AO puts ‘Focus on South Korea’ at its annual meeting

Symposium will feature AO members from across the globe

By Academy of Osseointegration Staff

South Korea has the world’s highest per capita use of dental implants, and the Asia Pacific area is projected to witness the implantation industry’s fastest growth during the next five years. Last year, the Ministry of Health and Welfare announced dental implants for patients ages 75 and older would be covered by South Korea’s national health insurance.

“South Korea is not only a highly developed implant market but also a leader in clinical research in the dental implant industry,” says Dr. David M. Kim, explaining why the Academy of Osseointegration (AO) has dedicated a symposium to South Korea at its 30th annual meeting, to be held in San Francisco in March. “It’s both important and refreshing to see how dentistry is practiced in different countries.”

With 6,000 members from 70 countries, AO is truly an organization with global influence and reach. With that in mind, AO began a new tradition last year by hosting a symposium dedicated to a single country. AO members Drs. David M. Kim and Brian M. Chang will moderate this year’s Focus on South Korea Symposium. “This symposium is an excellent opportunity for AO members from across the globe to hear and learn from top-notch speakers — all of whom have a university affiliation, conduct research and see patients on a daily basis,” Kim said. “These presentations will address clinically relevant information that can be applied in the clinic the following Monday.”

All three organizations specializing in implant dentistry in South Korea — the Korean Academy of Oral & Maxillofacial Implantology (KAOMI), the Korean Academy of Implant Dentistry (KAID), and the Korean Academy of Osseointegration (KAO) — have provided speakers for this symposium. A group of renowned experts from South Korea will address this symposium, in English, and a wide range of clinically relevant topics.

“This symposium will not just be one-way. We’re going to encourage a lively discussion and interaction both during and after the programming,” Kim said.

The Focus on South Korea Symposium will be held from 1:30 to 5 p.m. on Friday, March 13, at the Moscone Convention Center in San Francisco during the AO Annual Meeting.

For more information and to register, visit www.osseo.org/events/meetings/2015/index.html. To stay up-to-date on the academy’s news, follow the AO on Facebook and Twitter.

Kim is an associate professor at the Harvard School of Dental Medicine, as well as the school’s director of the postgraduate program in periodontology and continuing education. 
We asked young clinicians why they’re looking forward to the Academy of Osseointegration Annual Meeting and how the event has benefited them in the past. In their own words:

I attended the AO 2014 Annual Meeting as a second year graduate prosthodontic resident, and it was an enriching experience. The comprehensive accumulation of lectures by specialists in the field of prosthodontics, oral surgery and periodontology elevated my clinical and academic benchmark. I had the opportunity to present a table clinic, which gave me a chance to interact with leaders in the field and strengthen the same training as myself. It was a great educational experience, and an environment in which to share new thoughts and ideas about what’s up and coming in our respective fields. The AO meeting also had the perfect circumstances for me to connect with eminent members of our field, like Dr. Steve Eckert and Dr. Dennis Tarnow, and to talk about future professional goals and tips on how to achieve them.

As a graduate resident, my aim was to collect maximum information for my masters thesis, and the various lectures on CBCT scanning and virtual treatment planning of implants were of immense value. The most comprehensive and up-to-date provided on these subjects greatly helped my research. My keen interest being in immediate loading and virtual planning of implants, I found it very beneficial to interpret the long-term follow up of experienced professionals in this discipline.

Vrinda Mohanta, BDS graduate resident advanced prosthodontic program Ohio State University College of Dentistry

I attended the AO 2014 Annual Meeting as an advanced surgical implant trainee at UCLA. It was my third time attending, and I consider it to have been the most profitable in all aspects regarding education, experience, and networking.

I used the meeting to make new contacts with other residents and colleagues from other programs, as well as have fun and relax at the social events with my friends. I also did an oral presentation at the meeting, and my advice to students and residents is to attend these presentations and visit the posters. Do not be shy of asking questions and discussing them with others.

AO has such an amazing environment, which makes it easy to introduce oneself and have good conversation with the most important leaders in the field. It’s a wonderful opportunity to be at the forefront of implant science around the globe. I will be attending AO’s 2015 Annual Meeting, so I can continue to learn and see my friends again!

Rodrigo G. Beltrao, DDS, PhD oral maxillofacial surgery and implant dentistry Prof. Implant Dentistry Sobraclin/imed UCLA Advanced Surgical Implant

I attended the AO 2014 Annual Meeting as a graduate prosthodontics resident at University of Michigan. The meeting provided a great opportunity to combine learning with socializing. It was an opportunity to exchange ideas and lay the groundwork for future collaborations, as well as meet up with old friends and make new ones.

The uniqueness of this meeting is that it gives you multidisciplinary exposure. Clinical advances and interventions, while also giving you an opportunity to participate in social events that allow you to have fruitful dialogue about the progress being made in our field.

The opportunity to meet leaders in this field is nothing less than inspiring for the new dental generation. Plus, the destination gives you a chance to experience cultural and culinary flavors while mingling with future colleagues from around the world. I am looking forward to this year’s meeting.

Anastasia Katsavochristou, DDS graduate prosthodontics University of Michigan

**Correction**

Graph/Provided by JOMI/Implant Tribune

**More information**

For a complete copy of the study and the JOMI November/December table of contents, visit www.osseo.org/NEWJOMI.html. To join AO and begin receiving JOMI (bi-monthly) or obtain online access to JOMI, visit www.osseo.org/NWMembershipsApply.html

**Why dental students should attend the AO Annual Meeting**

By Academy of Osseointegration Staff

Scientists aimed to establish a biomechanical approach to directly measure relative motion at the implant-abutment interface and to quantify micromotion in a variety of implant-abutment combinations. Geometry of the implant-abutment interface, fabrication method of the abutment, engagement of antirotation features, abutment material, tightening torque and type of manufacturer (original, clone) were investigated.

**Materials and methods**

Implant-abutment assemblies were fixed in a universal testing machine at a 30-degree angle. A cyclic load of 200 N (Newton) was applied to the test piece 10 times at a cross head speed of 100 N/s while relative displacement between the implant and the abutment was quantified using extensometers. For five consecutive loading cycles per specimen, micromotion at the implant-abutment interface ranged from 1.52 to 94.00 µm (micrometers). Researchers found tightening torque significantly affected the level of micromotion when one specific abutment type was investigated.

Implant shoulder design did not reveal a significant effect in all cases. Lack of engagement of antirotational features of the implants resulted in increased micromotion, regardless of the implant system investigated. Casting onto prefabricated gold cylinder resulted in abutments with significantly less micromotion as compared to copy-milled stock abutments. Computer-aided design/computer-assisted manufacture (CAD/CAM) zirconia abutments showed less micromotion than CAD/CAM titanium abutments. Inconsistent micromotion at the implant-abutment interface of the implants resulted in increased micromotion when one specific abutment type was investigated.

**Results**

Investigated implant-abutment combinations produced a broad range of micromotion values. Researchers did not find perfect implant shoulder geometry or perfect fabrication technique that would result in undetectable micromotion. The values for micromotion at the implant-abutment interface ranged from 152 to 940.00 µm (micrometers). Investigating implant shoulder geometry or perfect implant-abutment combinations. Comparative analysis was based on Welch tests.
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The surgical contra-angle handpiece with 45° angle head
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The Academy of Osseointegration (AO) recently hosted its first-ever AO Indian Outreach Meeting (AOIOM), in collaboration with Dr. D.Y. Patil Vidyapeeth (DPU) of Pune, India. More than 275 dentists gathered Jan. 22–24 to discuss and exchange information related to the event’s theme, “Innovation and Practice in Modern Implant Therapy.”

This three-day scientific program included plenary lectures from internationally and nationally acclaimed experts. In addition, delegates shared their scientific expertise during an e-poster session.

“Renowned experts from across the world shared their vast knowledge of the field and its latest advances. The interdisciplinary makeup of these speakers provided a refreshing and unparalleled learning experience,” said Dr. D. Gopalakrishnan, AOIOM 2015 organizing chairman.

The speaker lineup included Dr. Joseph E. Gian-Grasso (USA), Dr. Michael Norton (UK), Dr. Presh Kale (India), Dr. Hugo De Bryun (Belgium), Dr. Saphal Shetty (India), Dr. Dhirendra Srivatsava, Dr. Georgios Romanos (USA), Dr. T.V. Padmanabhan (India), Dr. Suvarna Nene (India), Dr. Fernando Viscaya (Spain) and Dr. Jocelyne Feine (Canada).

There were 50 e-poster submissions, of which 20 were selected for a blind-review competition. Prize winners for each category are listed below:

- **Original research:** Dr. Shuchi Tripathi
- **Case series:** Dr. Gurbani Kaur
- **Case report:** Dr. Binita Srivastava

“AOIOM exemplifies the successful network AO is creating internationally to facilitate the exchange of new technologies, emerging trends and research in the fields of implant dentistry and tissue engineering,” said AO President Gian-Grasso. “This is consistent with, and critical to, the academy’s mission. Exchanging ideas and learning with international colleagues is the fabric of our organization.”

For more information about AO’s global outreach and chapter charters, visit www.osseo.org/charterChapters.html. To stay up-to-date on the academy’s news and upcoming meetings, follow the AO on Facebook and Twitter.

### About the Academy of Osseointegration (AO)

With 6,000 members in 70 countries around the world, the AO is recognized as a premier international association for professionals interested in implant dentistry. AO serves as a nexus where specialists and generalists can come together to evaluate emerging research, technology and techniques, share best practices, and coordinate optimal patient care using timely, evidence-based information.
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For tight situations when extracting wisdom teeth, here’s how to extend your surgical viewing angle

By W&H Staff

Surgical drive instruments face anatomical limits when extracting wisdom teeth: The cheek obstructs straight handpieces in the case of small mouths, or the distal molar makes burr access difficult for contra-angle handpieces.

In either case, the new surgical contra-angle handpieces from W&H offer a solution — even for wide apical tooth sectioning. Dental handpieces WS-91 and WS-91LG combine the advantages of surgical straight and contra-angle handpieces for the first time ever. The extended angle between the shank and burr axis allows good access to the tooth row both buccally and occlusally. Displaced teeth can be comfortably sectioned.

The dentist also has a significantly better view of the surgical site than with the instruments previously available.

Dr. Mario Kirste from Frankfurt/Oder had this to say: “If I turn the contra-angle handpiece head slightly, I can work particularly quickly and safely in the retromolar region. The instrument has the potential to reconcile the contrasting positions taken up by the users of straight and contra-angle handpieces.”

Power plus hygienic safety

The new contra-angle handpieces WS-91/WS-91LG are real powerhouses at the same time, W&H asserts. Their transmission ratio of 1:1.7 results in a speed of up to 135,000 revolutions per minute. The key factor, however, is their high power combined with a surgical motor.

The contra-angle handpieces achieve an effective power of more than 2 Ncm on the working part of the burrs, making them almost three times as powerful as standard dental contra-angle handpieces combined with an electric dental motor. Biologically necessary and hygienically safe cooling is also taken care of. An external triple spray cools the rotating instrument with a sterile saline solution. As with all dental handpieces from W&H, the surface of the new contra-angle handpieces is scratch-resistant and therefore easy to clean, according to W&H. They can also be easily disassembled without tools.

Successful balance

Apical resection is another indication for the contra-angle handpieces WS-91/WS-91LG. The sophisticated geometry ensures excellent vision in cases involving maxillary molars and small mouths, according to W&H. In the WS-91LG, a mini LED+ also illuminates the operating area with daylight quality.

“The new contra-angle handpieces are a really successful balance. This achievement by W&H extends my viewing angle and my options in routine surgery,” Kirste said.

The new surgical contra-angle handpiece WS-91LG. (Photos/Provided by W&H)

At left, X-ray visual.
Below, the contra angle with 45-degree head and the W&H surgical handpiece.

At left, application of the WS-91LG by W&H.
Below, a visual comparison and the W&H surgical contra angle handpiece.
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Simplicity
Single implant-abutment connection size - each abutment fits all fixture diameters.

Platform Switching

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S.L.A. Surface Treatment
(Sandblasted with Large grits and Acid etched)
Dentium celebrates 10 years of clinical success

By Dentium USA Staff

Dentium is pleased to announce the results of its long-term clinical case study. The study, conducted for more than 10 years, has successfully shown Dentium implants are reliable and predictable.

The study’s radiographic images showed a successful osseointegration during a long-term observation period and also showed that Dentium’s unique design and surface features resulted in stable osseous crest without bone loss to the first thread, according to the company.

Dentium implants possess S.L.A. (sand-blasted with large grit and acid-etched) surface treatment, which facilitates the osseointegration process with a high predictability of success and provides more complete bone-to-implant contact throughout every thread of the implant.

This produces a well-attached base for osseointegration, the company said. The greater distance between the threads of the implants also helps promote early osseointegration while the increased thread height helps augment initial stability. The double-threaded design of the implants reduces insertion time, thereby decreasing the patient’s chair time.

The tapered body design of Dentium dental implants provides initial stability and bone expansion response for easy installation, according to the company. The tapered design also helps create a stable yet comfortably placed implant that provides integration with surrounding bone anatomy.

Dentium implant systems offer a variety of diameter and length options for individual cases. Dentium implants can bring initial stabilization and osseointegration, especially in soft-bone cases and in sinus graft with implant placement cases.

All implants offered by Dentium share the same internal hex. The conical hex connection between the implant and abutment interface helps ensure greater hermetic sealing and provides an improved tactile sense, the company asserts.

This helps to ensure a more stabilized abutment seating. The biological connection contained within the implant creates an even distribution load to the fixture, helping to minimize micro-movement and marginal bone loss.

Dentium components are equipped with a true single platform; only one abutment connection is used for implants. This reduces the need for multiple prosthetic components and simplifies the surgical and prosthetic procedure, according to the company.

Dentium is a dental implant manufacturing company with a heavy focus on innovative research and development. Dentium has released state-of-the-art dental technology with products ranging from implants to regenerative materials. The motto of Dentium is “Developed by Clinicians for Clinicians” because its products are developed by industry leaders. Dentium is in more than 80 countries and has a manufacturing facility here in the United States. Dentium is FDA registered and ISO certified. Dentium wants to encourage the academic community as well as future clinicians to follow its passion for research and development.

For more information and introductory specials, call (877) 304-6752 or send an e-mail to info@dentiumusa.com. You may also visit www.dentiumusa.com.

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The Bone Management® system Master-Pin-Control is especially designed for the fixation of reabsorbable, non-reabsorbable, and titanium membranes. Since the pins have an extra mini-thread, they are a hybrid between a screw and a pin. The sharp tip and the sturdy construction allow the pins to be inserted into very compact cortical bone. In addition, the pins can easily and safely be removed especially after a successful healing period due to its thread and unique head design.

At a glance
- Fixation of membrane with titanium pins
- Removal of pins made simple with pin holder
- Easy pin placement even in dense cortical bone

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Microdent introduces its first universal connection implant

Company launches international marketing campaign to expand operations in the United States, Latin America and the Middle East

By Javier de Pison, Dental Tribune

Last year, Microdent Implant System introduced Ektos, its first universal internal connection implant. Recognized worldwide for developing the first bone expanders and implants such as the Genius, the main advantages of using Microdent implants include the company’s long background as a manufacturer and its firm commitment to quality.

Microdent Director of Production, Research and Development Joan Muñoz says the company has 25 years of manufacturing experience “backed by evidence that proves the main features of our implants: great osseointegration and very long durability.”

Microdent’s R&D director adds that the company’s implants have a unique, distinctive design.

“They are manufactured with extreme precision to ensure the best possible function,” he explains, “but what makes Microdent unique in the market is our special thread design, which provides great self-tapping capacity and large contact surface with bone for the best possible osseointegration.”

Muñoz says that quality has always been Microdent’s top priority. Asked what differentiates Microdent from the competition, he provided a list of innovations developed by the company.

• Ektos Implants: Microdent’s new universal internal connection implant prevents rotational movement and creates a conical coupling area between the implant and prosthesis that provides the most effective connection sealing.
• Genius Implants: An internal connection implant with hexagonal ribbed cone that allows for perfect sealing of the implant-prosthesis junction in a monoblock. The Genius’ emerging cone design provides a surface area for biological growth, which reduces gingival retraction.
• Microdent External Connection Implant: An implant system more robust and resilient than the universal external connection, which offers the same type of connection for prosthetic restorations.
• Atraumatic expanders: Microdent’s bone expanders provide oral implantology with an important technological innovation, a global reference product that is a must for any implant professional. This practical and simple instrument avoids surgical trauma and, because it works progressively, allows effective control of the expansion process.
• Cortical Fix: Like the expanders, the Cortical Fix is also an important technological innovation in the oral implants field that allows the use of a minimally invasive sinus lift, atraumatic technique. Microdent has launched an international marketing campaign to expand its operations in the United States, Latin America and the Middle East.

“We have launched an advertising campaign in print and online,” Muñoz said. “And will be providing free online implant courses through the Dental Tribune Study Club to show the quality and advantages of Microdent Implant System.”

For more information, please visit www.microdentsystem.com.

Ektos is Microdent’s first universal internal connection implant. Photo/Provided by Microdent

‘They are manufactured with extreme precision to ensure the best possible function ... but what makes Microdent unique in the market is our special thread design, which provides great self-tapping capacity and large contact surface with bone for the best possible osseointegration.’
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Do you know enough about the implant company you work with?

By DENTSPLY Implants Staff

Dental implant technology continues to evolve and grow through continued advancements in implant-to-abutment interface design, surface treatment, digital technology and patient-specific solutions. These developments have helped to simplify procedures, reduce treatment time, ensure more long-term and optimal outcomes and, ultimately, contribute to a higher level of patient satisfaction.

With these developments, new solutions and new companies are also continuing to emerge at a rapid pace, often making it more difficult to know what is the right choice for your practice and your implant patients. Some aspects to consider when choosing an implant partner may include:

- How long has the company been on the market?
- How much focus and resources does the company place on the research and documentation behind their products?
- What personnel and support are available to you in your product use and practice development?
- Is the company actively introducing new technologies and leading innovation and change?
- What type of warranty is in place should something happen?
- Will the company and products be around — not only today but tomorrow — when you need them?

These are all critical aspects to consider because, in most cases, your patients will rely on you for their long-term care. In turn, you should have the confidence that your implant provider will be there for you throughout the entire journey.

DENTSPLY Implants is based on a solid foundation of 40 years of expertise, knowledge and experience in all relevant fields and technologies of implant dentistry. Its comprehensive portfolio of solutions for all phases of implant therapy is designed to support its commitment to providing simplicity to its customers and is backed by extensive documentation, the company asserts.

The convenience of a “one-stop-shop” for implant treatment is truly delivered through the availability of solutions for digital treatment planning (SIMPLANT®), regenerative preparation of the implant site (SYMBIOS®), implant system options that include an internal conical connection (ANKYLOS® and Astra Tech Implant System™) or an internal flat-to-flat connection (XIVE®), and patient-specific restorations (ATLANTIS™) for cement-, screw- and attachment-retained implant-supported prostheses. These solutions are further supplemented by educational opportunities and practice-marketing tools.

The latest launch and introduction of its Astra Tech Implant System EV is another example of industry-leading innovation.

As a part of its focus on documented success, the foundation of this evolutionary step remains the unique Astra Tech Implant System BioManagement Complex with its key combination of features: the OsseoSpeed surface, microthread, conical seal design and connective contour. Well-documented for its long-term marginal bone maintenance and esthetic results, the average marginal bone reduction for the Astra Tech Implant System is, in fact, less than 0.3 mm after the first year of loading — a figure that still remains after five years.

The design philosophy of this new system is based on the natural dentition utilizing a site-specific, crown-down approach and is supported by an intuitive surgical protocol and a simple prosthetic workflow, for increased confidence and satisfaction for all members of the treatment team. The versatile range of implants and site-specific components are designed for long-term biological and clinical performance, ease of use, versatility of indication and mechanical robustness.

So what are you looking for in an implant company? If a strong history of experience and expertise, documented success, comprehensive solutions for all your implant needs and products and services of the highest quality matter to you, take a closer look at DENTSPLY Implants.
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BruxZir Solid Zirconia, the world’s most prescribed zirconia restoration, now comes as a complete tooth replacement solution. For about the same price as a crown and custom abutment, everything needed to replace a missing tooth is included. The bundle provides convenience and predictable treatment costs, and reduces the need to keep a supply of implants and prosthetic components on hand.

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www.glidewelldental.com
Renovix Guided Healing Collagen Membrane ideal for grafting procedures

Ridge augmentation and sinus lifts are easier and more predictable with this product, reviewers say

By Salvin Dental Staff

The Renovix® Guided Healing Collagen Membrane from Salvin Dental is getting excellent reviews from doctors using it for pre-implant grafting procedures including socket preservation, ridge augmentation, and sinus lifts. It combines the ability to drape and conform to the specific anatomy of a grafted defect, while maintaining structural integrity and elasticity.

The combination of ideal handling characteristics helps make grafting procedures easier and more predictable, the company says. When it comes to selecting the perfect membrane for guided bone and tissue regeneration, there are many choices. Yet most clinicians are still looking for the ideal barrier that combines the best handling and performance characteristics.

Some collagen membranes remain stiff even after being hydrated, making it difficult to place over a ridge and conform to the shape of the defect. Other membranes have no memory and resemble wet tissue paper, making it extremely difficult to manipulate during surgery. Renovix was originally created for use in repairing pediatric cardiac defects. Cardiac surgeons needed a resorbable membrane to protect the surgical site without migration and have it cross-linked in a way that significantly reduced the chance of an inflammatory response.

Based on these specific requests, the material used for Renovix was developed. Renovix is fabricated from Type I porcine collagen, known to be one of the purest forms of collagen available, the company asserts. It is cross-linked with polysaccharide, a naturally occurring sugar, with excellent biocompatibility. The combined performance and handling characteristics of this membrane, along with specific requests from many implant surgeons, encouraged Salvin Dental to introduce Renovix for guided bone-regeneration procedures.

Case reports and clinical documentation are an important part of the decision process when determining how regenerative products will perform. Steve Wallace, DDS, MHS, from Wilmington, N.C., has used Renovix in more than 25 cases as a guided regeneration barrier after extraction and grafting of maxillary 1st and 2nd molars in preparation for implant placement.

Wallace made the following statement detailing his clinical experience with Renovix: “Primary flap closure over maxillary molar extraction sites is always difficult to achieve. I have been using Renovix as my barrier over these grafted sites to exclude soft-tissue ingrowth. I have seen that Renovix remains intact up to 13 weeks and consistently promotes soft-tissue closure over it with minimal inflammation.”

When it is first removed from its sterile packaging, Renovix becomes opaque, making it easy to identify when brought into the surgical field, and it is very easy to manipulate.

Clinicians have said that they get their best results when trimming it after it has been hydrated, the company says. Renovix is very thin, yet has remarkable tensile strength. This characteristic provides several clinical advantages. First and foremost, it can easily be tucked or sutured to the surgical site if needed. Next, it can be tucked into small tunnel incisions using a micro periosteal elevator without concern that the instrument will easily puncture through the membrane.

Finally, the fact that Renovix is thin and resilient enables the clinician to elevate smaller flaps, leaving more of the periosteum and blood supply undisturbed, for faster healing and less patient discomfort, according to Salvin Dental.

James Woodyard, DMD, MS, from Newburgh, Ind., made the following statement regarding his experience with Renovix: “The thinness and excellent tensile strength of Renovix allows me to create small tunnel incisions and tuck it under the tissue without tearing the membrane. With thicker membranes that I used in the past, I had to create large full-thickness flaps, and many of the other thin membranes had a tendency to tear when I tried to tuck them. “When I decrease the size of the flap elevation and exposure of bone, I decrease post-operative swelling, pain, bone loss and discomfort for the patient. The less invasive I can be, the less complications I have. I am extremely pleased with the results that I have seen when using Renovix.”

Renovix is available in three different sizes and is individually packaged sterile for immediate use.

Many doctors like the 15 x 25 mm size because it will typically fully cover a grafted extraction socket from the buccal to the opposing lingual plate, maintaining full coverage over the ridge, without having to select a larger size.

This unique size reduces waste and saves money by often eliminating the need to select the next larger size, the company says.

If you would like more information about Renovix or would like to give it a try, please see the team of experts at Salvin Dental at booth No. 825 at the Academy of Osseointegration Annual Meeting. You may also visit www.salvin.com or speak to a sales representatives at (800) 535-6566.
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- Compare To Ossix™ Or Bio-Gide®

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15mm x 25mm
Extra 5mm Length Allows Buccal-Lingual Coverage

20mm x 30mm

30mm x 40mm

Socket Graft Without Primary Closure

Salvin® Renovix® + OraGraft® Mineralized Cancellous

Grafted Extraction Socket
Renovix® Draped Over Surgical Site
Sutured Without Primary Closure
4 Week Post-Op Mature Tissue Closure
16 Week X-Ray Ideal Bone Formation

Surgery & Photos: Dr. Steve Wallace, Periodontist, Wilmington, NC

Socket Graft Without Primary Closure

Salvin® Renovix® + Mineralized Cortical / Cancellous

Grafted Extraction Socket
Renovix® Placed Double Layer
Sutured Without Primary Closure
16 Week Post-Op Mature Tissue Closure
16 Week X-Ray Ideal Bone Formation

Surgery & Photos: Dr. James Woodyard, Periodontist, Newburgh, IN
California Implant Institute to present four-day comprehensive, live patient surgical externship courses in Mexico

By California Implant Institute Staff

The California Implant Institute is pleased to present four-day, Level I and Level II comprehensive live patient surgical externship courses in Baja California, Mexico, throughout 2015.

Level I course

Attendees of the Level I course will implement step-by-step implant surgical protocols on live patients under the supervision of Dr. Louie Al-Faraje and additional faculty. The four-day course will include eight hours of lectures on diagnosis and treatment planning of implant cases (around two hours each morning). Each attendee will place 10-15 implants and assist with multiple implants on live patients. Course participants will increase their knowledge and skill in the areas of flap design, alveoloplasty, implant placement, bone grafting and suturing techniques. Upon completion of the externship, attendees will have a smoother transition from the classroom to surgically placing implants in their own offices. All patients are carefully selected by the California Implant Institute faculty, and CT scans are provided for all patients. During the last program, 15 participants placed more than 170 implants, including immediate and computer-guided placements, and performed multiple bone-grafting procedures.

Level II course

Attendees of the Level II course will increase their knowledge and skill level in the areas of advanced implant surgical techniques, including lateral-window sinus lifting, maxillary and mandibular ridge expansions, CT graft and block grafting. Level II participants will work also with Piezotome and CO2 laser units, which are available at each Level II working station. Attendees will accelerate their learning curve and add advanced implant-related surgical procedures to their practice.

Upcoming courses

The live patient surgical externship in Mexico is provided four times a year. Each of the Level I and Level II programs offer 32 C.E. credits. Complete information on the externship, including tuition, testimonials, staff bios, accommodations and location can be found on the California Implant Institute website at www.implanteducation.net, by calling (858) 496-0574 or by requesting information via e-mail at info@implanteducation.net.

Academic director

Louie Al-Faraje, DDS, is a private practitioner as well as the founder and director of the California Implant Institute, which conducts a one-year fellowship program in implant dentistry. He is a fellow of the American Academy of Implant Dentistry and a diplomate of the International Congress of Oral Implantologists and the American Board of Oral Implantology. He is the author of three Quintessence textbooks and is on the editorial board of the Journal of Oral Implantology (JOI). Al-Faraje lectures nationally and internationally.

‘Upon completion of the externship, attendees will have a smoother transition from the classroom to surgically placing implants in their own offices.’

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Key Educational Objectives

Surgery-related topics:
Surgical anatomy and physiology, patient evaluation for implant treatment, risk factors, vertical and horizontal spaces of occlusion, bone density, implant surgical placement protocols, computer guided implant placement and restoration, immediate load techniques, mini implants, bone grafting before, during and after implant placement, alveolar ridge expansion using split-cortical technique, guided bone regeneration, sinus lifting through the ostotomy site and the lateral window, block grafting, BMP-2 / ACS graft with titanium mesh.

Prosthodontics-related topics:
Impression techniques, restorative steps for implant crown and bridge, implant prosthodontics for the fully edentulous patients, high-water design, bar-overdenture, CAD/CAM designs, biomechanical principles, biomaterials, implant occlusion and more

Hands-on Sessions:
Hands-on workshops will be provided on models and pig jaws.

LIVE Surgeries:
Selected LIVE surgical procedures will be performed during the program.

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