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Davidoff Dental Seminars

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Special points of interest:

- See insert for new course schedules from DDS
- Florida Biennium Dental licensure registration period is about to end. Twenty-four hours of CE credit are available at dds-online.com
- Dental Implants for your patients are still available at \$850.00 per implant.

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Working together in tough times...

The events of September 11th have truly changed our lives forever. Our concerns are not only the losses in life and the ensuing war, but also the problems that may be anticipated with the economy. The dental profession has usually been very susceptible to changes in the economy and no doubt, there will be a slow down of discretionary health care spending and that will affect the delivery of dental care in this country. Making our profession recession proof has long been a goal, but difficult to attain. In order to achieve this, we have to emphasize the need for educating the public and providing those procedures that are in high and constant demand.



My efforts in the past fifteen years has been to educate the public about the need for tooth replacements, specifically dental implants. Fortunately, this is an area where there is a very high need and the demand is increasing every day. To provide edentulous patients with a reasonably fee based dental implant service has literally spurred an unprecedented growth in my practice and I have not been at all shy in sharing what I have learned with my colleagues here in Florida. To date, I have trained more dentists to provide dental implant services for their patients than any other educational entity in the area. I have shared my information on implant restorations, implant surgery, marketing and practice enhancement and it has all been to the betterment of our profession.

I urge you all to support our profession by providing education to the public and by training to master those areas of dentistry that are most pertinent to our present local patient population. I also encourage all of you to be generous and supportive of your colleagues. Working together in times like these will benefit all of us. SRD

Implant Study Group

This September, I began my seventh Dental Implant Study Group right here in Boca Raton. We have nine local dentists signed up this year and it really is a very impressive group of individuals who are already holding me to task to deliver a high caliber course. The goal of this years study group, as in the past several years, is to stimulate an interest in dental implant surgery for the restorative dentist. My philosophy has always been that the general practitioner is in an excellent position to provide dental implant procedures for their patients and to that end, I do everything possible to stimulate interest and provide training and support.

Granted, dental implant surgery is not for everyone, but in the past several years, I have been gratified to see several of the study group members go on to very aggressively include this discipline in their daily routines of patient care. Those who have gone through the course and have decided to not actually provide the surgery themselves still realize the benefit of profound understanding of what is necessary to place and restore dental implants for their patients. I love these win-win situations...

Long Term Implant Reconstruction



“It took me many years before I had the confidence to place a fixed restoration on both natural teeth and implants”

The true test of success in dentistry is success over long periods of time and I can tell you that after 32 years of practice, it takes a lot of hard work and skill to develop longevity in dental reconstruction. Steve came to me a little over ten years ago when I was really starting out in implant surgery and put me to the test with a very difficult treatment situation. I have worked hard over the last ten years to rehabilitate Steve’s dental condition, but those of you who have seen my lectures and read my articles in the dental literature know that I have learned so much from having the privilege of treating Steve.

Steve’s initial problem was a failing maxillary reconstruction. He had only four maxillary teeth and the fixed bridge that was anchored to them kept coming loose and falling down. The problem was exacerbated because Steve is a singer and entertainer. I came up with a treatment plan to salvage the four remaining teeth and add five implants reconstructing the maxillary arch with a fixed restoration. The natural teeth had copings cemented to them and the entire restoration was cemented to these copings and held to the implants with screws. Everything went very well for the first couple of years until the screws apparently loosened up and the restoration literally rocked out the natural teeth. At that point, I was worried about losing my implants and the entire reconstruction, but the implants were very well integrated and they are still there. It is ten years since the implants were loaded and the case still looks great.

Over the past year, we decided to tackle the lower arch which had only three remaining teeth. I kept those teeth and placed five implants in the mandible. I constructed a fixed bridge that is now supported by the natural teeth and the implants. I must say that it took me many years before I had the confidence to place

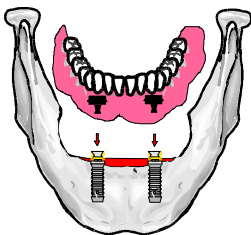
a fixed restoration on both natural teeth and implants, but it is through working with this patient and several others that I have developed a protocol to do this. Needless to say, this is not something that should be done arbitrarily, but rather with great fore thought and planning.



Two-Implant Overdenture Revisited

Since the publication of my article entitled: **Dental Implantology: A Simplified Technique for Treating Mandibular Edentulism.**, Published **Dentistry Today**, June 1996, I have provided literally hundreds of patients with two implant support for mandibular dentures with outstanding results in terms of function and psychological well being. This procedure is designed for patients with limited financial resources who want to break the bonds of denture adhesive utilization for mandibular dentures. The placement of two implants in the anterior mandible is completely safe and can be accomplished within a half hour. The resulting stability afforded to these edentulous patients with their prosthesis has been excellent overall and I have found that even those patients with great financial resources are often happy with this elegant but simple dental implant solution.

Over the past seven years, we have only encountered two patients who were not satisfied with this protocol. The good news is that one could always add more implants or more hardware to improve the situation for a given patient. This procedure has been so successful that I am often called upon to lecture about it around the world. This technique is the anchor point of the surgical implant seminars as well and I am very happy to have several general practitioners in the area providing this service.



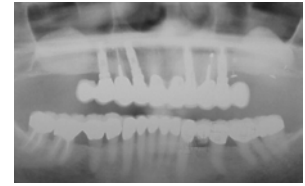
Allergy to Methyl Methacrylate

I had to practice for over 32 years before a patient who was truly allergic to methyl methacrylate actually walked into my office. I started treating Renee in January of this year. The plan was to treat her maxillary arch by placing implants and providing a fixed reconstruction. In order to do this, I had to start with a provisional fixed restoration. The patient gave absolutely no history of allergy and I had my processed restorations constructed at Boca Provisionals as usual, brought the patient in for a two hour appointment and proceeded to prepare teeth and relin my provisional restorations. The next day, I get a panicked call from the patient that her upper lip was severely swollen. We brought her right in to the office and it was immediately apparent that there was an allergic reaction involved. The only problem was that I was not exactly sure what she was allergic to (I had previously had two cases of patients allergic to the FYNAL (Zinc Oxide based) cement and that was high on my list. We removed the provisionals and changed the cement and that offered no improvement to the reaction. It was concluded that the culprit was the acrylic resin.

Working with the patient's physician who provided steroid injections, we were able to bring the reaction under control. We boiled the restorations several times and discontinued the use of methyl methacrylate, substituting ethyl methacrylate which seemed to be well tolerated. The patient, however was very hard on the provisional restorations and the ethyl methacrylate proved to be a poor substitute structurally for the provisional restorations.

Once the allergic reaction was under control, it was a race to provide some stability for this patient with a restoration strong enough and stable enough to give her a result that we could all be happy with. We quickly moved into the surgical phase and placed four implants in the maxilla in areas where there were missing teeth. I also did bilateral sinus lifts to provide bone for future placement of posterior implants. I utilized 3i Osteotite implants with the expectation that I would load these implants in 6 weeks instead of 4 months. At six weeks, I uncovered the implants utilizing a simple punch technique and immediately took impressions for a porcelain-fused-to-gold restoration. The restoration was constructed over a two week period and inserted in place of the acrylic resin provisional restorations. The new restoration utilized both the natural tooth abutments and one piece titanium abutments to provide a very stable and esthetic restoration.

The patient was extremely pleased with the results. This restoration will be worn for several months while the sinus lifts are maturing. I generally go into a sinus lift at 9 months to place implants and my plan is to place at least two or three implants in each sinus lift and ultimately provide a full maxillary reconstruction (she is restored now in a bicuspidized occlusion).



“Working with the patient’s physician who provided steroid injections, we were able to bring the reaction under control”

Digital Photography

Digital photography has been a hobby and passion of mine for several years now. In developing my web sites and my dental lectures, digital photography has become invaluable. I have gone through several phase of this technology each marked by the advancement of the particular digital camera that I have used. I started out learning with a Sony Mavica camera of low resolution and simple ease of use. I graduated to my Nikon Coolpics 880 camera about a year and a half ago and found the image technology greatly improved.

Most recently, I have purchased a Fuji S1 Pro SLR digital camera from PhotoMed International (www.photomed.net). This is a 3.4 Megapixel camera capable of producing a 6.1 Megapixel image. Its based on a Nikon N60 body and with the macro lens and ring light, takes the most beautiful intra-oral photographs I have ever seen. Examples of these photos at www.davidoffdental.com/photos-02.htm. You can also see other camera examples at www.dental-implants.com/sony-ex.html



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TEETH IN A DAY™

“Teeth in a day” is a procedure that is trademarked by Thomas J. Balshi, DDS, FACP and Glenn J. Wolfinger, DMD, FACP. Tom and Glenn are Prosthodontists who practice in Fort Washington, PA and they have spent many years developing these techniques for immediate loading of dental implants and they are leading experts in this technology. You can find out more information about these techniques at their web site: www.teeth-usa.com.

Any of us can provide immediate loading for our implant patients... The procedure is not restricted in any way. I have done it on selective patients for years. The photographs to the right are courtesy of Dr. Balshi and Dr. Wolfinger

If you have any patients who you think would benefit from immediate loading of dental implants, I would be delighted to discuss the procedures with you. You should be aware that fees will often be higher than in conventional implant situations and failure rates may be slightly elevated as well. SRD



Ceramic Abutments

Well over ten years ago, two very talented prosthodontists in Maryland began developing an all ceramic abutment for dental implants. Dr. Abe Ingber and Dr. Vince Prestipino are two very dedicated individuals whom I have had the pleasure of working with many times over the years. I have always admired their skills and their enthusiasm for their profession. They worked many years on developing this application for dentistry and when they had something that worked and showed it was a significant advantage in anterior esthetics on dental implant esthetics, they found that the Nobel Biocare company was interested in the product. Nobel Biocare did buy the rights to this ceramic abutment and it is marketed by them under the name of CerAdapt™. This is part of the Nobel Biocare “Simpler in Practice system” and indeed, this is a fairly simple type of restoration to provide for your patients.



The patient shown here is a former dental receptionist working for an endodontist in Rockland County, NY. She presented with a cracked root and some significant tissue damage. The root was extracted and a 3I implant was placed along with significant grafting. Implant placement and grafting was done by Dr. Robert Holt. After second stage surgery, I placed an all ceramic abutment and an Empress crown. It was a very difficult shade to match, but we managed to do it on the first try using digital photography to clue in my lab tech up in New York. Needless to say, everyone connected with this treatment was very satisfied with the result...