

Computer planned and guided implant surgery

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The use of three-dimensional radiography and imaging (Computed Tomography {CT}, Magnetic Resonance Imaging {MRI}) has been used for more than four decades in medicine.

It has aided in increasing the accuracy of identification of vital anatomic structures and the pathologies associated within them.

This advanced technology has also prompted the development of protocols whereby surgical intervention can be planned on three-dimensional virtual computer animation or physical anatomic models. Today, computer-guided and robotic surgery in the most dangerous parts of the body such as the brain, spine and heart are routinely performed with great success and predictability.

In dentistry, the introduction of 3-D radiography more than a decade ago has made it easier for the clinician to identify, study and plan a course of therapy to treat the area of disease or defect with increased precision (Fig. 1).

In addition, the introduction of office-based cone beam volumetric tomographic (CBVT) machines in 1999 came together with the advances in surgical planning software. This software comes either as a third party or as native to the image acquisition and viewing software included with the imaging hardware and has made implant therapy predictable and accurate (Fig. 2).

Traditional model-based surgical

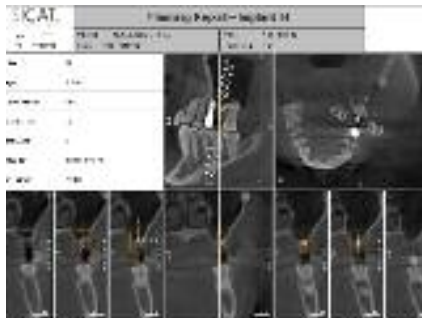


Fig. 1: Cross-section view #14 site demonstrating the need for a sinus lift.



Fig. 2: Galileos by Sirona used to acquire the scan for implant planning with the patient wearing the scan stent.

guides provide a reasonable estimation of the implant position for the prosthetic rehabilitation. The major limitations of these surgical guides was the surgery was often accom-

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ICOI in Philadelphia



In May, the ICOI and Temple University College of Dentistry will co-host a spring implant symposium at the Downtown Marriott Hotel in Philadelphia.

Event to focus on 'Implant Restorative Science: The Good, The Bad, The Beautiful'

From May 7-9, the International Congress of Oral Implantologists (ICOI) and Temple University College of Dentistry will co-host a spring implant symposium at the Downtown Marriott Hotel in Philadelphia.

The theme for this meeting, as designed by Dr. John T. Green of Dayton, Ohio, is "Implant Restorative Science: The Good, The Bad, The Beautiful." The symposium is also being hosted by ICOI's Component Auxiliary Society, the Association of Dental Implant Auxiliaries (ADIA).

Topics to be covered in the general session are: how to manage the gap; minimally invasive surgery; analysis of tooth size; space size issues; gingival architecture solutions; improvement of doctor/patient/lab communications; implant maintenance issues; i-Cat analysis; treatment for peri-implantitis; ortho-implant realities; immediate provisionalization; CAD/CAM realities; occlusion; abutment selections and complications.

Here are some highlights of the program:

- Dr. William Becker: Implant Restorative
- Dr. Ernesto A. Lee: Implant Supported vs. Tooth Supported

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AAID hails Florida court verdict allowing advertising of bona fide dental credentials

A Florida judge has ruled that a state law restricting how dentists can advertise credentials issued by bona fide professional organizations is unconstitutional and violates the First and Fourteenth Amendments of the U.S. Constitution.

The American Academy of Implant Dentistry (AAID) said today the verdict is a victory for consumers evaluating the qualifications and experience of dentists who perform implant procedures and for practitioners entitled to promote their credentials to the public.

"We are very pleased with this decision recognizing the rights of dentists with bona fide credentials to advertise them to the public without negative disclaimers and offer consumers valid information from which they can evaluate qualifications of dentists in their communities," said AAID President Beverly Dunn, DDS. "Also, the decision noted that AAID and other dental organizations provide substantial training that enhances proficiency and competency and benefits consumers as well."

At issue was a Florida statute pre-

venting advertising of membership in or credentials earned from any dental organization not recognized by the Florida Board of Dentistry (FDB). Florida's dental board only recognizes specialty credentials issued by the American Dental Association (ADA).

Therefore, implant dentists who wanted to advertise their AAID credentials had to include an onerous disclaimer that implant dentistry is not a recognized specialty of ADA or the FDB and that AAID is not a recognized specialty accrediting organization.

The case stemmed from multiple challenges to the constitutionality of the Florida statute by dentists with credentials from AAID, the Academy of General Dentistry and the American Academy of Cosmetic Dentistry. Circuit Court Judge Frank E. Sheffield ruled in favor of the plaintiffs on April 3.

"The Court found that these advertising restrictions were unconstitutional on many grounds. They violated the Florida constitution's guarantee of the right to be rewarded for industry or professional

achievement and First and Fourteenth Amendment rights of free speech and equal protection of the law," said Frank R. Recker, DDS, JD, AAID's chief counsel.

Dunn added that the Florida decision establishes a strong precedent that could form the basis for challenging advertising restrictions in other states, if necessary.

"Demand for dental implants is rising, and more dentists need comprehensive training to become highly skilled at implant procedures," Dunn said. "Attending a weekend course isn't enough. There is a higher level of risk with the procedure if the dentist has limited experience."

AAID offers a rigorous implant dentistry credentialing program that requires at least 300 hours of postdoctoral instruction in implant dentistry, passing a comprehensive exam and presenting to a group of examiners successful cases of different types of implants.

It is one of the most comprehensive credentialing programs in dentistry.

(Source: AAID)

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Iacono heads slate of AO's newly-elected officers

Vincent J. Iacono, DMD, Stony Brook, N.Y., was elected president of the Academy of Osseointegration (AO) during the organization's annual business meeting in San Diego. He succeeds former Academy President Steven G. Lewis, DMD, Cincinnati.

Newly elected members of the AO Board of Directors with Dr. Iacono are:

- **President-elect:** Peter K. Moy, DMD, Los Angeles;
- **Vice president:** Kenneth F. Hinds, DDS, Laguna Niguel, Calif.;
- **Secretary:** Stephen L. Wheeler, DDS, Encinitas, Calif., and;
- **Director:** Jay P. Malmquist, DMD, Portland.

Dr. Iacono is distinguished service professor and chairman, Department of Periodontology, School of Dental Medicine, Stony Brook University. He is also director of the school's Advanced Education Program in Periodontics, and associate dean of Postgraduate Programs.

Iacono co-chaired the academy's landmark 2006 Workshop on the State of the Science of Implant Dentistry. He has served on the Board of Directors since 2000, including terms as AO president-elect, vice president and secretary.

Iacono had been active on many AO committees, including the Council on Research and the Predoctoral Education Forum Committee. He also served on the Osseointegration Foundation



Vincent J. Iacono

Board of Directors. In addition, Iacono is former president of the American Academy of Periodontology (AAP).

Iacono completed his dental degree and earned a certificate in periodontology and oral medicine at Harvard University School of Dental Medicine. He then received a certificate in immunology from the Forsyth Institute, Boston.

With more than 6,000 members in 70 countries around the world, the AO is the world's leading dental implant organization.

Its goal is to advance the field of osseointegrated implants by fostering collaboration between representatives of different dental disciplines — oral surgery, periodontics, prosthodontics and general practice — through clinical and evidence-based research and education.

For more information, visit www.osseo.org.

(Source: Academy of Osseointegration)

Prosthodontist William Laney receives 2008 Nobel Biocare Brånemark Osseointegration Award

William R. "Bill" Laney, DMD, MS, of Rio Verde, Ariz., received the Nobel Biocare Brånemark Osseointegration Award during the 2009 Annual Meeting of the Academy of Osseointegration (AO) Feb. 26, at the San Diego Convention Center.

The award recognizes an individual's impact on, and leadership in, the field of osseointegration. It is presented by the Osseointegration Foundation — AO's charitable wing — and funded by a five-year, \$2.5 million donation by Nobel Biocare.

"The foundation is proud to present this award recognizing Dr. Laney for his outstanding educational research contributions, international clinical leadership, and distinguished character," Foundation President Dr. Fraya Karsh, New York, N.Y., explained.

"The Nobel Biocare Brånemark Osseointegration Award is the highest honor bestowed by the foundation. It is fitting that Bill Laney, considered by many to be the pre-eminent prosthodontist of his generation, is this year's recipient," said Dr. Steven E. Eckert, former AO president and editor in chief of AO's journal, The International Journal of Oral & Maxillofacial Implants (IJOMI).

Laney played an essential role in the Academy's founding in the mid-1980s. Members elected him AO's first president in 1986, and he is the only academy member to serve two

terms at the helm. He was named AO's first Fellow in 1991, and was presented with the Distinguished Service Award — AO's highest honor — in 2006.

"The academy was a group effort. That said, Bill Laney pulled it together," recalled Dr. Charles L. Berman, co-founder of the study group that would become the AO. "The academy would never have happened without his cohesive leadership."

Laney was also the first editor in chief of IJOMI, a position he held for 20 years.

In addition to his service to AO, Laney also served as president of the Federation of Prosthodontic Organizations, the Academy of Prosthodontics, the American Board of Prosthodontics, the American Academy of Maxillofacial Prosthetics and the American Cleft Palate Association.

Laney earned his dental degree from the University of Oregon Dental School, Eugene, Ore., a certificate in prosthodontics from the VA Medical Center, Iowa City, Iowa, and a master's of science degree from the University of Iowa.

Recipients of the Nobel Biocare Brånemark Osseointegration Award are selected by a committee composed of the immediate past presidents of both the Academy and Osseointegration Foundation, and osseointegration pioneer Dr. Per-Ingvar Brånemark, Göteborg, Sweden, after whom the award is named.



William R. 'Bill' Laney

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plished with flaps and the surgeon didn't have an accurate estimation of the hard tissue present, especially the width, until the bone was exposed during surgery. This often led to surprises for both the surgeon and the patient, resulting in implants being placed that were under-engineered for the load or implants that later could not be restored esthetically, leading to compromised results (Figs. 3-7).

Computer-based implant planning and placement allows for creation of an exact replica of the jawbone on the computer screen, allowing visualization of all the vital structures such as nerves, sinuses, nasal floor, proximal teeth and concavities like the one below the mylohyoid ridge in the posterior mandible (Figs. 8a, b). Thus, practitioners can safely avoid these structures when planning and ultimately placing the implants using CAD/CAM generated surgical guides (Figs. 9-11).

With computer-guided placement of dental implants, there is no guesswork or surprises and most surgeries can be performed with a flapless technique (Figs. 12a-c). In case augmentation procedure has to take

place, flaps can be reflected to access those sites and the implants provisionalized immediately (Figs. 13a-c). This conservative approach drastically diminishes postoperative pain, recuperation and healing time. The patient leaves the surgeon's office esthetically restored and pleased with the ease at which such a complicated surgery was accomplished.

The guided surgical treatment is based on guided keyhole surgery that is minimally invasive. This reduces pain and swelling considerably for the patient compared to conventional treatment. This technique also reduces the number of appointments and chair time for the patient.

For many patients this means a considerable time and cost savings. The combination of immediate esthetic rehabilitation and function with temporary or final prosthesis ready at surgery radically shortens the overall treatment time and inconvenience to the patient. The computer-based surgical guides allow the implant surgeon to implement the planning with high precision and predictability. The use of a drilling template saves valuable chair time, and is a significant cost savings to the patient. The precision of a drilling template cannot be

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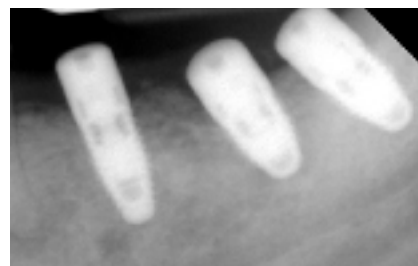


Fig. 3: Three short Nobel Biocare implants in the posterior mandible placed freehand. The patient was referred to our practice for the restoration of these implants.



Fig. 4: Occlusal view of the impression copings attached to the malaligned implants.



Fig. 5: Frontal view of the impression copings.



Fig. 6: Buccal view of the lingual inclination of the two posterior implants.

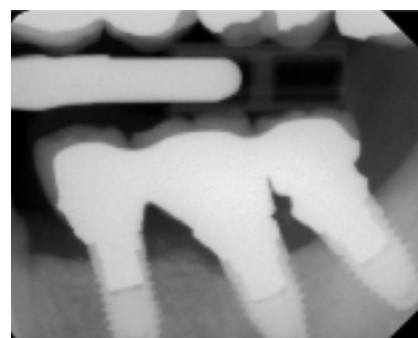


Fig. 7: Radiograph of the finished prosthesis. Because of the severe misangulation of the individual implants as well as in relationship to each other, margins couldn't be closed.

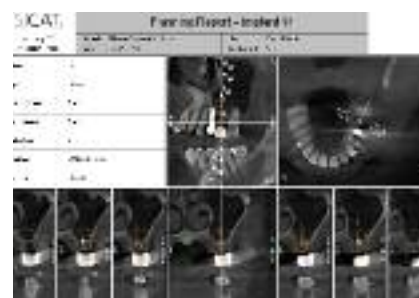


Fig. 8a: Implant planning report generated by Galileos Implant, which can be communicated and shared with the entire implant team as well as with the patient. It effectively communicates the rationale for augmentation procedures and the anatomy involved.

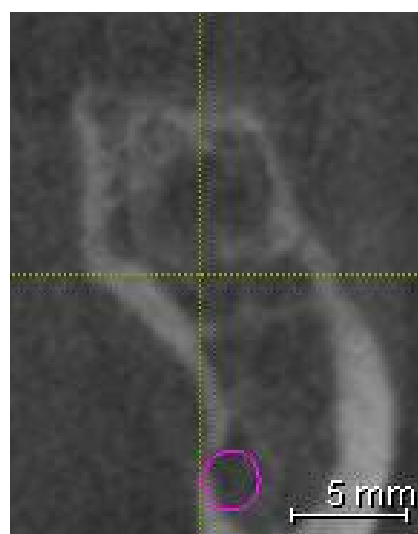


Fig. 8b: Cross section of the posterior mandible showing the mylohyoid ridge and the lingual concavity and the thin buccal alveolar cortex and atrophy.



Fig. 9: Surgical Guide fabricated by SiCat for a single implant.



Fig. 11: Galileos surgical guide for a fully edentulous lower arch.



Fig. 12a: Flapless, tissue punch approach for placement of a BIOMET 3i Osteotite 5.0X13 mm implant #14 with simultaneous sinus lift.



Fig. 10: Galileos surgical guide for multiple implants for a partially edentulous site.

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Fig. 12b: Periodontal probe used to mark the center for the tissue punch needed to expose the osseous crest.

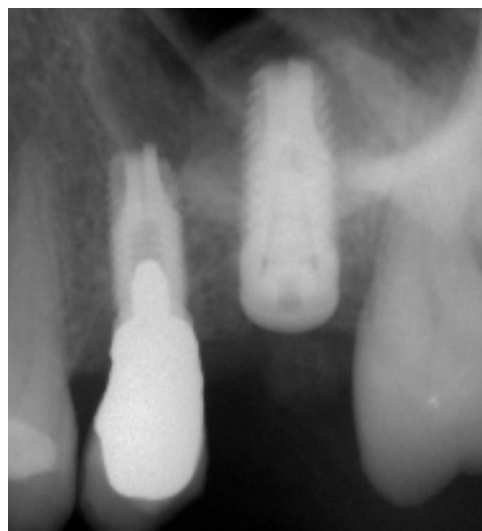


Fig. 12c: Flapless approach to placement of implant #14 and an internal socket sinus elevation with Cerasorb-alloplast grafting material mixed with PRP.



Fig. 13a: Three Camlog implants were used to replace missing teeth #18,19. The placement was guided but flaps were reflected to augment the buccal ridge around the two distal implants using Cerasorb alloplast and Epiguide membrane.

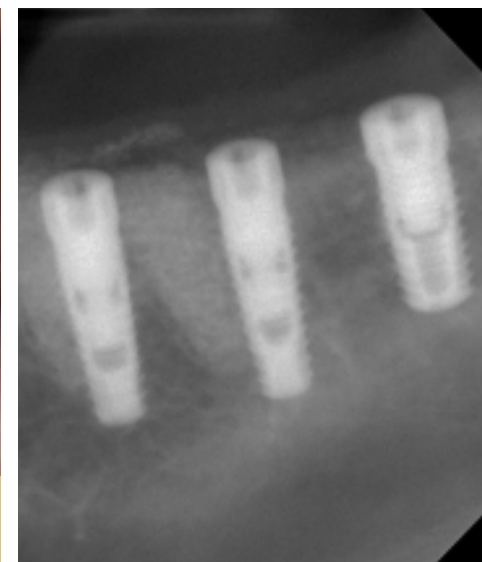


Fig. 13b: Radiograph of the Camlog implants confirming their position.

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Fig. 13c: Four Neoss Implants were placed using a surgical guide; flap was reflected for guided bone regeneration using Cerasorb alloplast and Inion membrane to augment the ridge around the implants.



Fig. 14a: Physical examination to evaluate for prosthetic restorability and health of the surrounding area.



Fig. 14b: Intra-oral radiographs help rule out any pathologies present and preliminary space analysis for implant placement.



Fig. 15a: A stone model of the partially edentulous mandible.

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reproduced with the freehand method whether the task involves restorations of individual teeth or more extensive and elaborate implant planning.

Obtaining maximum certainty and safety through exact planning and precise implementation with a computer-based keyhole drilling template is both judicious and good patient care.

There are several implant planning software programs available, including: Galileos Implant from SiCat of Sirona, Procera from Nobel-Biocare and SimPlant from Materialise Dental, among others. All systems utilize a double scan technique for the evaluation of the implant site, planning the surgery and fabrication of the surgical guides.

When the patient consents to implant therapy, the restorative or surgical doctor first clinically evaluates the surgical area (Figs. 14a, b) and then refers the patient. If the clinician feels that there is adequate bone volume present to place the implant/implants in the proper position for acceptable esthetic and functional load, then an initial scan is not required.

Once the scan has been acquired, the preliminary implant planning



Figs. 15b, c: Prosthetic mockup in acrylic mixed with 25 percent barium sulfate of a partially edentulous mandible (left) and a single tooth edentulous site (right).



Figs. 15d, e: Radiographic scan guide for implant planning of a partially edentulous mandible (left) and a single tooth edentulous site (right).

can begin. The scan will aid in determining the amount of bone volume present to achieve primary implant stability, and the grafting required to augment the surgical site at the time

of surgery. The implant planning can be easily shared with the entire implant team, including the patient, with the visual aid of the scan and computer. If it is determined from

the scan that there is not enough bone volume to place the implant, then significant alteration in the existing anatomy is required prior to implant placement.

After implant planning, the patient is ready for a workup for the surgical guide fabrication. Study models are made (Fig. 15a) and the prosthetic laboratory will wax-up anatomically accurate teeth or a prosthesis as per the treatment plan. The technician will then convert the wax-up into an acrylic prosthetic replica of the final restoration made of a 25 percent barium sulfate and acrylic mixture and embed the replica in a clear retainer (Figs. 15b, c) attached to a scan template (radiographic or scan guide) (Figs. 15d, e) to be worn by the patient during a scan to be used for the final implant planning (Fig. 16a).

The scan template has fiducial radiopaque markers that allow for accurate mounting of the stone model with the scan guide into the CAD/CAM milling machine that marks, drills and inserts the key hole sleeves into the scan guide, converting it into a surgical guide (Fig. 16b).

Following the simple process of marking the nerve canal and identifying vital proximal structures, the

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Fig. 16a: Intra-oral positioning of the radiographic scan guide in the patient's mouth.

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software offers the possibility of selecting from a wide variety of realistic implants from most implant manufacturers, and in a situation where a manufacturer has not provided the appropriate codes to the software company, the clinician can select a generic implant body and define the length as well as the apical and occlusal diameters.

The implant planning report along with the virtual implant placement, recorded on a CD-ROM, and the cast of the jaw where the implants are going to be placed are sent to the surgical guide manufacturer who will utilize CAD/CAM to fabricate a surgical guide with the appropriately sized sleeves embedded in the exact locations of the



Fig. 16b: Panoramic view of the scan guide in place with a virtual implant placed in the area of the missing tooth #14. Notice the radiopaque fiducial round markers occupying the interocclusal space.

planned implants to accommodate the initial pilot drill of the implant system that will be used or with the sleeve-in-sleeve design for the entire surgery, including the insertion of the implant through the guide. The process is usually uneventful and the postoperative recovery is speedy.

By easily integrating the intuitively designed implant planning software into your implant practice, and utilizing a computer-generated surgical guide, the implant surgeon can achieve an easy, safe and predictable approach to implant planning and implant surgery.

The author wants to thank Dr. Jerome Kaufman, DDS (Pros.), of LeVisage Cosmetic & Implant Dentistry for his invaluable input and contribution toward the development of this article.

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II About the author

Dr. Pankaj Singh is the founder of Arch Dental Associates and Le Visage Cosmetic & Implant Dentistry with offices in New York City, Huntington, N.Y., and Garden City, N.Y. A graduate of New York University's School of Dentistry, he received advanced training in dental implants at Brookdale Hospital and NYU. Singh has been in private practice for more than 15 years, specializing in implant, sedation and sleep dentistry. He is a diplomate of the International Congress of Oral Implantology and the American Board of Oral Implantology. Singh received advanced certification in I.V. and oral sedation from Albert Einstein School of Medicine & Montifiore Medical Center. He is a clinical instructor of advanced dentistry at New York University's School of Dentistry and a faculty member of the NYU/AAID New York Maxi Course. Singh lectures nationally and routinely conducts live surgical courses and workshops. Singh is the author of the third edition of *Atlas of Oral Implantology*, published by Elsevier and scheduled for release in November.



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Patient's own stem cells are harvested and transplanted into jaw

By Pankaj P. Singh, DDS, MD

Diplomate ICOI and ABOI/ID

Dr. Pankaj Singh, a New York based dentist and founder of Arch Dental, recently performed a concentrated stem cell transplant for one of his patients who was in need of implants.

The innovative procedure, called a bone marrow aspirate concentration (BMAC), is reported to be the first on the East Coast and only the second in the United States to be performed. Singh harvested and transplanted stem cells from the patient's own bone marrow into the jawbone to create a dense bone structure to which a dental implant can later be permanently set.

The procedure was conducted on March 23 at Arch Dental in NYC, NY.

The process involved the harvesting of the stem cells through a small incision in the hip bone of the patient, the morning of the procedure. Using a specialized centrifuge, Singh isolated and concentrated the patients' stem cells from the plasma and transplanted them into the patient's jaw and then added them to the allograft.

During an interview with Dental Tribune after the procedure, Singh explained that the stem cells will work with the surrounding tissue to eventually generate healthy, dense bone tissue to which the dental implant can be permanently attached.

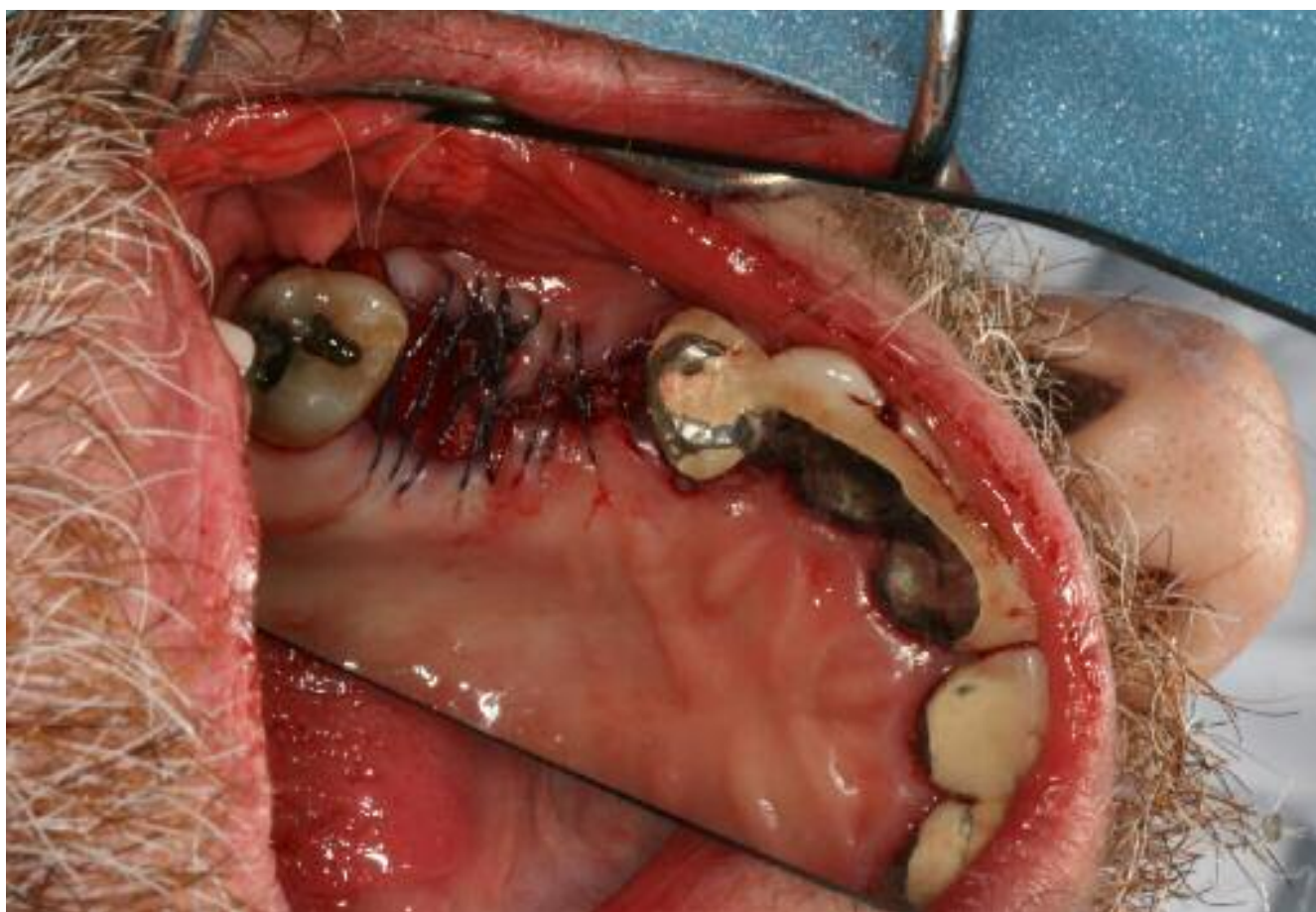
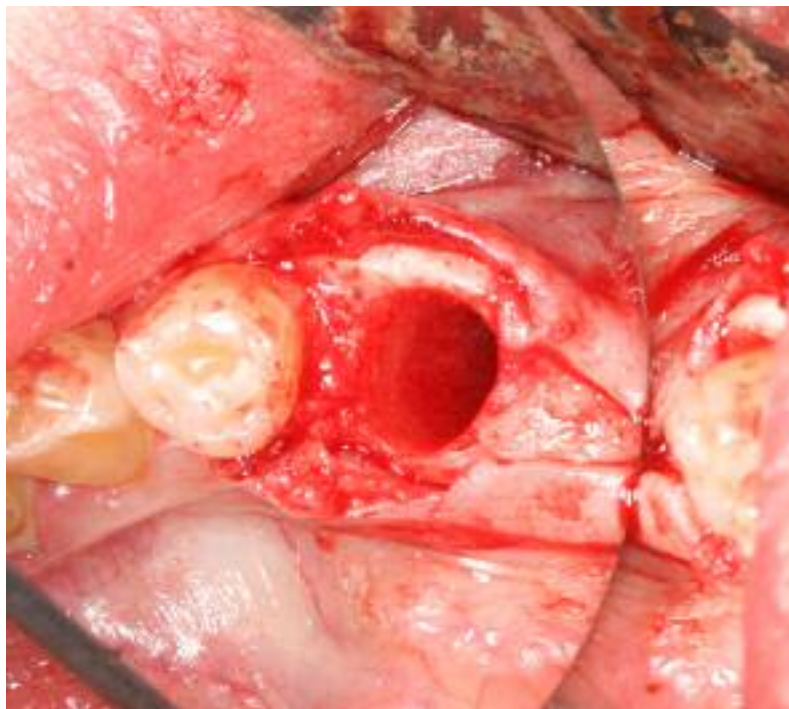
The ultimate goal with this procedure, Singh explained, is to find better, new ways of growing bone.

"The stem cells will allow for better quality bone growth and better healing," he said.

Stem cells have been used for many years by neurosurgeons and orthopedic surgeons to generate bone for procedures such as spinal and tibia fusions. Now, Singh is applying the stem cell transplant procedure to dental applications to provide an option for patients who may not have previously been candidates for a tooth implant because of poor jaw-bone density.

Singh described the outpatient procedure as minimally invasive and relatively painless and said that it takes between one and three hours to perform. He said it should provide faster healing, less pain and better results than other implant procedures.

"This minimally invasive procedure is an innovative, advanced long-term alternative to existing tooth replacement options such as dentures, bridges and even traditional bone grafting procedures," Singh explained. "In addition to providing better and faster healing, the transplantation of the patient's own stem cells enables the body to increase



bone growth in the jaw through angiogenesis to permanently support the dental implant.

"Because the use of dentures and bridges carry a high risk of problems in many cases resulting in gum disease, tooth decay and the loss of viable teeth, additional costly surgical procedures are necessary, where dental implants are the most natural solution and provide the best long-term results."

For more than 18 years, Singh has been practicing Implant Dentistry and Oral Surgery at his Arch Dental office in Manhattan. He has been described as a pioneer in improving the present state of dentistry and

oral surgery, primarily by using the most sophisticated, patient-friendly ways of delivering advanced dental care.

Singh received his degree in dentistry from the NYU College of dentistry and is a member of more than 10 professional dental societies. He achieved diplomat status from the International Congress of Oral Implantology, graduated from Brookdale Hospital Oral Surgery and Implant Fellowship, and received anesthesia training at Albert Einstein School of Medicine. Singh is also a fellow in the American Academy of Implant Dentistry. He offers the latest technologies to his patients, and he is

one of the few dentists in the United States, to offer the PRP (platelet rich plasma) procedure.

Arch Dental, with two locations in Manhattan and Long Island, NY., is a dental group consisting of a team of highly trained and skilled clinicians devoted to restoring and enhancing the natural beauty of smiles using state-of-the-art procedures. Arch Dental provides comprehensive treatment planning and uses restorative and cosmetic dentistry to achieve optimal dental health for its patients.

For more information, visit www.drpankajsingh.com

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The laboratory prepares the case and ships it to BIOMET 3i's ARCHITECH PSR® Department, where dental technicians design and mill the final Encode Zirconia Abutment to the desired specifications.

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sent to the Robocast Center for robotic analog placement and

creation of the gingival emergence in the original Encode Cast.

The abutment margin, contour, taper and emergence profile are custom crafted with consideration to the surrounding gingival architecture and dental structures. The result is a custom-milled, anatomically designed, final Encode Zirconia Abutment.

After receiving the case from BIOMET 3i, the laboratory places the abutment onto the Robocast, fabricates the restoration using the all-ceramic system of choice and returns the case to the clinician for delivery.

The Encode Zirconia Abutment offers angle correction up to 30 degrees and is available in Micro-Miniplant™, 4.1 and 5 mm Certain® Implant restorative platforms.

About BIOMET 3i

BIOMET 3i is a leading manufacturer of dental implants, abutments and related products. Since its inception in 1987, BIOMET 3i has been at the forefront in developing, manufacturing and distributing oral reconstructive products, including dental implant components and bone and tissue regenerative materials.

The company also provides educational programs and seminars for dental professionals around the world. BIOMET 3i is based in Palm Beach Gardens, Fla., with operations throughout North America, Latin America, Europe and the Pacific Rim.

For more information, call (800) 443-8166 or (561) 776-6700, or visit the company's Web site at www.biomet3i.com.

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UPCOMING WEBINARS

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23 APRIL

Endodontic Instrumentation at the Speed of Thought

Dr. John T. McSpadden

Thursday, April 23, 2009 7:00 - 8:30 pm EST

Learn to design and accomplish root canal instrumentation in the most efficient, most effective manner with the least risk for instrument failure.

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www.dentaltribune.com/webinars/23-april

07 MAY

The Anatomy of a Patient-Friendly Website (Part 3 of 6)

Mary Kay Miller

Thursday, May 07, 2009 7:00 - 8:30 pm EST

Attract, Engage, and Direct Prospective New Patients To Your Front Door.

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www.dentaltribune.com/webinars/07-may

12 MAY

Death of a Sales Man; Birth of The Helping Professional

Peter Barry, C.M.C., R.R.D.H.

Tuesday, May 12, 2009 7:00 - 8:30 pm EST

Discover new strategies for communicating with your patients in a more buyer-based, service-focused and solution driven way. Boost your ability to inspire patient interest in our services; by learning to more effectively speak our patient's language.

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19 MAY

Increase Net Revenue, Foster Employee Confidence

Michael Moore

Tuesday, May 19, 2009 7:00 - 8:30 pm EST

The Five Keys to Effective Employment Relations for the Dental Office

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www.dentaltribune.com/webinars/19-may

09 JUNE

Video - Today's Most Powerful Patient Magnet (Part 4 of 6)

Mary Kay Miller

Tuesday, June 09, 2009 7:00 - 8:30 pm EST

Video not only entertains, it fully engages your target audience when educating patients and delivering your marketing message both internally in the office and online to the community.

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www.dentaltribune.com/webinars/09-june

02 JULY

Web 2.0 Marketing (Part 5 of 6)

Mary Kay Miller

Thursday, July 02, 2009 7:00 - 8:30 pm EST

What Is It... and Is Social Networking The Right Marketing Tool For You?

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(Source: BIOMET 3i)

Sterngold's Mini ERA Implant System

The ERA Implant System for provisional and permanent applications combines the extremely popular ERA Overdenture Attachment with a narrow diameter (2.2 mm or 3.25 mm), self-tapping implant used to protect an osseous graft site and to immediately stabilize a complete denture on a temporary or permanent basis.



Patients' desire for shorter treatment periods have stimulated clinicians to explore immediate loading of dental implants. The loss of natural dentition and conversion to a removable prosthe-

sis supported by implants requires a healing and/or accommodation phase, which can be psychologically and physically stressful. Providing patients with stable, esthetic and functional overdentures that are supported by transitional implants can help to alleviate many of these issues and allow for the surgically altered jaw to heal in an uncomplicated process.

This new concept using the ERA Implant System enables the clinician to provide an immediately stabilized and loaded prosthesis on the same day as implant placement, giving the patient both function and esthetics.

It is particularly useful on a temporary basis when placed between tradi-

tional implants to stabilize a denture and provides a vertical stop while function occurs during the healing period to protect an osseous graft site.

The 2009 Mini ERA Implant lecture and hands-on series will take place in various cities across America. This program will include clinical work demonstrating many of the varied uses of the ERA Implant System; from immediate to delayed loading, on a temporary basis, using the 2.2 mm and the 3.25 mm ERA implants.

For more product and training course information, call (800) 243-9942 or visit www.sterngold.com.



(Source: Sterngold)

Nobel now on iTunes U

Nobel Biocare announced it is now making free training and educational material available to dentists, dental specialists, students and patients on its new site found on iTunes U on the iTunes Store. Nobel Biocare is the first med-tech company to have its own presence on iTunes U.

T&E (Training & Education) is one of Nobel Biocare's main strengths. One of the key trends in education on which Nobel Biocare wants to continue to build its reputation is the rapid development of e-learning.

Found in the "Beyond Campus" section of iTunes U, Nobel Biocare's Training & Education program will provide easy, state-of-the-art on-demand e-learning. Beginning now, users can search and download training and education material directly from the site, and then experience it on their Mac or PC, or sync with iPod or iPhone to learn anywhere, anytime.

Nobel Biocare already maintains T&E partnership agreements with 24 leading dental universities worldwide through its University Partner Program, a peer-to-peer collaboration that assists academic dental institutions to integrate the latest crown, bridge and implant coursework into their undergraduate programs.

Domenico Scala, CEO Nobel Biocare: "Nobel Biocare on iTunes U demonstrates our commitment to sharing our broad experience in T&E with the next generation of dental professionals. iTunes U provides an innovative way for us to engage millions of students and dental professionals with state-of-the-art dental education."

(Source: Nobel Biocare)

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Includes DVD on
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INTERACTIVE LECTURE (1/2 Day)

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- Complications and Compromised Attempts
- Soft Tissue Autografts and Allografts
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HANDS-ON PORCINE LABORATORY (1/2 Day)

- Full and Partial Thickness Flap Management
- Apical Repositioned Flap and Soft Tissue Graft Harvest
- Tunneling Procedure and Graft Placement
- Soft Tissue Autograft and Allograft Management
- Suturing Methods

COURSE DATES

MARCH 5-6, 2009
JULY 16-17, 2009
OCTOBER 8-9, 2009
DECEMBER 10-11, 2009

BONE, RIDGE & SOCKET GRAFTING 2-DAY LECTURE, HANDS-ON & LIVE SURGERY

Includes 2 DVDS on
**Advanced Implant Therapy
& Ridge Augmentation**
by Dr. Jovanovic

DAY 1: AM INTERACTIVE LECTURE (1/2 Day)

- Treatment planning and patient selection for grafting procedures
- Concepts and techniques in bone grafting from incision to suturing
- Extraction site management: immediate versus delayed implant placement with bone and soft tissue grafting
- Prosthetic steps to assist in grafting and implant procedures
- New technology using rhBMP-2 / INFUSE bone grafts
- Resorbable and non-resorbable membranes for vertical and horizontal ridge augmentation

DAY 2: AM HANDS-ON PORCINE LABORATORY (1/2 Day)

- Tooth extraction with a simultaneous implant placement and bone grafting with membrane placement
- Horizontal ridge augmentation with simultaneous implant placement, sandwich bone grafting with resorbable membrane placement
- Vertical ridge augmentation with rhBMP-2 / INFUSE graft, Ti-mesh, bone tacks and bone fillers

DAY 1: PM LIVE SURGERY OBSERVATION (1/2 Day)

During this 4-hour session 2 live surgery cases will be demonstrated. The first case is a posterior case of ridge and sinus augmentation. The second case is an anterior esthetic case where details for optimal implant placement and site development will be demonstrated. The live surgery session is video taped through a high-quality 2-camera angle and live audio feed for interaction between participants and the clinical team.

DAY 2: PM INTERACTIVE LECTURE (1/2 Day)

- Potential intra-oral donor sites, as well as techniques
- Bone filler materials and rhBMP-2 growth factors
- Resorbable and non-resorbable membranes for vertical and horizontal ridge augmentation
- rhBMP-2 / INFUSE grafting and protocol results

COURSE DATES

MARCH 7, 2009
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- Bone Graft layering protocol with Autogenous, Xenograft and barrier membrane
- New protocols using rhBMP-2/INFUSE and bone fillers
- Choice of implant system and when to stage the sinus bone graft
- Diagnosis of problems and management of sinus complications

HANDS-ON LABORATORY WITH GOAT MAXILLA MODEL (1/2 Day)

- Lateral window approach using bone-cutting instruments
- Internal sinus elevation using Osteotome techniques
- Bone graft layering technique with barrier membrane
- rhBMP-2/INFUSE bone graft and filler protocol
- Implant placement technique
- Extraction and sinus treatment
- Flap management and suturing methods

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About relationship-based dentistry: the 21st century formula for success

By Peter Barry

The 21st century is such an amazing time to be in our wonderful profession. From a technical standpoint we've got better diagnostic tools, better materials, and greater clinical and theoretical knowledge. Today, we are a much more experienced profession with diversely trained clinicians.

Compare this to how society saw us just 25 years ago when the services patients expected to receive could be grouped into one of five most common categories — drill, fill, pull, dentures, cleaning. In those days, the use of dentistry generally occurred when someone was experiencing a problematic dental condition that he or she could no longer ignore or live with.

The interaction in the office tended to be very generic, subservient and somewhat routine: Patients walked into the office clutching their wallets tightly while waving the almighty insurance booklet in the air. "Here's my problem, Doc, what is the minimal thing you can do to fix it that will be covered by my insurance? And could you please keep the pain down to a minimum?"

This preamble was usually followed by the patient reluctantly passing the baton to the dental practitioners, at which point we proceeded to put the patient through a very clinical and somewhat routine system of diagnoses and treatment delivery. It was a very technical, un-emotional and generic process that locked dentistry into an insensitive, disconnected and reparative image.

The good news today is dentistry is undergoing a major transformation in the way we do business and serve our patients. The entire dental community — including labs, distributors, manufacturers and service companies — are one by one re-packaging (re-branding) their products and services into a more customer friendly, human touch experience. Today, we live in a service-based economy. Business begins and ends with people. The average dental consumer expects quality and service delivered in an honest, caring and compassionate environment.

When people make a decision to accept your dental care they are actually making a decision to accept you. "You" the person, not "you" the dentist. The patient's relationship with you and your entire team is the most important element in a successful practice.

Patients are committed to us, not to our facilities, our clinical procedures or our instruments. The difference between good dentistry and great dentistry will never be as clear to them or impress them as much as a good relationship with you will.

Their commitment to your busi-

ness will primarily be based on how you make them feel while they are in your presence receiving your care. Simply put, people may forget what you said and what you did, but people will never forget how you made them feel, and this memory will linger long after they have forgotten which tooth you crowned.

Let's face it, as people and as dental patients it is our basic human nature to want to feel genuinely respected and cared for, especially when it comes to placing our health

and quality of life in the hands of professionals. The challenge for our profession is that with all the technical learning and training dentists receive, something begins to get lost and fade away. While vigorously pursuing clinical excellence, is it possible that we begin losing sight of the person attached to the teeth?

After years of coaching (consulting) dental teams and individual clinicians, it is my experience that our communication can very often appear cold and disconnected to people

because it is delivered in a very technical manner devoid of emotion and humanity.

As a profession, if we are to succeed in altering the old-school negative paradigms society holds about dentistry then we must begin to look beyond the instruments we are holding in our hands.

In our hands, we are in fact holding the life and feelings of the person attached to the teeth. Patients are fil-

→ **IT** page 20

AD



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Donna J. Abernathy
Training and Development Editor

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Attend Peter Barry's Webinar!



At 7 p.m. (EST) May 12, Peter Barry will offer a one-hour Webinar, *Death of The Sales Man, Birth of The Helping Professional*, followed by a real-time question and answer session. This exciting seminar will walk you through strategies step-by-step for inspiring patient interest in the services you provide. It is filled with revealing concepts and practical strategies that will enable you to engage your patients' hearts and imagination in a deeper way.

Discover new strategies for communicating with your patients in a more buyer-based, service-focused and solution-driven way. Attendees will leave with an enhanced ability to inspire patient interest in their

services by learning to more effectively speak their patients' language.

Take advantage of this opportunity to earn a unit of continuing education by logging onto www.DTStudyClub.com and click on Online Courses to register. Live attendees not only receive one C.E. credit, but also the benefit of being able to review the archived presentation for the following 30 days. The Webinar fee is \$95 (USD).

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tering all decisions they make through their feelings and personal life circumstances. The time we take to build strong personal relationships with our patients will have a huge impact on our overall ability to sell the full scope of our services.

Relationships strengthen your likeability and likeability leads to case acceptance. If I like you and show you that I do, you're going to have a tendency to like me in return. If you like me, you will have a tendency to trust me. If you trust me, you'll have a tendency to believe the things I say. And if you believe the things I say, you'll have a greater tendency to accept my treatment advice. Likeability leads to case acceptance and likeability can only be developed by building strong

personal relationships with each one of our patients. A people-centered business feels and sounds much different from the traditional, generic, transaction-oriented business.

We should all take a closer look at our own practice to explore where we stand in our human relations effectiveness. Are you merely processing your patients through a series of generic transactions or are you taking the time to get to know your customers, their beliefs, their desires and their fears? Two people can only achieve a strong relationship by reaching beyond the boundaries they usually maintain between themselves and strangers. When we reach out to patients we begin delivering a more connected, caring experience.

There is a buzz word being used today to describe what we are talking about: it is called "emotional intelligence" (EI). In our highly technological world, raising our emotional intelligence is becoming more and more important so as to not dehumanize the value of dentistry. Human talk, not dental jargon, is the language your patients will understand and feel inspired by most.

The following is a list of things we can do to strengthen our personal connection and overall ability to lead our patients:

- Before seeing your next patient, take a brief moment to clear any clutter from your heart and mind.
- When scheduling procedures always factor "patient connection time" into your estimated appointment length (reconnect with your patient on a personal level).
- Relationship building is a two-way process, which means that it's all right to share personal stories that enable patients to get to know who you are as a person.
- Be genuinely curious and interested in patients, and avoid insincere dialogues (baby talk, overly sweet niceness, counterfeit sincerity, superficial pleasantries, etc.).
- At the end of each patient visit briefly ask yourself, "How connected was my last patient to me?" To find the answer, look into your own heart: "As connected as I felt to them and not much more." Patients can feel our sincerity and this will be mirrored back to us through their feelings.

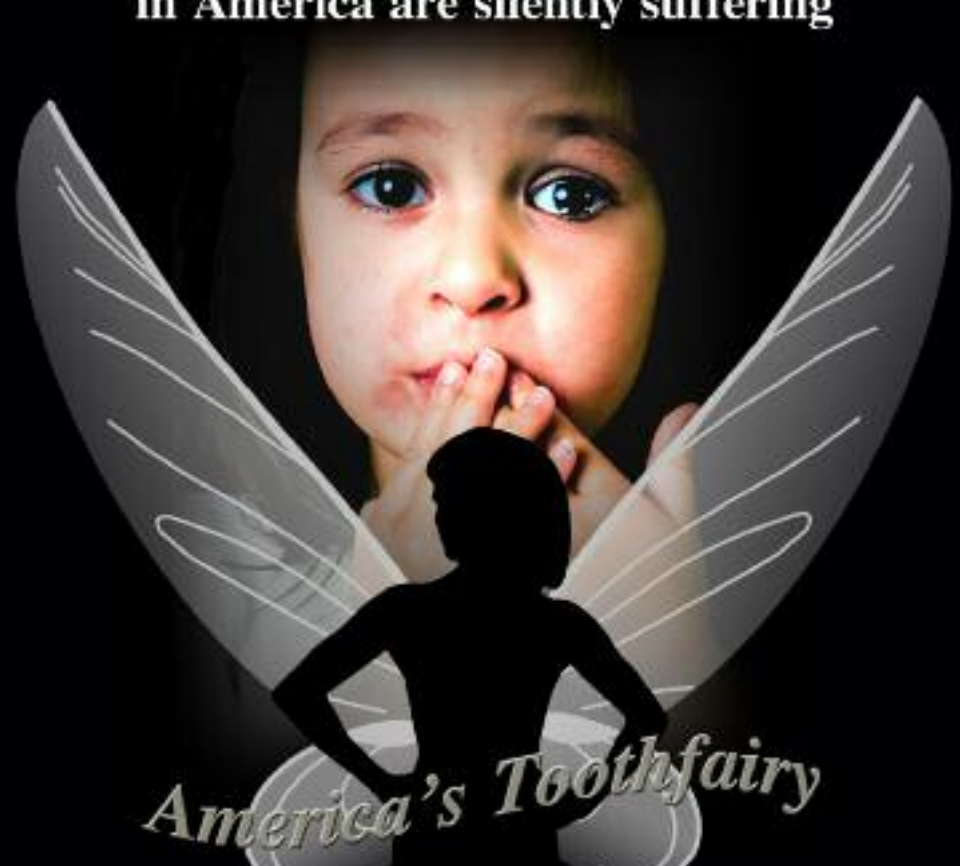
"Customer relations" is the main area where we can shine in our patient's hearts, thereby cultivating intense loyalty. It is the new yard stick that will differentiate us in our patients' hearts. Remember, no two practices can be virtually identical in the people they attract, the work they inspire, the information they pass on or the emotions and feelings they create. It is impossible! Human beings are too different and their interactions in different environments only magnify those differences. We all have walked into a company and immediately detected these forces at work.

Remember, we are not in the dentistry profession serving people; we are in the people business providing dentistry. Your dentistry gets you into a game where relationships win. Grow your business one relationship at a time.

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SimPlant Academy offers educational courses

SimPlant Academy, the educational wing of Materialise Dental, is offering computer-guided implant dentistry hands-on training sessions for beginners and more advanced users on April 24, May 29, July 24 and July 31.

Courses take place at the Materialise Dental office in Glen Burnie, Md. There is also the opportunity to sign up for one of the training sessions at the SimPlant Academy World Conference in Monterey, Calif., from June 25-27.

From scan to plan to guide, to the ultimate Immediate Smile, the SimPlant Academy training courses show dental professionals step-by-



SimPlant Academy World Conference will be held in Monterey, Calif., from June 25-27.

step how to plan and place implants with ease and confidence thanks to SimPlant and SurgiGuide drill guides.

SimPlant CompatAbility means predictable and accurate dental implant treatment, resulting in a more efficient and stress-free practice.

It gives dental professionals the opportunity to plan their surgery time more resourcefully, accept more referrals and enjoy a higher revenue on even the most complex cases.

It also allows clinicians to continue working with the implant brands and scanning equipment they

already know and use.

Phillip VanMeter, DMD, says: "One great thing about Materialise Dental USA is that once a month on-site training is offered at the Glen Burnie, Md., location. I brought one of my cases to the training session and several doctors helped with ideas of planning one of my first cases with SimPlant."

For more information and registration, call (888) 327-8202, ext. 117, or send an e-mail to matt.tedrow@materialise.be. Information is also online at www.materialisedental.com.

(Source: Materialise Dental)

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Materialise Dental

IT Upcoming Implant Events

April 28-30
25th Annual Session of American Academy of Cosmetic Dentistry
Honolulu, Hawaii
www.aacd.com

May 7-9
ICOI/Temple University Spring Symposium
Philadelphia
www.icoi.org

May 23-26
Journées dentaires internationales du Québec (JDIQ)
Ordre Des Dentistes Du Quebec
Palais des congrès de Montréal
www.odq.qc.ca

June 11-14
American Academy of Implant Dentistry: Northeast District
Boston, Mass.
aaidne.org

Aug. 20-22
26th Annual Meeting of ICOI
Vancouver Convention Centre
Vancouver, Canada
www.icoi.org

Sept. 12-15
American Academy of Periodontology Annual Meeting
Boston, Mass.
www.perio.org

Oct. 12-17
American Association of Oral and Maxillofacial Surgeons Annual Meeting
Metro Toronto Convention Centre
Toronto, Ontario
www.aaoms.org

Nov 4-7
American College of Prosthodontists 39th Annual Session
Manchester Grand Hyatt, San Diego
www.prosthodontics.org

Nov. 10-15
American Academy of Implant Dentistry Annual Meeting
New Orleans, La.
www.aaid.org

BioHorizons to host its Global Symposium

Educational event takes place this month in Chicago

BioHorizons will host its 2009 Global Symposium from April 30 through May 2 at the Hilton Chicago.

This educational event will focus on recent advances in digital dentistry, treatment planning, implant surface treatments, tissue regeneration and implant specific restorations.

Scientific sessions will bring together the outstanding and diverse expertise of top dental clinicians such as Drs. Carl E. Misch, Michael A. Pikos, Maurice Salama, Edward P. Allen and Scott Ganz to provide insight into today's most challenging implant and regeneration topics, including technical advances in diagnostic three-dimensional imaging and treatment planning software.

Each clinician-moderated session will feature a panel discussion of audience-submitted questions that fosters a highly interactive learning environment. The three days of continuing education will include hands-on training sessions and dedicated educational tracks for auxiliary and office staff.

Presenters and moderators include Drs. Misch, Salama, Pikos, Ganz, Allen, David Garber, Jack Ricci, Natalie Wong, Ray Yukna, Michael Reddy, Hamid Shafie, Jay Malmquist, Michael Klein and Murray Arlin.

BioHorizons continues to be one of the fastest growing dental implant companies in the industry because of unique offerings such as Laser-Lok® microchannels, VIP 2.1 treatment planning software and gold-hued esthetic abutments provided with every bone level implant system. Symposium presentations will illustrate the unique position of BioHorizons to assist dental clinicians throughout the continuum of care.

"Each year, the BioHorizons Global Symposium stimulates invaluable interaction within the dental implant community," said Steve Boggan, BioHorizons president and CEO. "In the current global economic climate, it is important to develop advanced knowledge and strong relationships to achieve superior esthetic results for patients and generate new opportunities for dental practices."

To register and view schedules, detailed session topics and hotel information, go to www.biohorizons.com, or call (866) 872-9785.

Register early; attendance will be limited to maintain an environment conducive to learning. This event will offer up to 20 C.E. credit hours.

About BioHorizons, Inc.

BioHorizons is a leading oral reconstructive device company at the forefront of digital dentistry. The

company has a broad product offering, including dental implants, surgical planning software, regenerative products, CAD/CAM and traditional dental restorations. BioHorizons has a direct sales force in the United States, Canada, Germany, Spain, United Kingdom, Australia, Mexico and Chile. Products are distributed in the rest of the world via a network of independent distributors.

(Source: BioHorizons)



BioHorizons is hosting its 2009 Global Symposium April 30–May 2 at the Hilton Chicago.

AD

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← **IT** page 1

Prosthesis: Evidence Based Decision Making in the Esthetic Zone

- Dr. J. Terry Green: Integrating Occlusion and Dental Implants
- Dr. Jon Suzuki: Bisphosphonates and Periodontal and Implant Surgery
- Dr. Carl Misch: Extract and Immediate Implant Insertion: Risk and Benefits
- Dr. Hom-Lay Wang: Management of Implant Complications and Peri-implantitis
- Dr. Robert Margeas: Immediate Extraction, Implant Placement and Provisionalization in The Esthetic Zone Using the Patient's Natural Tooth
- Dr. Brad Potter: Imaging for Implant Dentistry (Life in the

CBCT World)

- Drs. Steve Chu and Joseph Greenberg: Treatment Planning Strategies for the Anterior Dentition: Biometric Determinates for Teeth and Implants
- Dr. Alan Sulikowski and Aki Yoshido, CDT: Implant Esthetics, How You Plan for Restorative Success with Your Laboratory
- Dr. Ariel Raigrodski: Abutment Selection in the Esthetic Zone: Current Concepts of Materials and Design
- Dr. Ward Smalley: Implant Position and Restorative Solutions
- Mark Marinbach, CDT: Custom Abutments | To Use or Not to Use | That is the Question

While the general session begins at 1 p.m. on Thursday, earlier that morning, a number of sponsored pre-symposium workshops will be

held. IMTEC is sponsoring a course by Dr. Gregory Sawyer and his "Introduction to Mini Dental Implants;" Nobel Biocare and Dr. Bernard Krupp are running a complimentary course on "NobleActive — A New Direction for Implants;" PreXion is sponsoring a course on "Cone Beam at a Glance."

Additional courses are being given by Dr. Carl Misch, "Two Stage vs. One Stage: Immediate Load Indications;" and Dr. Donald Callan on "Criteria for Selecting a Dental Implant;" and finally, Drs. Dennis Smiler and Muna Soltan will provide a "Prescription for Bone Graft Success."

The ADIA's program is equally ambitious. Partially sponsored by ChaseHealthAdvantage, the educational objectives for its 2½-day program are:

- Develop an appreciation for the role of dental implants in the maintenance of oral health;
- Discuss the role of each member of the implant team;
- Develop procedures to ensure the "flow" of patients through the implant practice;
- Identify potential medical and medicinal complications related to implant dentistry;
- Review pharmacology and its role in dentistry;
- Understand the role of herbal therapies during patient care;
- Understand the causative factors of bone loss around implants;
- Describe important techniques for effective case presentation;
- Understand how to discuss treatment fees and present financial options;
- Review the techniques and skills involved in implant maintenance.

May 9

Attendees choose one program; certification programs are conducted simultaneously in three different rooms:

8 a.m. to 5 p.m. — Dental Hygiene Implant Certification Program (DHICP), Lynn Mortilla

Rationale for dental implants; classification and definitions of dental implants; contraindications; implant/tissue interfaces; assessment, diagnosis and treatment planning; implant surgical and prosthodontic procedures; maintenance and evaluation procedures; management of implant complications and failures.

8 a.m. to 5 p.m. — Practice Management Implant Certification Program (PMICP), Karen Young

Terminology and definitions; case presentation and handling objections; commonly asked questions and appropriate responses; fee presentation; financial options and arrangements; risk management, documentation and record keeping; practice plans and marketing; referrals; intra/inter-office communications.

8 a.m. to 5 p.m. — Dental Assisting Implant Certification Program (DAICP), Kathi Carlson

Classification and definitions of dental implants; indications and contraindications; biomechanics and biomaterials; client evaluation, assessment and selection; treatment planning, site selection and implant selection; implant complications and failures; surgical templates and stents; pharmacology and sedation; surgical preparation and infection control; surgical procedures; sinus lifts, bone grafts, tissue regeneration; prosthetic procedures; provisional prostheses and fabrication of temporaries; impressions; laboratory considerations.

To register for this implant symposium, go to the ICOI Web site at www.icoi.org or contact the headquarters by phone at (800) 442-0525 or e-mail icoi@dentalimplants.com.

(Source: ICOI)

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Osteogenics' symposium focuses on grafting

Inaugural Global Bone Grafting Symposium focuses on group learning, hands-on activities

The latest research and techniques in bone grafting, along with interactive learning activities, took center stage earlier this month at Osteogenics' Inaugural Global Bone Grafting Symposium.

160 clinicians from three continents and six countries attended the symposium held April 3-4 at the Westin Kierland Resort & Spa in Scottsdale, Ariz.

During the two-day symposium, an expert panel of speakers shared techniques and evidence-based strategies to achieve predictable results in a variety of bone grafting procedures. The clinicians also participated in a hands-on ridge augmentation workshop, as well as daily interactive treatment planning sessions featuring real-time treatment planning discussions among the panelists.

Company president Shane Shuttlesworth said the goal for the symposium was to create an open, interactive environment conducive to group learning.

This was achieved by allowing speakers ample time to present in-depth discussions featuring complications and appropriate management, creating an interactive learning environment between the expert panel and the audience, and keeping unbiased education a focus of the symposium.

This year's symposium faculty included Dr. Henry Greenwell, Dr. Eiji Funakoshi, Dr. Daniel Cullum, Dr. Jeffrey Lemler and Dr. Barry Bartee. Dr. Thomas Wilson served as the lead panelist.

Greenwell presented clinical data from numerous studies comparing various socket grafting techniques and materials, as well as ridge aug-



More than 160 clinicians from three continents and six countries attended Osteogenics' first Global Bone Grafting Symposium in Scottsdale, Ariz.

mentation trials conducted at the University of Louisville's Department of Periodontics. Lemler's presentation focused on horizontal and vertical ridge augmentation of the atrophic edentulous ridge using allograft bone matrix and guided tissue regeneration membranes. Bartee's presentation examined six myths associated with socket grafting and used current scientific evidence to disprove these commonly held beliefs. Cullum discussed minimally invasive sinus lift techniques and lectured about a ridge expansion technique using customized instrumentation. Funakoshi reviewed his innovative technique of vertical and horizontal ridge augmentation utilizing an open barrier membrane technique with titanium-reinforced high-density PTFE membranes, allograft bone matrix and enamel matrix proteins.

Bartee and Cullum conducted a ridge augmentation workshop featuring the use of Cytoplast® high-density PTFE membranes and Regeneform® Allograft Paste. A predictable membrane fixation using a unique self-drilling screw system, rather than tacks, was also demonstrated. Attend-

ees were able to perform these procedures on models, allowing for a hands-on experience.

In the daily treatment planning sessions, Wilson and Cullum served as moderators and led lively discussions among the panelists.

Using actual clinical cases, panel members were asked to diagnose, treatment plan and manage potential complications, all in a real-time environment. The pros and cons of the various augmentation techniques and approaches were openly discussed among the panelists until a consensus was reached on the appropriate clinical approach to the problem at hand. To further encourage interactive learning, clinicians were invited to submit questions and have the panel discuss hot topics in bone grafting.

The program's unique structure also allowed time for individual interaction and peer-to-peer learning. In addition to the group learning activities, clinicians had the opportunity to interact with their peers during meals and during a cocktail reception held on Friday evening.

Plans are already being made for next year's symposium.



Dr. Daniel Cullum leads a hands-on ridge expansion demonstration following his lecture.

"The response to our first global bone grafting symposium was excellent, especially in these challenging economic times," Shuttlesworth said. "The feedback from attending clinicians was overwhelmingly positive. The speakers did an outstanding job presenting the latest research and surgical techniques on a variety of bone grafting procedures, and I think the audience really enjoyed the interactive format. This is definitely something that we will do each year, and we will continue to bring exceptional speakers on a variety of interesting and relevant bone grafting topics."

(Source: Osteogenics)

AD

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Straumann, Ivoclar Vivadent partnering to provide solutions for restoration, replacement

Straumann and Ivoclar Vivadent recently announced a partnership agreement that will enable them to offer highly esthetic solutions for tooth replacement and restoration.

Under the agreement, Ivoclar Vivadent will supply its proprietary high-performance IPS e.max ceramic technology to Straumann for use in the latter's dental prosthetic solutions, both implant and tooth borne.

The first combined product, the Straumann Anatomic IPS e.max Abutment was launched at the International Dental Show (IDS) in March and will be available in



Europe next month and in North America from June onward.

A range of Straumann CAD/CAM prosthetics in IPS e.max lithium disilicate ceramics will also be launched in the coming months.

IPS e.max ceramics

The strength and machining characteristics of Ivoclar's IPS e.max zirconium dioxide ceramic make it



ideal for the fabrication of durable, high-precision implant prosthetics (abutments). Being ceramic, it provides an excellent foundation for a highly esthetic final restoration.

The IPS e.max lithium disilicate ceramics are used for final restora-

tions on implant abutments or on natural teeth.

Strength, quality and durability combined with translucence and natural vitality are the distinguishing properties that make it a material of choice for highly esthetic results that are virtually indistinguishable from natural teeth.

Anatomic abutments

Straumann offers a broad range of standard and custom implant abutments in a range of materials, including anatomic abutments in titanium.

Anatomic abutments are pre-shaped, standardized implant prosthetics that can be modified both in the dental laboratory and the practice. The new Straumann Anatomic IPS e.max abutment offers a flexible, "off-the-shelf" solution. It comes in two gingival heights, two shades and two configurations (straight and angled).

In its sintered state, IPS e.max can be easily shaped by grinding. Like the customized CAD/CAM ceramic abutment, it takes ceramic down into the bone and provides a natural-looking tooth base for an all-ceramic restoration. Straumann is the only company to offer an all-ceramic abutment made from the IPS e.max (zirconium dioxide) material.

Designed for use with Straumann's new-generation Bone Level Implant range, the new abutment features the innovative CrossFit connection for convenient handling, optimal pressure distribution and precise tight fit. It also makes use of the Bone Control Design concept and the existing Straumann planning and instrument set.

Flexible and efficient abutments made from enhanced materials offer multiple advantages to dental professionals and patients including enhanced esthetics, greater efficiency and added predictability in the final restoration.

Super esthetic restorations

Straumann supplies CAD/CAM copings, crowns and bridges in a range of modern materials including zircon (ceramic), ticon (titanium), coron (cobalt chrome) and polycon (polymer).

The addition of IPS e.max lithium disilicate ceramics enables the company to offer super esthetic crowns, inlays, onlays and veneers in various shades and translucencies along with all the advantages of the Straumann CAD/CAM solution. The first lithium disilicate ceramic products (copings and crowns) will become available in Austria, Germany, and Switzerland in June, followed by the full range throughout Europe by year end.

(Source: Straumann)

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2009

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Materialise in full force at AO annual meeting

At the 2009 Academy of Osseointegration Annual Meeting in San Diego, Calif., Materialise Dental was there in full force with a booth displaying the SimPlant® CompatAbility business model. Booth visitors were invited to satisfy their quest for knowledge on 3-D digital dentistry while enjoying a 3-D digital gaming experience with the possibility to take home their very own Nintendo Wii with the purchase of a SimPlant Package.

Versatility for all levels of users

Materialise Dental focuses on 3-D digital dentistry, offering a range of products and services to implant professionals and their patients. From

scanning and planning, to drilling and implant placement, to the ultimate Immediate Smile®, the company's SimPlant technology offers clinicians a comprehensive 3-D system for accurate and predictable implant treatment. The SimPlant system is cost-effective, user-friendly and uniquely compatible with the brands and equipment that clinicians already know and use.

3-D digital dentistry & 3-D digital gaming

The Materialise Dental booth was full of members, faculty, speakers, industry patrons and students throughout the breaks, lunches and reception on Thursday. Its theme "3-D

Digital Dentistry meets 3-D Digital Gaming" was on display as they entertained passers-by with their Nintendo Wii promotion.

This year's annual meeting theme was "A New Wave in Implant Therapy," and one couldn't help but notice an underlying tone to that theme during all of the main podium lectures, corporate forums and breakout sessions — (CB) CT guided treatment planning using three-dimensional tools. In the AstraTech Dental corporate forum, Dr. Scott Ganz talked about the integration of technologies including Facilitate and Atlantis abutments to reach an optimal esthetic and prosthetic result. Dr. Alan Rosen-

feld spoke about "The art of computer-guided navigation for implant placement and immediate provisionalization" while Dr. Michael Block spoke about "Patient selection criteria and avoidance of CT guidance related complications" during the BIOMET 3i corporate forum. Other implant companies, such as Straumann, also hosted corporate forums and included the importance of computer-guided implant dentistry. Throughout the entire meeting, immediate loading using guided surgery was a large topic of interest for both speakers and participants.

(Source: Materialise Dental)

Crescent can help make your clients comfortable

How often have your patients experienced neck or back problems during their visit to your practice? How often have *you* experienced discomfort because the patient is not positioned in the dental chair properly? If either of those questions brings a common scenario to mind, you will be pleased to know that there is a very simple, inexpensive solution for you.

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The dental headrest, dental backrest and premium chair pads are made with memory foam, allowing patients to conform to the product, providing them much needed support and eliminating tension during their procedure.

The headrest allows the patients' heads to angle back, bringing their chins upward and allowing for easier access for their treatment. The backrest is a memory foam pillow that supports the lumbar area, eliminating strain to the lower back. In conjunction with the headrest and backrest, the patients receive additional hip and lower back pain relief with the Crescent Products Knee Support. When the knees are elevated, the tension is immediately eliminated in those areas.

If you haven't yet tried these products, it is time to experience them today! View all the products at www.crescentproducts.com/dental.htm. You can reach Crescent Products at (800) 989-8085.



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"My LVI education has enabled me to not only survive, but to thrive."
– Dr. James R. Harold

"There is nothing out there that even comes close to the LVI experience. The amount of enthusiasm I am bringing home with me is unbelievable. What an experience and a treat!"
– Dr. Robert S. Maupin

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Nobel globally launches system at IDS

At the 55th International Dental Show (IDS), Nobel Biocare globally launched its state-of-the-art NobelProcera™ system with new prosthetic products and materials. It also extended the successful Nobel-Active™ launch by introducing a complete NobelActive prosthetic assortment and presented updated long-term Ti-Unite® data on the most widely-used osseointegrative biomaterial.

With these latest introductions, together with the long-term success of its clinically proven implant surface, Nobel Biocare is reinforcing its commitment to the market and to dental professionals by offering solutions that are exclusively science-based and focus on exceeding clinical and esthetic patient requirements.

The new NobelProcera system includes an innovative new optical scanner and a prosthetic design software package as well as an extended material and product offer, which will set new standards in the CAD/CAM development, design and manufacturing of dental prosthetics, especially for fully edentulous indications. With this new NobelProcera system, laboratories and clinicians can expect a vast improvement in their design and production efficiency and precision with the full range of Nobel Biocare treatment options.

- **New innovative optical scanner.** The new NobelProcera optical scanner uses the patented conoscopic holography technology, which offers precision, speed and accuracy as well as new scanning ability. Conoscopic holography technology was developed by Optimet and has been well-proven in the aerospace and automotive industries. This is the first application of conoscopic holography in dentistry, and Nobel Biocare owns the exclusive rights to this application. The new optical scanner provides clear advantages for dental laboratories: ease of use, highly precise measurements and an intuitive holder design that enables fast batch scanning.

Most important, conoscopic holography enables scanning of steep angulations and undercuts, thereby opening up new opportunities such as impression scanning.

- **New cutting-edge prosthetic software.** Supporting the new optical scanner, Nobel Biocare is now introducing cutting-edge 3D prosthetic design software. The software has been developed by the Canadian company BioCad, which Nobel Biocare acquired in 2008. The software significantly simplifies the prosthetic design process. With excellent visual guidance through each step of the design workflow, the software allows laboratories to design prosthetics more effectively and precisely than before. Technicians are able to click on a button to choose the desired material, define prefabricated retentive elements and select automated CAD options for customized crowns and bridges. And in the near future, telescope abutments, crowns and bars will also be available.

The new NobelProcera software offers technicians a highly advanced CAD dentistry tool with nearly unlimited design possibilities and features such as an anatomic tooth library, automatic cut-back functions, automatic setting of the finish line, a margin-setting function and a morphologic connector design.

- **Launch of full shaded zirconia assortment.** Following the success of the shaded NobelProcera Crowns Zirconia, Nobel Biocare has launched the full assortment of shaded zirconia at the IDS, including abutments, copings, bridges and implant bridges. In contrast to immersion dyeing, the unique coloring process for NobelProcera Zirconia ensures color homo-

geneity throughout each restoration, while maintaining superior flexural strength (1080MPa), an excellent marginal fit and optimal translucency. External studies (Nordic Institute of Dental Material NIOM NobelProcera Zirconia testing: S306269B, S306205B) have shown no degradation in strength compared to white zirconia. The new NobelProcera launch includes shaded zirconia solutions for natural-tooth retained (4-unit anterior and 3-unit posterior) and implant-supported long span bridges (5–14 units) in both white and shaded zirconia.

- **Launch of new materials for cost-effective solutions.** The introduction of the NobelProcera system will enable

the use of new materials and products that complement today's comprehensive material range consisting of alumina, zirconia and titanium. These new materials will include cobalt-chrome for crowns and bridges, and acrylics for different indications.

These additions, coupled with the new optical scanner and software, will make for a complete, state-of-the-art system for laboratories, allowing lab owners to streamline their model and fix departments. Nobel Biocare has created the basis for the most complete, best quality oral rehabilitation platform available in dentistry today.

(Source: Nobel Biocare)

AD



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10 YEARS WITH TIUNITE® SURFACE
New data confirm long-term stability.

* Source: Millennium Research Group

Versatility, ease-of-use and predictability have made NobelReplace™ Tapered the most widely used implant design in the world.* NobelReplace™ Tapered is a general use, two-piece implant system that performs both in soft and hard bone, one- and two-stage surgical procedures, while consistently

delivering optimal initial stability. NobelReplace™ Tapered is a system that grows to meet the surgical and restorative needs of clinicians and their patients – from single-tooth restorations to more advanced multi-unit solutions. Whether clinicians are just starting or are experienced implant users, they will benefit from

a system that is unique in flexibility and breadth of application. Nobel Biocare is the world leader in innovative evidence-based dental solutions. For more information, contact a Nobel Biocare Representative at 800 322 5001 or visit our website www.nobelbiocare.com/nobelreplace

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**Astra Tech Implant System:
setting new standards**

The unique Astra Tech BioManagement Complex™ design of the Astra Tech system helps to optimize marginal bone maintenance with results that are at least four times superior to the current standard norm.

The standard norm regarding dental implant treatment success from 1986 accepts a marginal bone loss of up to 1.5 millimeters. However, it has been proven in study after study, and documented in more than 40 articles, that with the Astra Tech Implant System™ the mean marginal bone level reduction is only 0.3 millimeters over five years.

Astra Tech encourages dental professionals to challenge the current standard norm and demand more from their implant system, both in terms of documentation and results, all for the long-term benefit of their patients. When every millimeter counts, there is no reason why any clinician or his or her patients should accept a marginal bone loss of up to 1.5 millimeters.



Count on optimal marginal bone maintenance with the Astra Tech Implant System. Why settle for less?

To learn more about the Astra Tech Implant System and the supporting scientific documentation, check out www.astratechdental.com or call (800) 531-3481.

**RIEMSER introduces Bacterin line of
allograft products to U.S. dental market**

RIEMSER, Inc., a leading supplier of bone regeneration products, will begin distributing the Bacterin family of dental allograft products to general dentists, periodontists, and oral and maxillofacial surgeons. Processed in Bacterin's fully AATB-accredited facilities, the Bacterin line includes:

- OsteoSponge® Block, a novel, cancellous demineralized bone matrix (DBM) that can absorb its weight in fluid and has the malleability and elasticity to be compressed into any void, while forming a strong biological scaffold.
- OsteoSponge® Filler, a unique demineralized particulate allograft that provides excellent osteoinduction.
- D-Block, a novel sterilized block allograft for alveolar defects.
- OsteoWrap®, a flexible 100 percent human cortical bone product that offers unique malleability, while acting as a barrier membrane.

These products are indicated for



ridge augmentations, sinus elevations and repair of other bony defects where allograft products can enhance bone-grafting procedures. U.S. surgeons have been using the Bacterin line successfully in dental, spinal and orthopedic procedures for the past five years.

RIEMSER Inc., based in Research Triangle Park, N.C., has a product portfolio that also includes Cerasorb® M grafting material, EpiGuide® membrane and REVOIS® implant products.

**Cordless curing light Crystal 700
developed by Zurich Dental**

The cordless curing light Crystal 700 developed by Zurich Dental has the latest LED technology. Less heat generation than halogen curing lights means there is no need to replace the light bulb. The large LCD display makes operation easier and more convenient than before. The 10 second time is usually enough



to cure most composite resins up to 4 mm, which saves significant time for dental clinicians. The curing time is preset to 5, 10, 20, 30 or 40 seconds. No need to worry about the battery anymore because Crystal 700 Wire/Wireless interchangeable can operate directly with a power adapter or wirelessly.

Another excellent feature of the Crystal 700 is that it has built-in radiometer that can measure the intensity of the light, so there is no need to purchase a separate radiometer.

For more information, please visit www.zurichdental.com or call (800) 553-8710.

AD



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TIRED OF MEMBRANE COLLAPSE INTO DEFICIENT DEFECTS?

Both extraction sites with deficient structural support *and* ridge augmentation procedures often require **tenting membranes to prevent collapse**. These same procedures are often the most difficult cases to achieve closure, limiting the applicability of traditional tenting membranes. However, Cytoplast® dense PTFE titanium-reinforced membranes are actually **designed to withstand exposure** and prevent bacterial penetration, while also preventing collapse.



Due to a vertical root fracture, the entire buccal plate is missing. The titanium-reinforcement of the Cytoplast® Ti-250 Anterior Narrow allows easy placement and maintenance of space.



The dense PTFE membrane has a pore size of <0.3µm, making it occlusive to both soft tissue cells AND bacteria. Primary closure is not necessary.



At two weeks, healing over the membrane is excellent – no inflammatory response and infection-free.



Because the membrane is left exposed, a non-surgical removal requires only topical anesthetic after 4 weeks of healing.



Two weeks after removal of the membrane, soft tissue has re-epithelialized over the socket. Soft tissue contours are preserved.



Re-entry at 4 months shows regeneration of the ridge to its original dimensions. Implants may now be placed in an optimal location.

Shown actual size.

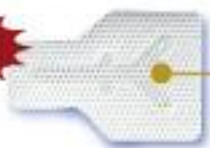


CYTOPLAST® TI-250 ANTERIOR NARROW
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14mm x 24mm Ti250AS-2 (2 membranes per box)
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~~\$365~~ **\$315 SPECIAL!**

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DISCOVER WHY SO MANY SPECIALISTS RELY ON CYTOPLAST® TI-250 TITANIUM-REINFORCED MEMBRANES

"This membrane exhibits the least amount of post operative inflammatory tissue response, if any, and is easy to keep clean...even if a large portion is exposed. They almost maintain themselves, and if they don't self exfoliate, they are easy to slide out. Best of all, the bone forms where you want it to be!"

Robert Corzelnik, DDS, Oral & Maxillofacial Surgeon

"This is an excellent barrier in cases that don't require additional connective tissue grafting. Does not require primary closure [and the] tissue remains healthy at the margins."

Giles Horrocks, DDS, Periodontist

"The membranes are very easy to use. The ability to bend them to allow space for particulate grafting is superior to collapsible membranes such as Biomend. As we know through research, the tenting effect of this membrane allows for more bone regeneration."

Craig L. Meadows, DDS, Periodontist

"I use your membrane for all of my immediate extraction/immediate placement implants. I am getting predictable results. The time saved is another bonus."

Charles C. Chen, DDS, Periodontist

"When space making is needed, such as loss of the buccal plate in a maxillary/mandibular molar, the titanium enables the clinician to mold the membrane easily."

Robert Levine, DDS, Periodontist



< Broader titanium frame increases rigidity and allows for the creation and preservation of space when grafting.

< Pilot holes create more secure membrane stabilization.

New features currently available on XL and Buccal.

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Laser-Lok® dental implant at 8 years post-restoration showing superior crestal bone & tissue maintenance.

Case courtesy of Cory A. Shupoff, DDS (Surgical); Jeffrey A. Batistich, DDS (Restorative)

Laser-Lok® microchannels

BioHorizons is known for using science and innovation to create unique implants with proven surgical and esthetic results. Laser-Lok microchannels exemplify our dedication to evidence-based research and development.

The effectiveness of Laser-Lok has been proven with over 15 years of *in vitro*, animal, and human studies at leading universities.¹ This patented precision laser surface treatment is unique within the industry as the only surface treatment shown to inhibit epithelial downgrowth, attract a true, physical connective tissue attachment to a predetermined zone on the implant and preserve the coronal level of bone; long term.¹

Laser-Lok is currently available on Tapered Internal, Single-stage, and Internal Implants.



¹Clinical References available: ¹Human Histologic Evidence of a Connective Tissue Attachment to a Dental Implant. M. Nevins, M.L. Nevins, M. Camelo, J. Boyesen, D.M. Kim. The International Journal of Periodontics & Restorative Dentistry Vol. 28, No. 2, 2008.

For more information, contact BioHorizons
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