

# implants

the journal of oral implantology

1 2011

| **research**  
Toothless Jaws

| **clinical**  
Ridge Augmentation

| **clinical**  
The Sentimental Tooth

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**Programme Co-ordinator:** Dr Alon Preiskel

**Specialist Tutors:** Dr Cyrus Nikkah,  
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**Specialist Faculty:** Dr Colin Cook,  
Dr Ulpee Darbar, Dr Andrew Dawood,  
Professor Nikolaos Donos, Dr Marco Esposito,  
Dr Mark Haswell, Professor Torsten Jemt,  
Dr Navdeep Kumar, Dr Basil Mizrahi,  
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**Closing date:** Applications are encouraged by 27 May 2011. Please note that this is a limited attendance course and acceptance will be through competitive entry.

For further information, please contact:

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CONTINUING  
PROFESSIONAL  
DEVELOPMENT



# Dear Reader,



Dr. med.dent. Liviu Steier

\_Welcome to the first issue of the UK edition of *Implants*, we hope you find it interesting and informative!

The International Dental Show closed its doors on 26th March 2011. This exhibition, as many before, managed to triumph again as the international dental highlight. It gathered exhibitors and visitors from almost everywhere on the globe. Speaking of highlights – Implantology and CAD CAM technology are currently the record breakers with regards to the technology, instruments and materials involved. So, it is no surprise that more than 350 manufacturers made their way to this event of superlatives.

All together *Implants* is well positioned with patients, practitioners, lab technicians and of course the industry. Skills and knowledge compliment the surgeon's and prosthodontists' experience based on CONTINUING EDUCATION!

This journal is opening its doors to a different educational adventure... the CASE REPORT! Scientists and researchers are not very appreciative about this form of article despite the fact that almost every prestigious dental journal publishes case reports. In contrast, busy general dental practitioners value the input from this educational format as they can easily implement that in daily practice. *Implants* will close this gap and is welcoming your case report. You may ask now what are the particularities to make a case report successful?

Here is an outline:

- 1) **Abstract** – Describe the clinical question/problem to be addressed by the case; Present a short analysis of literature review; Summary
- 2) **Medical/dental history** – Description of case particularities; History of current problem; Intra – extraoral examination; Relevant X-ray, tests, etc; Initial diagnosis and treatment plan (alternatives need attention); Expected outcome (according to current standards); Outcome of the performed treatment
- 3) **Literature search**
- 4) **Discussion** – What was special about the case; Relevant literature; Treatment goal; Diagnostic process (explain diagnostic process, figures, photographs, etc. (include captions)); Expected treatment outcomes (explain and discuss actual result; Compare actual result to the literature, Discuss shortcomings of achieved results)
- 5) **What are the conclusions/recommendations?**
- 6) **References**

Your *Implants* Journal welcomes your case report for the benefit of the profession.

Yours,

Dr.med.dent. Liviu Steier  
 Qualified Specialist in Prosthetics with Further Education of DGPro  
 Assoc. Clin. Professor  
 Specialist in Endodontics  
 Course director MSc in Endodontics  
 Warwick Dentistry – Warwick Medical School



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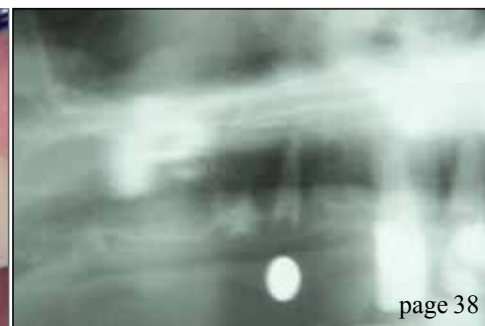
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# An Evening with David A. Garber D.M.D.

At the Royal College  
of Physicians  
Wednesday 25th May

## Venue :

The Royal College of Physicians  
11 St Andrews Place, Regent's Park,  
London NW1 4LE

## Date & time :

Wednesday 25th May, 2011  
6pm - 7pm registration and refreshments  
7pm - 9pm lecture (2 hours CPD)

## Cost :

£30 (inc VAT). Please call BioHorizons  
to book your place (01344 752560)

Dr. David Garber has a dual appointment at the Medical College of Georgia School of Dentistry, in Augusta Georgia, as Clinical Professor in the Department of Periodontics, as well as Clinical Professor in the Department of Oral Rehabilitation. He lectures extensively on multi-disciplinary approaches to optimizing aesthetics.



Evolving Implant Aesthetics:  
Options...Alternatives...  
Solutions...

## Lecture outline

- Virtual treatment planning for gingival outcomes.
- Surgical augmentation - What to use and when to use it.
- Hygiene and maintenance beyond aesthetics over the long-term.
- The adjacent implant dilemma.
- Submerged Root Alternative.

To book your place please contact:

**BioHorizons**

Heather Wagstaff

tel. 01344 752560

or email

[infouk@biohorizons.com](mailto:infouk@biohorizons.com)

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# So, what do we know about implant dentistry?

Author\_ Lisa Townshend



\_This April saw the Association of Dental Implantology UK Team Congress held in Manchester. With the theme of 'What we know, what we think we know and what we think we don't know about implant dentistry', the event saw more than 650 delegates come together to hear world-class speakers discuss the latest topics within implant dentistry.

It was interesting to see the sector breakdown of delegates – whilst more than 50 per cent of the attendees were clinicians, there was an even spread across other registered and non-registered groups. The one exception being dental nurses, which seems to show the changing views of the importance of teamworking in dental practice, especially in the more complicated areas of dentistry. This of course was complimented by the extensive dental implant team programme which ran alongside the plenary session. The attendee breakdown is as follows:

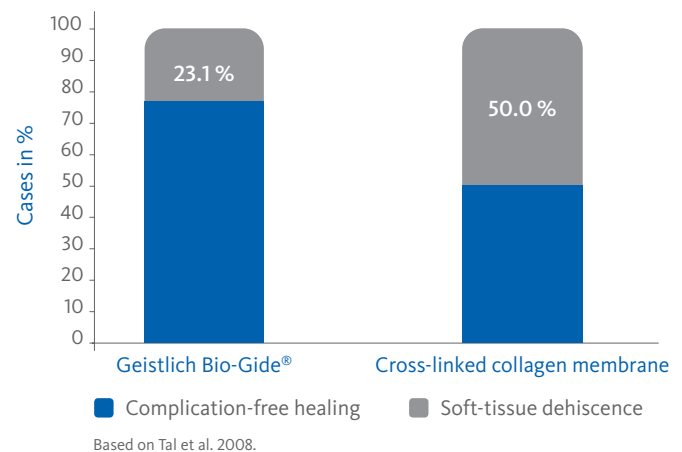
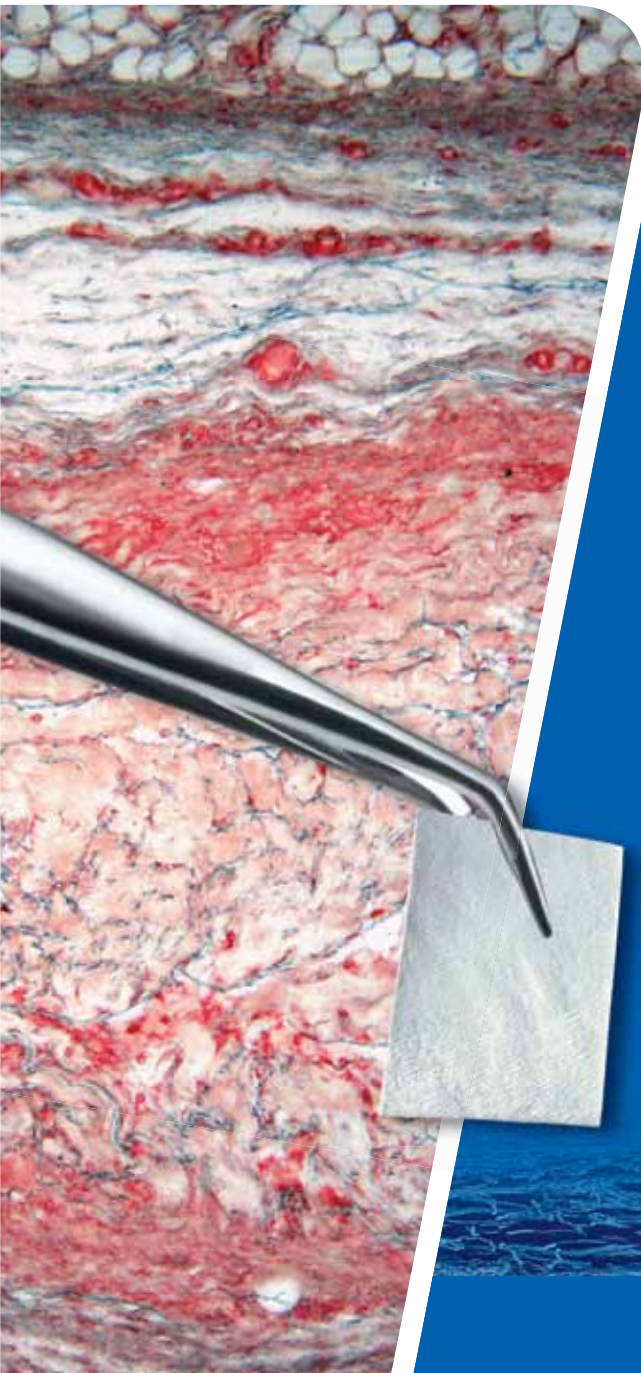
- 356 clinicians – 53.5%
- 43 technicians – 6.5%
- 43 hygienists – 6.5%
- 167 nurses – 25%
- 48 practice managers – 7%
- 8 students – 1%

The speaker line-up itself was a global who's who of implantology, with figures such as Tomas Albrektsson and Michel Magne taking to the podium. The team programme played host to names such as Ashley Latter, Louise Fletcher and Simon Wright, discussing topics ranging from team approaches in implant dentistry to medical emergencies, HTM01-05 to sinus lifts.

Plenary speakers included:

- **Prof Tomas Albrektsson MD PhD ODhc:** *How learning from past errors can guide the future of dental implants*
- **Mr Michel Magne MDT BS:** *Aesthetic dentistry today – a distinctive approach to nature*
- **Prof Maurício Araújo DDS MSc PhD:** *Management of the alveolar socket*
- **Prof Clark M Stanford DDS PhD:** *Integrating the process predictable aesthetics into clinical practice*
- **Dr Stephen L Wheeler DDS:** *Immediate implant placement: is it safe and predictable?*
- **Prof Joseph Kan DDS MS:** *Implant papilla management in the aesthetic zone*
- **Mr Oliver Brix MDT:** *Oral Harmony: a systematic way to success*
- **Dr Stephen S Wallace DDS:** *Latest strategies and techniques for maxillary sinus augmentation*
- **Assoc Prof Tara Aghaloo DDS MD PhD:** *Bone grafts for site development – the past, the present and the future*
- **Prof Torsten Jemt DDS Odont Dr/PhD:** *Long-term experience of dental implants – clinical development and biological response*

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**LEADING REGENERATION**

Dental implant team programme speakers included:

- **Ms Anita H Daniels RDH:** *The team approach to implant dentistry: a blueprint for success and The role of the dental hygienist in implant treatment*
- **Mr Ashley Latter:** *Ringling the changes: turn every patient enquiry into an appointment*
- **Miss Helen McVicker:** *Asepsis for dental implants: the theory and Asepsis for dental implants: the practical*
- **Miss Louise Fletcher:** *Effective communication with patients*
- **Miss Helen Batty and Dr David Speechley BDS DMI RCS Edin PGDip Implant Dentistry:** *Advanced surgical techniques, instruments and preparation*
- **Miss Helen Frost, Miss Amy Miller and Dr Simon Wright BDS PGCTLCFHEA PGDip Implant Dentistry:** *Medical emergencies in implant dentistry*
- **Miss Helen Batty:** *HTM01-05 and implant dentistry*
- **Miss Kara Moody:** *Sinus lifts*

Sitting alongside the congress was an extensive exhibitor's area, where delegates could discover the latest technologies on offer to make their implant dentistry easier and more predictable. With more than 500 implant systems available worldwide and with this number growing, delegates were finding it helpful to speak to the teams behind some of the systems available in the UK. Representatives of the largest implant companies in the UK were there, including Astra Tech, Biohorizons, Nobel Biocare and Straumann. Other emerging systems were also on show, including Bicon, d2d Implants, DIO Implants, Implantium and Southern Implants.

ADI's stand was prominent in both size and busyness, with many of the organisation's staff and officers on hand to help with queries and showcase the many services and benefits ADI can offer its members. The main highlight of the stand was the launch of the association's new online education resource Ark.

Ark comprises 13 individual courses, each covering a core topic within implant dentistry and is designed to meet the complex educational needs of today's learners. It has been designed to incorporate a flexible approach so that learners can access individual modules or the whole course, and can access the learning at their own time and preference of learning opportunities: online, directed reading, study days and experience-based learning through mentoring.

Speaking at the congress, ADI President Dr Stephen Jacobs was delighted at the success of the event: "This is turning out to be a fantastic event. The speakers have really kept to the remit of reflection within the subject of implant dentistry.

"There really isn't a lot that's new in implantology. Of course, with the advances in technology the accessibility for patients has improved as well as the predictability of the implant components.

"This year's congress has been two years in the planning and I was delighted that every speaker we invited to take part was able to accept except one who could not make it."

Dr Jacobs was keen to stress the importance of mentoring when developing the skills needed as an implant clinician, both in terms of patient safety and the clinician's own needs. "Mentoring can often be more stressful for the mentor! The relationship between mentor and mentee is extremely important; it needs to be right.

"In a field such as implant dentistry mentoring is a fundamental facet to becoming competent, a patient's well-being is paramount when performing this kind of treatment and the clinician needs to have confidence in their skills. Mentoring helps give that confidence."

The congress was a vibrant and exciting event which delegates seem to thoroughly enjoy. Comments from attendees included:

*The congress exceeded my expectations - wonderful accessible venue, superb audio visuals, world class speakers, friendly sociable delegates, excellent standard of catering. All in all, the best dental convention I have attended.*

*Outstanding - best ever in all respects.*

*A very professional and organised congress - excellent overall and excellent speakers.*

*The best ever done by ADI.*

ADI President Elect, Professor Cemal Ucer will host the next ADI Team Congress in 2013 with the theme How long do implants last? Complications, risk management and prognosis. Save the date! [\\_](#)

_contact	implants
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# “Once you’ve tried it, you can’t drink anything else”

Author\_ Dr Jay B. Reznick



Fig. 1



Fig. 2

**Fig. 1** Pre-op of failing tooth #10 in a 70-year-old female patient.

**Fig. 2** Pre-op radiograph showing a horizontal fracture, root canal treatment and a cast post.

Way back in 2005, I was listening to a speaker discuss a new way of placing dental implants that would revolutionise the process. He showed a video of an elderly Swedish man strolling into a dental clinic with a bag full of ill-fitting dentures, and walking out later that same day with fully implant-supported final prostheses. The process used 3-D computed tomography (CT) imaging to plan the implant placement, and then a custom surgical guide was made that facilitated the flapless placement of a dozen or so implants so precisely that only minimal adjustments would be necessary to the prefabricated fixed bridges. The cost of this treatment was about US\$100,000, rendering it beyond reach for the majority of patients.

This was an enlightening moment for me, as I saw the potential in this technique. As soon as it was available in the US and the cost became more reasonable, I vowed to bring this technology into my practice so that my patients could benefit from this

amazing innovation.

Early in 2006, I flew to Chicago and took the Nobel Guide training course, and within a short time I had half a dozen cases under my belt. I was amazed by how quickly and accurately I could place multiple implants, and that most patients needed only a few post-operative ibuprofens and were back at work the next day. Soon thereafter, I acquired SimPlant software and began using both methods for treatment planning and placing implants.

These two pioneering systems opened the door for the current tidal wave of CT-guided implant surgeries. For those of you not familiar with the concept, CT-guided implant surgery uses 3-D CT imaging to evaluate the bony anatomy of the edentulous jaw, uses this for implant planning, and then accurately transfers the treatment plan to the patient at surgery using a custom surgical guide that controls the position, angle, and depth of each drill and implant fixture. It is so accurate that a custom provisional or even final prosthesis can be made that is delivered with minimal, if any, adjustment needed. It is a panacea for the restorative dentist because implant placement is completely prosthetically driven, not dictated by the surgeon's whim if there are anatomical surprises when the tissue is flapped open. The anatomy is known with 3-D accuracy before surgery, and should bone or tissue augmentation be necessary to position the implants properly, this information is known ahead of time and additional procedures are planned. The result is perfectly placed implants in ideal bone that are straightforward to restore and function properly nearly all of the time.

Even though I did not use CT-guided surgery for every implant case, I probably completed a hundred cases or more in those first two years. It was a very time-consuming process. I had to have the laboratory make a radiographic template, arrange for the patient