Dental nurses to benefit from ADI training

Dental Nurses’ Courses have been developed in response to the increased role played by dental nurses in supporting implant clinicians.

Attendees begin with the Original Dental Nurses’ Course, which aims to increase the understanding of dental implantology to dental nurses. This course provides dental nurses knowledge and confidence to support the operator with surgical implant placement and subsequent restorative appointments.

Delegates who move onto the Advanced Dental Nurses’ Course have the chance to learn complex surgical nursing techniques involved in implant placement including, sinus lifts, bone grafting, socket preservation and soft tissue augmentation. The course has been designed to encourage confidence in their ability to assist throughout implant procedures, allowing the clinician to focus on the task in hand.

Dr Simon Wright, Director of Education at the ADI says, “We feel it is crucial that dental nurses are highly trained to ensure that implant patients receive expert treatment. Clinicians are giving them more responsibility in many dental practices and the ADI Dental Nurses’ Courses are the ideal way to help them develop their skills.”

Both courses are priced at a competitive £150. The Original course takes place on Saturday 28 September 2013. The Advanced course takes place on Saturday 23 November 2013. Visit www.adi.org.uk/nurses_courses or call the Association on 020 8487 5555.

Established ridge-split procedure offers new application in dental implant surgery

Dental techniques to modify the alveolar ridge have been around for many years, often as a means of support for dentures. As dental implants have now become common procedures, so has pre-implant preparation of the bone. The ridge-split procedure is one such method of widening and augmenting the alveolar ridge that is finding renewed interest.

The Journal of Oral Implantology presents a detailed description of the alveolar ridge-split procedure, supplemented by photographs. The alveolar ridge is the bony ridge on both the upper and lower jaws that contains the sockets of the teeth. Establishing an alveolar ridge of proper dimensions has become essential with the advent of root-form endosseous dental implants, the most common type of implants.

The ridge-split procedure described in this article is a form of ridge widening or augmentation. In cases of narrow alveolar ridges, it has proven to be consistently successful. Use of this minimally invasive technique has many advantages in the pre-prosthetic stage of dental implants. Low risk of inferior alveolar nerve injury, less pain and swelling, and no need for a second surgical site as donor are among the benefits.

Because of differences in bone density, the ridge-split technique requires a single surgical stage in the maxilla, or upper jaw, and a two-stage approach in the mandible. The two stages of mandible surgery consist of corticotomy, a bone-cutting procedure, followed by splitting and grafting performed three–five weeks later. The staged approach of the ridge-split procedure has shown a higher implant success rate and better buccal cortical bone preservation.

A practitioner’s experience is an important component of this technique. This form of surgery modifies the configuration of the bone and is usually performed in a closed fashion and uses a tactile sense. The authors emphasise the need for careful manipulation of the thin ridge, knowledge of precise surgical principles, and specialised training.