By Stephen L. Wheeler, DDS

Thirty years ago when I started placing dental implants, the highly specialized therapy was in its infancy. At that time, implant dentistry was performed by an oral surgeon-prosthodontist team, and general dentists were not involved at all except as a referral base.

What a difference a few decades make. Today, implant dentistry has developed into a standard of care, and professionals involved in the specialty include not only oral surgeons and prosthodontists, but also periodontists and, increasingly, general dentists.

The therapy also is more widely available than ever before. While this evolution has brought many positives for the specialty and for patients, it also has created some challenges.

As implant dentistry has become increasingly mainstream, training is highly variable — ranging from comprehensive, in-depth instruction to weekend courses.

Those of us who specialize in the field have seen the catastrophic failures that can occur when someone is not properly trained — and we are often left to do the reconstruction. Improperly placed implants can get infected — or worse — and these types of scenarios can contribute to an undeserved negative public image for implant dentistry.

It’s important that specialists and general dentists involved in implant dentistry work together to represent the field in the best light possible. As implant dentistry grows in popularity, we must ensure that those offering implant reconstruction to their patients have the training and background to provide excellence in their care.

It is also critical to follow evidence-based clinical guidelines focused on achieving the best possible patient outcomes.

Advancing the vision of implant dentistry

As the president of the Academy of Osseointegration (AO), I strongly support our mission “to advance oral health and well-being globally by disseminating state-of-the-art clinical and scientific knowledge of implant dentistry and tissue engineering and by defining expertise in the field.”

AO is taking a multi-pronged approach to achieving this goal and advancing the vision of implant dentistry through:

• Our “Guidelines for the Provision of Dental Implants and Associated Patient Care” (more on that later in this article)
• The Academy of Osseointegration Annual Meeting, which takes place this year
• See AO, page 8
AAID president-elect named vice dean at Harvard School of Dental Medicine

After an extensive nationwide search, AAID President-Elect John Da Silva, DMD, MPH, ScM, AFAAID, has been named vice dean at Harvard School of Dental Medicine. Dean Bruce Donoff stated that Da Silva’s “extensive institutional knowledge and experience in [HSDM’s] three focal areas — research, education and patient care — will be of great value as HSDM continues its strategic planning process.”

Da Silva serves on the board of trustees of the American Academy of Implant Dentistry and is currently the president elect. He is also chair of the Bylaws Committee and serves on the Education Oversight and Nominating committees. He has received widespread recognition during his academic career, including being named an honored fellow of the American Academy of Implant Dentistry and receiving the HSDM Distinguished Junior Faculty Award. He has published numerous journal articles and lectured nationwide. Da Silva has made major contributions in research and the area of color science. He has also been involved in curricular changes to improve content on substance-abuse screening and brief interventions.

Da Silva was born in New York City and attended Williams College as an undergraduate. He received his dental degree from the Harvard School of Dental Medicine and his MPH degree from Harvard College as an undergraduate. He received his dental degree from the Harvard School of Dental Medicine and his MPH degree from the Harvard School of Public Health. He later returned to the School of Public Health and received an ScM in health policy and management.

Da Silva completed specialty training in implant dentistry and prosthodontics at HSDM in 1992. He has been a faculty member there since 1999.

**Corrections**

AAID President-Elect Dr. John Da Silva.

Implant Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please contact Managing Editor Sierra Rendon at s.rendon@dental-tribune.com.

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Study: Improved implant surface and hygiene boost restoration success

Should a person’s teeth be saved at all costs? During the last decade, the answer has shifted from yes to no in favor of replacing diseased and damaged teeth with implants. But treatment of patients with periodontitis, inflammatory disease of ligaments and bones supporting teeth remains controversial because artificial tooth roots are more likely to fail.

A recent article in the Journal of Oral Implantology looks at long-term treatment for a patient with severe periodontal damage. The authors anticipate that the higher risk of implant failure in this patient will be offset by coating the implants with a rough, oxidized surface called TiUnite and by emphasizing the need for diligent oral hygiene. They also expect that by using overdenture prostheses instead of conventional removable dentures, they will improve stability and function — and thus patient satisfaction.

Overall, increased use of implants has improved eating comfort and resulted in few complications after the surgery. However, pressure on implants is suspected to speed up loss of dense cortical bone in the jaw. Research has shown the TiUnite material stimulates bone growth, leading to faster fusion of implants and surrounding jawbone.

The current article is a case report on a 51-year-old patient who had been in a motorcycle accident and has a history of herpes, hepatitis, insulin-dependent diabetes and persistent recurrent tooth decay. The patient’s remaining teeth were composed of fractured crowns and older failing implants.

The surgeons removed all of his teeth and old implants followed by the immediate insertions of new implants and stabilizing overdentures. Provisional implants were used for support during healing. Five months later, the interim provisional implants and prosthesis were removed and fabrication of a final restorative prosthesis was initiated.

Despite the higher risk of implant failure because of his periodontal disease and diabetes, the patient’s implants have been in place for 12 years with no complications noted at routine check-ups and cleanings. The patient has been instructed post surgery in proper use of floss threaders, deep-cleaning brushes and an oral irrigator. His daily efforts to practice good oral hygiene improved his overall dental health. The patient was pleased with the results one week after the provisional implants were placed and was still happy with the surgery 12 years later.


About Journal of Oral Implantology

The Journal of Oral Implantology is the official publication of the American Academy of Implant Dentistry. It is dedicated to providing valuable information to general dentists, oral surgeons, prosthodontists, periodontists, scientists, clinicians, laboratory owners and technicians, manufacturers and educators. The JOI distinguishes itself as the first and oldest journal in the world devoted exclusively to implant dentistry. For more information about the journal or society, visit www.joionline.org.
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Planmeca makes strategic investment in E4D Technologies

Planmeca, the world’s largest privately owned dental imaging company and equipment manufacturer, announced recently that it has made a non-controlling, strategic investment in E4D Technologies, LLC, developer of the E4D CAD/CAM Restorative System. This strategic investment reinforces Planmeca’s ongoing commitment to help dental providers improve patient care by offering a comprehensive portfolio of integrated digital dental solutions for dentists and dental laboratories. Planmeca will co-develop CAD/CAM products with E4D Technologies and offer these products in North America under the brand names Planmeca PlanScan-E4D Technologies and PlanMill-E4D Technologies. Henry Schein Inc. will continue to be the exclusive distributor in the United States, Canada, Australia and New Zealand. In addition, Planmeca will expand distribution of the E4D system to more than 120 additional international markets under the Planmeca PlanScan and PlanMill brands. In certain other markets, the E4D brand will remain in use.

“Planmeca’s investment in E4D Technologies offers us an opportunity to grow our company globally,” said Dr. Gary Severance, chief marketing officer for E4D Technologies. “In addition, Planmeca has been a market leader in extra-oral digital imaging for many years, and we look forward to furthering the seamless integration of our CAD/CAM platform with the additional digital solutions offered by Planmeca. Our customers will benefit from the combination of these unique and innovative products and services.” Under the new agreement, Planmeca joins the partnership of Henry Schein and Ivoclar Vivadent, which have been strategic equity partners in E4D Technologies since 2007, along with certain members of E4D Technologies’ senior management team.

About Planmeca Oy, Planmeca Group
Planmeca Oy is one of the world’s largest dental equipment manufacturers with products distributed in more than 120 countries worldwide. Headquartered in Helsinki, Finland, the company is a global leader in many fields of dental technology, with a product range covering digital dental units, world-class 2-D and 3-D imaging devices and comprehensive software solutions. Planmeca is also the largest privately held company in the field of dental equipment, with a strong commitment to pioneering in-house research and development and design. More information is available at www.planmeca.com.

About E4D Technologies
Headquartered in Richardson, Texas, E4D Technologies is a high-tech medical device company focused on 3-D digitizing applications, successful entrepreneurship and commercialization of new technologies. The company has taken the dental profession to a higher level of productivity, patient comfort and convenience with its E4D CAD/CAM restorative systems and restorative software solutions for dental offices, laboratories and teaching institutions. More information is available at www.e4d.com.

About Henry Schein Inc.
Henry Schein Inc. (NASDAQ:HSIC) is the world’s largest provider of health-care products and services to office-based dental, animal health and medical practitioners. The company also serves dental laboratories, government and institutional health care clinics and other alternate care sites. A Fortune 500® company and a member of the NASDAQ 100® Index, Henry Schein employs nearly 16,000 Team Schein members and serves nearly 800,000 customers. For more information, visit the Henry Schein Web site at www.henryschein.com.

About Ivoclar Vivadent
Ivoclar Vivadent, headquartered in Schaan, Liechtenstein, is one of the world’s leading manufacturers of innovative material systems for high-quality dental applications. The company’s success is based on a comprehensive portfolio of products and systems, strong research and development capabilities and a commitment to training and further education. The company has wholly owned subsidiaries in 24 countries, and it employs more than 3,000 people worldwide. More information is available at www.ivoclarvivadent.com.
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1. Glidewell Laboratories Internal data
2. Clinicians Report, TPAC Research, June 2012

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March 6–8 in Seattle, as well as our other educational and professional initiatives such as regional training and consensus conferences. We offer continuing education and actionable advice for all clinical specialties and general dentists. Whether general dentists are performing dental implants, referring to specialists or performing long-term maintenance, they are part of the care of patient selection and are knowledgeable about implant dentistry.

AO clinical guidelines

AO published in 2008 its first set of clinical guidelines focused on dental implants. The purpose of the guidelines was to establish guidance based on the provision of patient care. AO convened the Implant Dentistry Consensus Conference on the State of the Science on Implant Dentistry. In 2010, AO updated the guidelines to provide an update and expansion of its recommendations for safe and effective implant dentistry. The Academy’s “Guide- lines for the Provision of Dental Implants and Associated Patient Care,” which were published in JOMI, are available to download in their entirety via AO’s home page at www.osseo.org.

Highlights of AO’s guidelines include:

• Training: Whether a specialist or general dentist, AO is determined to underline the importance of adequate training in the surgical and/or prosthodontic aspects of implant dentistry. AO pathways now exist through monospecialty training programs, as well as a wide variety of courses offered through institutions both within the United States and abroad, and by private individuals and companies. Training must be comprehensive enough to not only meet legal standards of practice but also to ensure optimal patient outcomes and maintain a positive public image of implant dentistry. At minimum, clinicians who place, restore and/or maintain dental implants should be well-versed in implant dentistry techniques, technologies and best practices for basic to complex cases; diagnosis and clinical care plans; patient selection and referral; techniques, technologies and best practices of the field of implant dentistry. AO has established guidance based on the provision of dental implants. The purpose of this document was to establish guidance based on the provision of patient care. Through the process of consensus development, a set of clinical guidelines for dental implants was created. The process involved a review of the published and emerging evidence and a rating of the evidence by a panel of experts. The evidence-based approach was used to develop the guidelines. The guidelines were developed by the American Academy of Oral and Maxillofacial Surgeons (AAP) in the evaluation of implants at recall.

• Treatment: The field of implant dentistry is always advancing and changing, too. It continues to evolve — and it’s important that we change with the times, too. As such, AO constantly evaluates emerging research, technology and techniques to ensure its members have the most important and timely information to apply in their practices.

AO is focused on providing objective, unbiased clinical information and providing its members the valuable tools and qualifications they need to succeed with implant dentistry. Implant dentistry has changed significantly since its inception and will continue to evolve — and it’s important that we change with the times, too.

About the author

STEPHEN L. WHEELER, DDS, board-certified oral and maxillofacial surgeon, earned his undergraduate degree from Stanford University in 1974 and completed his postgraduate residency training at the University of Southern California School of Dentistry, graduating in 1981. He specializes in the field of implant reconstruction, which primarily involves 80 percent of his time. During the past 30 years, he has placed thousands of implants of various types on patients of all ages and has become an international lecturer and grafting implant placement. Wheeler is the president of the Academy of Osseointegration (www.osseo.org) until the AO 29th Annual Meeting in March, at which time he will assume the role of immediate past president.