

# Davidoff Dental Seminars

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Spring 2004

- See insert for new course schedules from DDS
- 26 hours of CE credit are available at [dds-online.com](http://dds-online.com)
- Dental Implants for your patients are still available at \$950.00 per implant.

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## Twenty Years of Implant Dentistry. . .

**I** took my first Brånemark implant course in 1984 in Toronto, Canada with Dr. George Zarb and Dr. P. I. Brånemark. To say that these courses were an eye opening event in my dental career is a gross understatement. I immediately realized that I wanted to concentrate the remainder of my professional career in the field of dental implantology, a realization that was augmented by my then recent achievement of Board Certification in Prosthodontics. And so for the last 20 years, I have made it my mission to master all phases of implant dentistry including implant prosthodontics, implant related laboratory work and finally implant surgery. To date, I have placed, restored and fabricated almost ten thousand implant units and have achieved a success rate which approached almost 100%. During this period, I have placed or restored almost every variation in implant design that has come across the market place using most of the techniques as they have become available. But admittedly, I remain a big fan of the original Brånemark design and technique.



It is interesting for me to contemplate the various implant and implant placement techniques that have crossed through my practice. It is interesting as well to look into the various advances that have been made in implantology over the years. There have been significant techniques in such critical areas as bone grafting which have enabled me to treat more patients with dental implants. There have been interesting advancements in terms of implant staging and prosthetic options that are available. The discussions that are prominent at meetings today on immediate loading, implant micro surface, delivery systems and overall implant design are fascinating as well. The problem is that many of these discussions and so called advancements are derived out of a means to sell more implants, not necessarily about how to make everything work better. I think that after 20 years in this field, I should comment specifically on some of these advancements and maybe try to put them all into perspective for the profession and, for the people who benefit most from dental implants, the patients.

As I stated, I have a very high success rate with dental implants. That does not mean that I do not have failures. Sometimes, I place an implant and it does not integrate. This is always of extreme interest to me because I most want to know why implants fail. I believe that in the early years, the biggest factor for failures was the learning curve, the technique of placing and restoring dental implants. Even fighting the learning curve, implants are still a very successful modality and in the beginning, it was not always easy to figure out what went wrong with the relatively small numbers of failures. To see the rest of this article, please go to <http://www.dental-implants.com/observations-2004.htm>

## Replacing Lateral Incisors

**C**ongenitally missing maxillary lateral incisors is a very common situation in dentistry. Before implants, this was a fairly difficult entity to treat.

The choices were to either preserve the lateral incisor space orthodontically or move the cuspids into the space. The resulting missing tooth was then replaced prosthetically, usually with a fixed partial denture.

Movement of the cuspids into the lateral incisor spaces was, in my opinion, a huge mistake and compromised the integrity of the entire arch.

Today, it is pretty well defined that the best treatment is to preserve the lateral incisor spaces and replace those teeth with dental implants. This patient was a 17 year old girl who came to me at the completion of orthodontics.

Fortunately, the orthodontist made the right decision and opened up the lateral incisor spaces. I placed two 3.3 mm diameter Intra-Lock dental implants (remember, I am an investor in the Intra-Lock company) and allowed them to integrate for three months. These implants have an external hex that is larger than the conventional Brånemark external hex implant

*“These implants have an external hex that is larger than the conventional Brånemark external hex”*



making them fairly easy to restore with a single tooth restoration. Second stage surgery was accomplished with a soft tissue punch completely preserving the gingival around the dental implant. A two-piece impression coping was used to record the position of the hex and a custom made coping was constructed to fit on the implant. A single crown was constructed to be cemented onto the abutment. The restoration was placed and adapted to the existing occlusion. The crown is significantly below the gingival margin which in the picture below is still a little thick and excessive. I will follow this restoration for several months to determine whether or not I have to contour the soft tissue further. The abutments were torqued to 35Ncm and the crowns were cemented with IMPROV non-crystallizing implant restoration cement. The patient is currently on recall to observe this restoration. Instructions to the patient caution her to avoid heavy chewing on these restorations for the first six months.



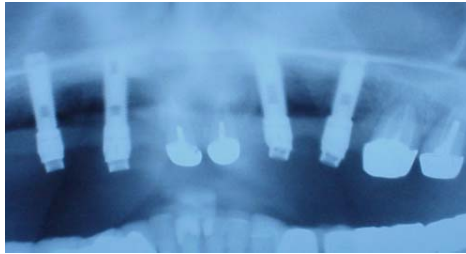
## Splinting Implants—Long Term Success

One of the controversies in dental implantology revolves around splinting of implant restorations. I have been a proponent of splinting implant restorations wherever possible. Since the quality of



bone in the maxilla is not as good as the quality of bone in the mandible, I have said that the minimum restoration for the maxillary arch would be four implants splinted together with a bar for an overdenture. I have generally shied away from maxillary overdenture restorations utilizing individual attachments. This particular patient

came into my practice about ten years ago. I constructed an immediate maxillary overdenture (utilizing four of her remaining teeth. She had a hard time



with the covered palate so I added four dental implants and constructed an ERA attachment overdenture using the implants and placing gold copings on the remaining teeth. This lasted very well for 8 years and then it failed because two of the implants were literally pushed out of the buccal housing of bone. At his point, I replaced the two implants and also removed the two maxillary incisor teeth. A gold bar was constructed and a clip bar overdenture was constructed as well. This restoration has been in place for about two years now and seems to be doing very well. I think the bar and the splinting it provides will prevent further loss and damage of the implants.

*“I have long been a proponent of splinting implant restorations wherever possible”*



I would like to comment here about splinting implants and natural teeth. While I still maintain that this is a dangerous and often unwarranted procedure, I sometimes do splint implants and natural teeth. I do it

when I think there will be a benefit to the success of the treatment which will outweigh the problems that can arise. Splinting implants and teeth can often result in damage to the implants because you are often creating a major cantilever effect which will place harmful lateral forces on the dental implant. So over the years, I have done this very cautiously with perhaps a dozen selected patients. So far I have not had any problems, but I do monitor these patients very carefully.

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## Major Reconstruction

**A**s a Prosthodontist, my favorite thing is a real complex major reconstruction. The more difficult, the better. With dental implants, you have both a very powerful tool to aid in complete dental reconstruction and a separate factor that can cause problems with the overall treatment. Often, I come upon situations that are completely unique and difficult to treat. This particular patient began his dental treatment about 7 years ago. He was approximately 63 years old and in excellent health. He came to me originally to adjust his partial dentures and we ended up following a treatment plan that called for full implant supported restorations. His present-  


ing dentition was very compromised, but he had excellent bone. I started by removing the remaining teeth and constructing immediate dentures. I placed about 8 implants in the maxilla and then 8 in the mandible. All eighth implants in the mandible failed. I suspect that this failure was due to the avascularity of a very large mandible. I retreated the mandible utilizing HA coated implants to help the osseointegration process along as much as possible. I still lost a couple of implants, but ultimately ended up with enough to do a fixed restoration. The patient was checked by his physician for any contributing medical problems; diabetes would be on the top of that list.

It took me over three years to complete this restoration. Fortunately the patient was extremely cooperative and appreciated the extra efforts that were made to make this treat-  


ment successful. Two hybrid restorations were constructed for this patient. The maxillary restoration was an all ceramic restoration and the mandibular was an acrylic hybrid. The patient had a little difficulty getting used to all of the hardware, but has done extremely well for the past five years.  


*Date: June 9, 2004*

*Time: 6PM—9PM*

*Tuition: FREE*

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## **Implant Pizza Party**

Hosted by: S. Robert Davidoff, DMD, FACP  
Flora Gottlieb  
Tina Rodgers  
Dannette Archer

BOCA RATON  
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7301 W. Palmetto Park Rd  
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**Located in the Boca Center  
off Military trail just North of  
Palmetto Park Road.**

**To register, contact Flora at  
561-347-0105 to reserve your  
places and be sure to include  
your entire staff.**

Here is another wonderful opportunity for you and your staff to enjoy an evening of Pizza and Learning. The topic is **Implant Restoration Technique** and the course is designed to show you and your staff how to maximize this service in your dental office. This evening course will give you the techniques and information you and your staff need to provide an exceptional implant service for your patients in your own office. It will help you diagnose and treatment plan your implant patients and provide a proven method for treatment. These techniques are also a great practice builder. See you all there...Bob



# ms Rotterdam Southern Caribbean & Panama Canal

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**SAILING DATE:** November 2, 2004

**SHIP:** ms Rotterdam (Holland America)

**Blue skies overhead, an aqua sea at the ship's bow and you're on your way to view, firsthand, the force of vision, engineering and will that is the Panama Canal. Alluring Caribbean islands, lush Costa Rican rain forests, Mayan ruins and Mexican resorts are just some of the distractions along the way.**



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**See Course details on the back of this page**

# Advancing Your Dental Practice Through the Incorporation of State-of-the-art Dental Techniques: Practicing Smarter into the Twenty-first Century

## Synopsis:

Certain technologies such as dental implantology, cosmetic procedures and advanced rehabilitation dentistry lend themselves to the promulgation of a refined and rewarding dental practice. It is difficult for many of us to keep abreast of the significant advances in the delivery of dental care today and it has been a problem for many of us to overcome the pitfalls in private practice that make dentistry a chore and prevent us from feeling the true rewards of state-of-the-art dentistry.

This seminar will cover the essentials of Dental implantology for the general practitioner. It will also cover state-of-the-art cosmetic dentistry in a manner designed to give the general practitioner a full understanding of what is truly essential in improving their patient's smiles. Lastly, major reconstruction, which has so often been rather intimidating for the average practitioner will be broken down to its essential and predictable components and a pathway will be developed that will allow any general practitioner to provide the maximum results for their patients.

## Implant Dentistry:

1. Implant practice for the restorative dentist: Every day, Implant dentistry finds more impetus within the general dental practice. This lecture will discuss all aspects of dental implantology and how it relates to the practice of general dentistry. It will outline the important principles for incorporation of dental implant procedures, both surgical and restorative, within the general practice and it will give specific information about various types of dental implant procedures which are amenable to the private practice....
2. Implant Classification System and other diagnostic aids: All dental procedures start with diagnosis and treatment planning procedures and dental implantology is no exception. As a matter of fact, these procedures become more critical in the dental practice for implant procedures because there is very little margin for error here. These lecturers will give the restorative dentist a firm basis for diagnosis and treatment planning as well as a complete understanding of treatment alternatives using dental implants....
3. Implant Overdentures: Implant overdentures are the bread and butter procedures of the general practice. There are lots of options here and this series will give the practitioner a complete understanding of what they are and when to use them...
4. Transitional Implants: The latest addition to our implantological armamentarium is the mini or transitional implant. These techniques are easily mastered and easily applied to the general practice of restorative dentistry. The transitional implant is a non-surgical, rapid solution to overcoming edentulism for many of our patients...
5. Bone Grafting: Today it is essential that we understand the significance and technique of bone grafting in the placement of dental implants. These procedures are well established and fairly easy to master at this time...
6. Patient Seminar: This lecture is one for patients to understand the procedures and benefits of dental implants. It has been developed over the past 15 years and has been found to be an excellent adjunct in patient education...
7. Marketing: Nothing gets done unless you can attract the patients that need these procedures into your office. This series will discuss all aspects of marketing including internal and external marketing. Patient education is a big part of this series...

## Cosmetic Dentistry:

1. The smile evaluation: The first requirement for providing a cosmetic dental result is the ability to properly evaluate the present cosmetic condition. Cosmetics is the "big picture" and it takes a bit of experience to properly evaluate and correct.
2. Materials for Cosmetic Dentistry: Needless to say, it can be very confusing when evaluating materials that will be used for improving the appearance of teeth. There are many different composites, ceramics and hybrid materials to choose from and advertising claims make it very difficult to choose the proper materials. I urge all my students to become very familiar with a few basic material and use those when confronted with these procedures.
3. Function v Cosmetics: Here is the crux of cosmetic dentistry. If you improve appearance by sacrificing function, you have only failure. True cosmetic dentistry provides both functional and cosmetic improvement for the patients.
4. Long term results: The key to success. We will discuss this subject from many aspects....

## Major Dental Rehabilitation:

1. One tooth dentistry: The fallacy of practice: Unfortunately, most of us were taught one tooth dentistry in dental school. This is the quickest path to failure. In order to properly restore a dentition, it is essential to consider the entire masticatory system.
2. Selecting and selling the patients: Patients do not usually come in for major definitive procedures. They are very often seeking simplified solutions for local problems and these solutions usually do not result in overall improvement of the condition. You have to be able to educate and "sell" your patients on definitive dentistry.
3. The role of the specialists in today's reconstructive dentistry: While we all occasionally try to go it alone, there is a large need in major dental rehabilitative procedures for a sharing of the resources and an incorporation of trained specialists for various phases of treatment. The key is to know when and why to use a specialist in the treatment of your patients.
4. Long term results: the goal: Again, long term results are the keys to success. How can you insure your long term results?