osseo.org.

"These grants are a tangible way to support researchers who share the academy's commitment to being on the leading edge of evidence-based dentistry,"

said Osseointegration Foundation President Mollie Winston, DDS.

First-place grants of up to \$30,000 each will be awarded to research teams in the categories of Basic Science, which is research to advance implant knowledge that does not include human subjects, and Applied Science, which is research to advance clinical implant dentistry that does include human subject(s). Additional awards of up to \$15,000 each will be given to the second-place recipients in the same categories.

To qualify, research grant proposals must be submitted by an AO member, faculty member or student who conducts research in any academic dental institution; at least one person on the research team must be an AO member. First place grant recipients are required to present their results at the 2017 AO Annual Meeting, as well as to submit a research manu-

script to The International Journal of Oral and Maxillofacial Implants no later than December 31, 2017.

2015-2016 award recipients

The 2015-2016 AO/Osseointegration Foundation research grant recipients are listed below. First place recipients will present their findings at AO's 31st Annual Meeting to be held Feb. 17-20 in San Diego.

Basic Science

• *First Place, \$30,000*: "MicroRNA Expression and Their Role During Osteoblast Differentiation on Nanoscale Titanium Surfaces," by Gustavo Mendonca, DDS, MS, PhD, University of Michigan

• *Second Place, \$15,000*: "Mimic the Natural Bone Regeneration by Using Three-dimensional Co-culture of Adipose-Derived Macro Spheroids with Monocytes" by Hidemi Nakata, DDS, PhD, To-

kyo Medical And Dental University

Applied Science

• *First Place, \$30,000*: "Adhesion, Proliferation and Osteogenic Differentiation Potential of Gingival Mesenchymal Stem Cells Over Failed Implants" by Julio Carrion, DMD, PhD, Stony Brook University

• *Second Place, \$15,000*: "3D Printing Cell-Sheet Technology: Development of Patient-Specific In Vitro Assessment Tools for Evaluation of Implant Surface" by Hyumin Choi, BDS, Yonsei University

About the Osseointegration Foundation

The Osseointegration Foundation is the philanthropic arm of the AO and is chartered to develop and provide financial support for the art and science of osseointegration. Grants are awarded annually for research as well as patient treatment.

#AskAO: How do I improve guided surgery outcomes?

Recent AO webinar offers Dr. Jaime Lozada's down-to-earth tools to minimize complications

By AO Staff

Guided surgery for implant placement provides great benefits for clinicians but can also create complications. Because of this dichotomy, some dentists shy away from its use. As part of the new webinar series for the Academy of Osseointegration (AO), Dr. Jaime Lozada presented the advantages and disadvantages of guided surgery. He also shared how to minimize some of the common complications associated it.

The webinar was titled "Guided Surgery: Heaven or Hell?" but Lozada explained that it's actually neither of those.

"It truly is a down-to-earth tool that we use in implant dentistry," he said, emphasizing that guides do not replace insufficient level of training. "We need to use adequate clinical judgment and be well trained with our surgical and prosthodontics skills to execute some of these procedures."

The AO chose Lozada to present on the topic as he is instrumental in the training of residents and fellows in the latest techniques of oral implant surgery and prosthodontics. He is a professor at Loma Linda School of Dentistry, as well as the director of graduate programs, restorative dentistry and oral implant dentistry there.

Guided surgery has a 16-year history, which yielded significant literature in the process. Lozada presented the consensus on the advantages and disadvantages of the treatment procedure, including:

Advantages of guided surgery (Heaven):

- Reduction of surgical errors
- Accurate implant placement
- Less invasive and less pain for patients
- Improved treatment time efficiency
- Simplified prosthodontics rehabilitation

Disadvantages of guided surgery (Hell):

- Increased treatment time preparation
- Increased surgical errors



Dr. Jaime Lozada, whose webinar, 'Guided Surgery: Heaven or Hell?', offers a consensus on the advantages and disadvantages of the treatment procedure.

- Some inaccuracies during implant placement
- Increased cost
- Not easier than conventional implant placement

Lozada also discussed the conclusions of a systematic review of the literature on guided surgery. The conclusions revealed there is no difference to implant survival rate between conventional and guided implant treatments. The systematic review also showed guided surgery cannot be considered easier than conventional surgery and there were some common complications.

"If we are able to deliver a very strong provisional rate, now we are going to minimize the very high complication rate that has been described in the literature," he said.

Lozada recommended the following considerations to minimize the disadvantages or the "Hell" side of guided surgery.

- Consider minor soft tissues reflection to minimize the damage and improve the bone support around the dental implant
- Correct within the guide as needed if you feel the implant isn't going in the right position (most of the newer guides allow for this type of correction)
- Use preprocessed acrylic monoblock for digital dentures to minimize the com-

plications

- Avoid definitive restorations at placement
- Ensure the provisional restorations provide soft-tissue support

Lozada emphasized that the treatment has merit and in the right hands it can be a great solution for today's clinicians placing implants for their patients.

Members of the AO can download the webinar for free. Simply use your member login to the AO website and select the webinar to download to your device. Non-members may access it for a \$50 fee. AO is an ADA CERP Recognized Provider and designates the completion of this webinar activity for one-hour continuing education credit.

About the Academy of Osseointegration

With 6,000 members in 70 countries around the world, the AO is recognized as the premier international association for professionals interested in implant dentistry. AO serves as a nexus where specialists and generalists can come together to evaluate emerging research, technology, and techniques; share best information; and coordinate optimal patient care using timely, evidence-based science and methods.

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hands-on. Tickets are required for these clinical courses. Attendance for clinical courses is limited and is determined on a first-registered, first-served basis, with AAOMS fellows/members given first priority. When registering for these courses, select your choice in order of preference as indicated on the registration form.

Scientific poster sessions

Posters will be available online and on-site during the meeting. Poster topics include anesthesia, infection, dental implants, nerve repair, OSA, orthognathic surgery, pathology, TMJ, trauma, dentoalveolar, cleft and craniofacial surgery, cosmetic maxillofacial surgery and medicine. Continuing education credit is not offered for these sessions. Tickets are not required for the poster sessions.

Oral abstract sessions

Oral abstract sessions will be presented on Friday, Oct. 2. Each session will begin with a relevant presentation by an expert in the field, followed by oral abstract presentations. Tickets are not required for the oral abstract sessions.

For more information about the AAOMS annual meeting or to register and obtain hotel and travel information, visit www.aaoms.org.



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Try the Silhouette Nasal Mask for predictable nitrous oxide analgesia

See this new product at the Porter Instrument booth here at AAOMS

By Porter Instrument Staff

Invented by an oral surgeon (Dr. Robert Guyette DMD, MD), the Porter Silhouette Nasal Mask is the first truly innovative new product for nitrous oxide use in decades, according to the company. Nothing like it exists.

Imagine a nasal hood that does not obstruct access to the oral cavity. Imagine a nasal hood that is so lightweight the patient barely notices it. Imagine a nasal hood that delivers and scavenges nitrous oxide more efficiently than any other nasal hood. Imagine a nasal hood that provides predictable results for the dentist and a pleasant experience for the patient., the company asserts

The imagination is over — the Porter Silhouette will revolutionize how nitrous oxide is used in the dental practice.

The Porter Silhouette is a single patient use disposable nasal mask and circuit. Featuring four size options (pediatric, small, medium and large), the Silhouette is designed with the lowest possible profile, making it easier for you to work around. A built-in capnography luer lock connection allows for a connection to your vital signs monitor while using nitrous oxide.

In addition to the innovative shape and design, Silhouette has an adhesive strip for the bridge of the patient's nose — securing the mask in place. This virtually eliminates gas flowing into the patient's eyes and more effectively scavenges the exhaled gas, addressing the concern of health-care provider safety. Infrared videos demonstrating this efficiency can be viewed on the Porter website at www.porterinstrument.com/silhouette.

Silhouette also allows for the efficient and effective administration of nitrous oxide, creating a more predictable analgesic experience for each patient, according to the company. Dentists may find they can actually use less gas, as the potential for the patient to inhale ambient air is diminished when using the Silhouette Nasal Mask.

As a single use disposable product (both the mask and 36-inch tubing), set up and room turnover times can be improved. There is also less time needed for infection control protocols (compared with standard nitrous breathing circuits).

Dentists and staff can now benefit from using nitrous oxide and oxygen in the practice — and work more efficiently with the new Porter Silhouette Nasal Mask, the company asserts.

Visit the Porter booth here at AAOMS for a demonstration and an opportunity to meet the inventor, Dr. Robert Guyette! You may also visit www.porterinstrument.com/Silhouette or call (215) 723-4000.



Above, the Silhouette Nasal Mask and protective eyewear.

(Photos/Provided by Porter Instrument)

At left, the Silhouette Nasal Mask and 36-inch tubing.

Below, left, the Silhouette Nasal Mask allows for front teeth access.



'The Porter Silhouette is a single patient use disposable nasal mask and circuit. Featuring four size options (pediatric, small, medium and large), the Silhouette is designed with the lowest possible profile, making it easier for you to work around.'

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– Timothy Kosinski, DDS, MAGD;
Bingham Farms, Michigan



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– Paresh Patel, DDS;
Mooresville, North Carolina



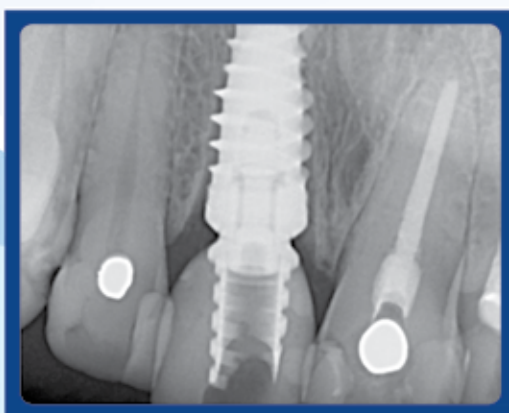
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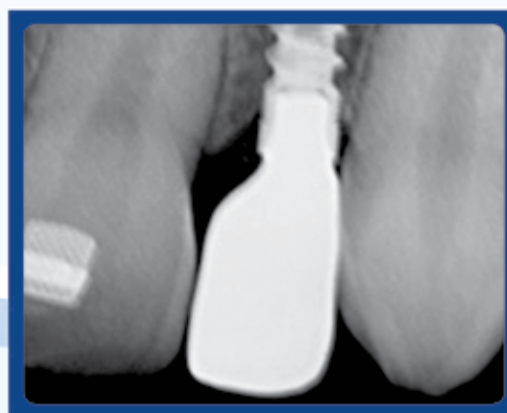


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'An alternative to any procedure'

Dr. John Russo talks about the benefits of his Ellman radiosurgery unit and why the return on investment is so good

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 profes-

sor 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



Dr. John Russo

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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 "laser-like" 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.

To see the Ellman radiosurgery unit for yourself, check out the booth in the AAOMS exhibit hall.

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