The International Congress of Oral Implantologists’ (ICOI) annual Winter Symposium will take place at the five-star Bellagio Hotel in Las Vegas from Feb. 10-12.

Dr. Michael Pikos is the scientific chair for this symposium, which will feature three days of dental implant continuing education. The 2011 ICOI winter meeting will focus on esthetic zone reconstruction including complications, innovations, use of CBCT and BioActive modifiers.

Attendees will be exposed to a skilled group of experienced private practice and academic-based clinicians who will share their respective wealth of knowledge in a friendly and scientific environment. The general session will be preceded by several pre-symposium workshops on Thursday morning, Feb. 10.

The International Congress of Oral Implantologists’ (ICOI) annual Winter Symposium will take place at the five-star Bellagio Hotel in Las Vegas from Feb. 10–12. (Photo/Provided by ICOI)

February event to focus on esthetic zone reconstruction

The line-up of the four-hour pre-symposium workshops will feature the following:

- Dr. Daniel McEowen will present a course on the “Benefits of 3D CBCT Imaging Systems,” sponsored by PreXion.
- Dr. Nicolas Elian’s course, sponsored by ACE, will focus on “The All New ‘Secure’ Dental implant System.”
- Dr. Hom-Lay Wang will focus on “Extraction Socket Management for Daily Practice,” sponsored by Osteogenics Biomedical.
- Dr. Carl Misch will discuss a treatment plan sequence to decrease the risk of biomechanical overload in his presentation of “Key Implant Position and Number.” His course is sponsored by the Misch International Implant Institute.
- Dr. Dwayne Karateew’s course will highlight “The Ankylos Implant and the Tissue Care Concept: The Foundation of Hard- and Soft-Tissue Preservation and Esthetics.” The course is sponsored by Dentsply Tulsa Dental Specialties.
- Dr. Ziv Mazor will address bone augmentation in his course, “Current and Future Trends in Maxillary Sinus Augmentation.” His course is sponsored by MIS.
- Intra-Lock will sponsor Dr. Joseph Choukroun’s hands-on workshop, which will feature PRF membranes and autogenous matrices.
- Dr. Hom-Lay Wang will focus on “Extraction Socket Management for Daily Practice,” sponsored by Osteogenics Biomedical.
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Following these pre-symposium workshops, the general session is planned as such:

Thursday, Feb. 10: afternoon session
Cone Beam CT / BioActive Modifiers
1-1:30 p.m.: Introductions
3:30-2:15 p.m.: Dr. Scott D. Ganz: “Establishing New Prosthodontic Fundamentals for Implant Reconstruction through Technological Advances: Myths vs. Realities”
2:15-3 p.m.: Dr. Alan Rosenfield: “Leadership and Critical Decision Making for Implant Placement Using CT Related Technologies”
3-3:30 p.m.: Dr. Luis P. Maggerti: “Maxillary Sinus Membrane perforations Used to Reduce the Incidence of and Simplified Surgical Procedure Planning Antrostomy: An Innovative Strategy for Immediate Load in the Maxilla”
3:30-4:15 p.m.: Dr. Zeov Orbain: “Bone Regeneration for Esthetic Restoration: Successes, Failures and Ways Out”
4:15-5 p.m.: Dr. Hom-Lang Yang: “How to Avoid and Manage Implant Esthetic Nightmares”
5-5:45 p.m.: Dr. Homayoun Zadeh: “Complications Associated with Timing of Implant Placement Following Tooth Extraction”
5:45-6:15 p.m.: Dr. Ady Palti: “Esthetic Zone — Complications”
7-8 p.m.: Awards ceremony

Saturday, Feb. 12:
morning session
Innovations/Esthetic Zone Immediate Load
8-9:45 a.m.: Dr. Dan Spagnoli: “Reconstruction of Localized/Major Maxillary and Mandibular Alveolar Ridge Defects with hr BMP-2/ACS”
9:45-10:15 a.m.: Dr. Timothy L. Hotel: “Current Trends in Implant Dentistry — White Is In?”
10:30-11:30 a.m.: Dr. Carl Misch: “Full Arch Maxillary Esthetics For Implant Prostheses”
11:30 a.m.-12:15 p.m.: Dr. Nigel A. Sayers: “New Concepts of Therapy in Single Tooth Esthetic Zone Restoration”
12:15-1:30 p.m.: Lunch with exhibitors

Saturday, Feb. 12:
atmosphere evening session
Innovations/Esthetic Zone Immediate Load
1:30-2:15 p.m.: Dr. Jeffrey Ganeele: “The Maxilla is Not an Upside Down Mandible for Immediate Loading”
2:15-3 p.m.: Dr. Lyndon Cooper: “Immediate Load in the Maxilla”
3-3:30 p.m.: Dr. John Bass: “Simplifying Bone Grafting of the Pre-Maxilla Utilizing a Tephrene System for Precise Adaptation of Block Allografts”

In addition to the program for the doctors, the ADA will present a 2½-day program for team members, concluding on Saturday with three certification programs held simultaneously for dental hygienists, dental assisting, practice management and an implant coordinator’s training program.

ICOI’s table clinic and poster presentation competition will be held during the welcome reception on Thursday, Feb. 10.

With more than 12,000 members worldwide, the ICOI is the largest professional dental implant organization and provides vast dental implant continuing education by sponsoring or co-sponsoring many international meetings each year.

For more information on the Winter Symposium in Las Vegas or about the ICOI, visit the ICOI website at www.icoi.org.

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that growth in implant-based dental reconstruction products will outstrip all other areas in dentistry.

The traditional method of replacing a tooth with a dental bridge has been shown to be problematic, and more permanent solutions are badly needed.

With a rapidly aging population trend in the developed world and the resulting enormous unmet need for teeth replacement, a large number of companies see the opportunity to move into these sophisticated dental techniques.

And indeed, as some have predicted, the growth in dental implant-based procedures increased considerably in recent years.

As a result, there has been a rapid increase in the number of practitio-
ners involved in implant placement, including specialists and generalists, with different levels of expertise. At the same time, we are witnessing a diversity of unusual complications associated with these procedures.

A literature and web search revealed several published reports of such complications, which include: implant fractures (Fig. 1); impinge-
ment on adjacent teeth (Fig. 2); perforating the lingual undercut (Fig. 3); sinus perforations (Fig. 4); and displaced implants into the maxil-
lary sinus (Fig. 5), to name a few.

The clinical management associ-
ated with some of these complica-
tions is difficult at times and consid-
ered very invasive.

Therefore, while the quantitative relationship between successful out-
comes in dental implant treatment and CBCT-based dental imaging is unknown and awaits discovery through large prospective clinical trials, I strongly believe that using CBCT- and 3-D-based dental imaging is becoming a reliable procedure from a precautionary standpoint based on a series of recent preliminary clinical studies and case reports.

The author strongly believes that by taking a CBCT- 3-D-based study prior to placing dental implants, many of the above mentioned complica-
tions can be circumvented.

About the author
Dr. Dov Almog is a prosthodontist representing more than 30 years of diversified professional experience in clinical, academic and research environments. His publications include articles on cone beam CT, dental implants, carotid artery cal-
cifications and practice manage-
ment, to name a few. In 2003, in
acknowledgment for his research on incidental findings of carotid artery cal-
cifications on panoramic radiographs, Almog received the Arthur H. Wuehrmann Award by the American Academy of Oral & Maxillofacial Radiology. Currently, Almog is serving as the chief of the dental service for the U.S. Depart-
ment of Veterans Affairs at the VA New Jersey Health Care System.
Las Vegas

Bellagio Hotel
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February 10-12, 2011

Pre-Symposium Courses:
Thursday, February 10, 2011

ICOI Winter Symposium

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Photo courtesy of The Las Vegas Convention and Visitors Authority
The Greater New York Dental Meeting took place Nov. 26-Dec. 1

1. From left, Laura Pestronk, Nazanin Ghafouri and Pat Bradyhouse at the Osstell booth ask thousands of GNYDM attendees, ‘Do you place implants?’ and introduced them to the company’s objective judge of implant stability.

2. Alan Miller of AMD LASERS talks to attendees about his company’s award-winning practical and affordable lasers.

3. Spyridon Xynogalas, a student at the New York University College of Dentistry, speaks with attendees about narrow diameter implants during an educational presentation at the Denatus booth.

4. Shane McElroy shows an attendee Meisinger’s high-quality rotary instruments.

5. CAMLOG’s Justine Cutler speaks to an attendee about benefits of the company’s product line.

(Photos/DT Editors Sierra Rendon and Fred Michmershuizen)
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Changing Dentistry, Changing Lives
Just how important is the implant treatment coordinator?

By Roger P. Levin, DDS

It is nearly impossible to have a highly successful implant practice without an implant treatment coordinator (ITC) leading the way. This individual fosters a team approach between the surgical and restorative practices—a necessary component in implant dentistry. Without the ITC performing this crucial function, implant practices cannot reach their fullest potential. This individual provides clear, consistent communication between offices. A communication lapse or breakdown can undermine patient confidence in the procedure and raise doubts about your professionalism. Levin Group has found that practices adding an ITC position can drastically reduce miscommunication and increase implant treatment acceptance.

A team approach between surgical and restorative offices benefits patients, doctors and staff. This type of collaboration can make the referral process less chaotic and highly productive. The ITC helps practices achieve a high level of case acceptance through patient education, internal and external marketing, relationship-building and superior case presentation.

The ITC is the:

Practice’s ‘communications officer’
The ITC should handle most of the communication between the restorative and surgical practices. Responsibilities include tracking all case presentation efforts, documenting case acceptance, scheduling patient appointments, conducting follow-up phone calls, monitoring the treatment program, and presenting patient financing options. Having a point person for implants ensures the ball does not get dropped due to miscommunication. A well-trained ITC facilitates cooperation between practices and boosts patient acceptance of recommended treatments.

Master of the schedule
When the ITC schedules all appointments for potential implant patients, three important objectives are accomplished:
* Continuity between the surgical and restorative practices.
* Greater patient confidence.

Champion of patient education
The ITC can help restorative partners inform patients about implants by providing brochures, posters and collateral materials. When patients are better informed, case presentation becomes easier and increases the likelihood of patients saying yes to implant treatment.

The ITC also plays a critical role in case presentation, educating patients about the advantages of dental implants while motivating them to accept treatment. Having an ITC allows an implant doctor to focus more on production and less on administrative work.

Conclusion
Acting as a liaison, the ITC helps both the surgical and restorative practices provide optimal patient care as well as eliminate miscommunication and bottlenecks. An ITC promotes increased implant production by allowing the surgeon to spend more time performing surgery and less time dealing with administrative work. In short, a growing implant practice cannot operate without an ITC.

About the author
Dr. Roger P. Levin is chairman and chief executive officer of Levin Group, a leading implant practice management firm. Levin Group provides Total Implant Success™, a premier comprehensive consulting solution for lifetime success to implant clinicians in the United States and around the world.

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3.2mmD, 3.7mmD, 4.2mmD, 5.2mmD, 5.7mmD

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Osteogrow/Osteokor meets all the requirements from AATB as well as FDA guidelines and is available in either mineralized or demineralized versions. The off-the-shelf allograft has the favored small particle sizes of 250-1,000 microns, and is the closest alternative to autogenous bone.

Contact your Osteogrow/Osteokor sales consultant at (877) 266-3360, (858) 232-9271 (for outside the U.S.), or visit www.surgicalsolutionsusa.com for more information.

Sesame launches onsite blogging on practice sites

Sesame Communications, a dental industry pioneer in online patient connection systems, announced in December the launch of its blogging service that allows dental professionals to bring blogs on practice websites.

Sesame conducted research in November 2010 on onsite blogging and its impact on search engine optimization (SEO) and website effectiveness, particularly in the increasingly competitive online dental market. Sesame research confirmed that onsite blogging resulted in 32 percent greater website traffic, with users spending 38 percent more time on the site and looking at 50 percent more pages per visit.

To that end, Sesame Search 2.0 is now bundled with an installation of onsite blogging software for Sesame members to share in the benefit of additional website traffic and audience retention.

Onsite blogging is the latest addition to the best-of-class Sesame 24-7™ solution suite to help dentists effectively market their practice and stay connected with their patients online. The added benefit of this integrated suite is a consistent practice brand within a strategically authoritative online presence.

About Sesame Communications

Sesame Communications is a premier provider of online services for the dental industry. An emerging growth company, Sesame has steadily built its market penetration with substantial year-over-year growth and sustained profitability since its inception in 2000. More information regarding Sesame and Sesame 24-7 can be found at www.sesamecommunications.com.
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BIOMET 3i announces a new website for its Journal Of Implant And Reconstructive Dentistry® (JIRD).

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About BIOMET 3i

BIOMET 3i, a division of Biomet, Inc., is a leading manufacturer of dental implants, abutments and related products. Since its inception in 1987, BIOMET 3i has been on 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 Asia-Pacific.

For more information about BIOMET 3i, please visit www.biomet3i.com or contact the company at (800) 342-5454; outside the U.S. dial (561) 776-6700.

Morita launches LED coupler, maintenance service for handpieces

J. Morita USA announced a new LED coupler and expedited maintenance service for the award winning TwinPower Turbine handpieces in November.

The new CP4 LED coupler is compatible with any existing Morita type TwinPower Turbine handpiece. It offers natural, balanced lighting 50 percent brighter than a halogen light bulb with a four times wider field of illumination. This light source is similar to those found in operating rooms and is designed to reduce eye fatigue. The new CP4 LED coupler is available with and without water adjustment and is compatible with a standard ISO 9168 Type 3 (C) connection.

In partnership with authorized dealers, J. Morita USA has also implemented an expedited handpiece maintenance and repair service for TwinPower Turbine handpieces. Pre-paid, two-day shipping boxes are supplied free of charge for all inbound handpiece evaluations. Once received, an assessment is guaranteed within 48 hours. Morita technicians are factory trained with extensive experience and offer a complete, full-service evaluation.

The award-winning TwinPower Turbine handpiece product line features the world's only double-impeller technology, which is extremely powerful (up to 22 watts) and delivers more constant torque.

For more information, call 877-JMorita (566-7482) or contact your J. Morita dealer. Visit us at www.morita.com/usa.
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Osteogenics Biomedical introduces enCore

Company says it’s the first grafting product to combine mineralized and demineralized bone in a single bottle.

Osteogenics Biomedical, a leader in the development of innovative dental bone grafting products, introduces enCore™ Combination Allograft, the first particulate grafting product combining mineralized and demineralized bone in a single bottle.

By combining these two distinctly different allografts, the surgeon is able to employ the complementary benefits of space-maintaining mineralized bone with osteoinductive demineralized matrix to optimize the environment for the regeneration of vital bone.

“The concept of combining mineralized and demineralized bone for socket grafting and implant site development is already popular among many specialists,” said Osteogenics President Shane Shutlesworth. “We’ve simply combined it in a single bottle from a single donor, tested it according to the gold standard in osteoinductivity and utilized industry best-practices in safety.”

Each lot of enCore Combination Allograft undergoes a post-sterilization in vivo test for verification of osteoinductive potential. Additionally, each lot is bioassayed for a threshold of BMP-2 to ensure product consistency.

During the processing of enCore, best practices in tissue safety are utilized, such as single donor sourcing, rigorous donor screening and testing, terminal sterilization, and processing according to both FDA and AATB guidelines.

In addition to the combination allograft, enCore is also available as a mineralized-only allograft composed of 100 percent cortical bone. Both enCore Combination and Mineralized Allografts are available in a variety of sizes to treat a wide range of bony defects.

About Osteogenics Biomedical

Headquartered in Lubbock, Texas, Osteogenics Biomedical is a leader in the development of innovative dental bone grafting products serving periodontists, oral and maxillofacial surgeons and clinicians involved in regenerative and implant dentistry throughout the world. Osteogenics offers a complete line of bone grafting products including enCore Combination and Mineralized Allografts, Cytoplast® barrier membranes, Cytoplast PTFE suture and the Pro-fix™ Precision Fixation System.
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