The Implant Centre helps more GDPs restore cases for their own patients

One-day events in Crawley help general dental practitioners gain the confidence to undertake the restoration phase of their patients’ implant treatment

More than 150 general dental practitioners attended two one-day events in Crawley at the end of November 2009 to learn more about restoring dental implants for their own patients. Presented by Mr Bill Schaeffer, Mr Guy Barwell, Dr Tony Rose and the team from The Implant Centre Haywards Heath, the events featured the ANKYLOS implant system and were supported by DENTSPLY Friadent.

Currently placing 1,000 implants per year, The Centre has grown rapidly, with increasing referrals from dentists who restore cases for their own patients. It holds regular free courses to introduce colleagues to dental implant treatment and help them learn how to undertake the restoration phase. The courses include ‘R²LAX’ evenings and whole day restoration conferences, with three-six hours of verifiable CPD. Because of the growing numbers of dentists referring and restoring cases, The Implant Centre has already outgrown the premises in which the practice was established only three years ago.

According to Bill Schaeffer, “We’re seeing more and more implant cases referred every week, with around 40 per cent currently being restored by the patient’s own dentist. Many more local dentists are enjoying the excitement and satisfaction of restoring dental implants, and are finding them to be an easy, fun and profitable part of their practices. Most dentists who attend the training feel completely happy to begin restoring dental implants straightforward after one of these courses”.

General practitioners don’t need to buy any costly equipment, because The Implant Centre provides everything else needed to take implant-level impressions. Guy Barwell explains: “All that’s required by the GDP is the usual crown and bridge materials, impression trays and impression materials. An Ankylos restorative kit is supplied completely free by DENTSPLY Friadent, when dentists restore their first implant case. The GDP is always provided with detailed letters, photographs and the correct impression components for each case. We even partially complete the lab sheet needed for the specialist dental implant laboratory that we recommend”.

The Advanced Implant Restoration course examines the first implant case. The programme shows numerous verifiable CPD. Because of the growing numbers of dentists referring and restoring cases, The Implant Centre has already outgrown the premises in which the practice was established only three years ago.

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The Implant Centre offers a dedicated dental implant service to provide a permanent solution to missing teeth. Located in Haywards Heath, Mid Sussex, the state-of-the-art facility was designed specifically to provide dental implant surgery for dentists and their patients across southeast England. According to Bill Schaeffer: “Our team of doctors, dentists, nurses and support staff are committed to making the experience of dental implant surgery a smooth and pain-free experience in a relaxed and contemporary environment”.

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More than 300 local dentists refer cases to The Implant Centre, an increasing proportion of which are restored by the patient’s own general practitioner. Following initial assessment and implant surgery, as soon as each dental implant has osseointegrated, the patients are returned to their own dentist with the appropriate impression components.

Guy Barwell adds: “Simple dental implant cases can be even easier to restore than natural teeth. Let’s face it, dental implants don’t have a pulp you need to avoid and you don’t even need to use fiddly restoration cord! For dentists involved with implants, bridges are fast becoming a thing of the past”. Implant Restoration in General Practice is a course designed for dentists who are considering advancing from simply referring patients for treatment to becoming involved in the restoration. The day includes hands-on training using models and provides attendees with a sound knowledge of cases that are suitable for implant treatment. The programme shows numerous cases that have been restored by GDPs. It covers treatment planning, impression taking, restoring straightforward cases and avoiding complications.

The Advanced Implant Restoration course examines the next level of implant restoration for more experienced practitioners. It is aimed at dentists who have already attended the Implant Restoration in General Practice course and have restored at least one case. Attendees examine more advanced treatment planning and more complex restorations, including screw retained restorations, bridgework and full arches.

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The Endo-Implant Algorithm

Dr Jose Hoyo explores the concept of endo-implant Algorithms and the surprising importance of endodontists in dental implant treatment planning

There’s a new vision in dentistry which is slowly being recognised and referred to as the “Endo-Implant Algorithm”. This new approach sees the role of the endodontist as a critical one when considering whether a tooth can be saved or whether extraction and replacement with a dental implant is the correct treatment protocol.

An endodontist is in an unique position to evaluate critical factors leading to endodontic failures to determine whether another endodontic procedure will lead to a predictable and successful outcome. If the outcome is not favourable, then extraction and replacement with a dental implant will be the protocol to follow.

When considering what the ideal treatment plan should be, it is imperative to provide the patient with all treatment options as well as the financial cost and procedures associated with each treatment option. In doing this, the patient is then being given the opportunity to make an educated decision as to what is the best treatment protocol for him or her. The information presented to the patient should include what, in the endodontist’s opinion, is more practical and predictable.
Case study

A patient with a non-contributory medical history was referred to my office for evaluation of the maxillary left first molar. The patient was asymptomatic and the tooth had been endodontically treated by a general dentist approximately seven months prior to the consultation and had never been restored.

Clinically it presented no temporary restoration, extensive decay, probing depths of three mm all around, and exposure of the obturation material to the oral cavity. Radiographically, no periapical lesions were detected, and the bone levels around the tooth were adequate. (Figure 1)

Under the isolation of a dental rubber dam, the use of 4.5x magnification and supplemental illumination provided by the use of a fibre-optic headlight, some excavation was performed to determine the integrity of the tooth structure. After removing all the decay, a bitewing X-ray was taken (Figure 2) and the following was determined: a) the floor of the pulp chamber was too shallow, b) it was too close to the perforation and c) the periradicular dentin was not strong enough to support a permanent restoration. These were critical factors, in my opinion, rendered the tooth non-restorable.

A cotton pellet and Cavit were placed in the access cavity and a temporary restoration was placed in the access cavity with the referring dentist was conducted to update him on the condition of his patient and to determine what recommendations should be given in regards to the tooth. It was recommended to the patient that the tooth be extracted and the socket preserved through a minor grafting procedure. This would allow for an ideal amount of bone and mucosa to receive a dental implant approximately four to six months down the line.

It was also recommended that he receive some orthodontic treatment prior to the implant being placed so that all the diastemas were close and the dentition properly aligned for this procedure. The patient clearly understood the concept and the logistics of the orthodontic treatment that was being recommended but expressed no interest in this approach.

The bigger picture

It is very important when getting involved with implant dentistry to look at the whole dentition and not just the space or tooth in question. We should keep in mind that implants unlike teeth do not move, so if there are any misalignments in the dentition the recommendation for orthodontic treatment either because they are not familiar with the technique or because they perceive the costs to be too high for their patients. However DIO is quickly demonstrating that the cost is rapidly becoming less of a problem and, by using the company’s range of dental implants, even dentists that are relatively inexperienced in implant surgery can quickly learn to perform the procedure successfully. What’s more, DIO will assist dentists in mastering their surgical skills and help their practice to publicise and market their services to patients.

To prove how easy the new DIO implants are to use, Dr. Arrif Lalani, principal of Smile Dental Implants and the dental advisor for the Kingston vocational training scheme at Kingston Hospital, will be performing live implant surgery at The Dentistry Show 19-20 March at the NEC. This will be the first time live implant surgery will have been shown in public in the UK. Although Dr. Lalani is comparatively new to implant surgery he says that working with the DIO implants makes the process relatively easy. “Working with DIO’s implants is so simple and straightforward. They have no quirks,” he said. “They are the perfect way to start for those dentists considering offering implants as an extra service to their patients.”

Dr Lalani learned the techniques necessary from one-on-one training with Dr David Fairclough, an experienced DIO trainer and a founder member of the Association of Dental Implantology. “I’ve been using dental implants for over 20 years now and I’ve tried most systems. When I came across DIO’s system it seemed to be the easiest to use at an affordable price. These implants are very easy to use and I always have very good primary stability which is important,” he said. He added that the back-up service he received from DIO was very valuable to him. “One of my biggest criticisms of implant companies is that they sell you the implants and then you get very little back-up from them afterwards. This hasn’t been the case with DIO.”

DIO’s UK Managing Director, Iain Forster, said that DIO and Dr Lalani were a perfect fit. He said, “Arrif is one of the refreshing breed of implant surgeon who is not blinkered by convention and happy to do whatever is best for his patients and his business. It is freethinking pioneers like Dr Lalani who will lead the new generation of implant care.”

The best implant on the market?

The simplicity of the process is largely attributed to the innovative design of the implants fixtures themselves. The advanced tapered design features a double thread to increase primary stability, achieve high stability even with low bone density, prevent cortical bone loss, significantly reduce stress and increase the opportunity for immediate loading. The self tapping cutting edge allows easy insertion and automatically removes cut bone. The design also promotes fast healing and gingival recovery.

Tackling the cost

DIO has made significant strides to reduce the cost of the implants themselves thereby reducing the overall cost of treatment making implant surgery a real option for many patients who would have considered it too expensive in the past. According to Dr. Ivk Dandapat, the principal dentist at The Dental Implant Centre, Reading, British dental patients have been paying over the odds for dental implants for years with patients often traveling abroad to find treatment they can afford. In a recent interview Dr. Dandapat said that it’s now time for a change. “Either the implant companies are going to support us through this recession or we’ll learn from our experiences and move on,” he said, adding that the UK price to a patient for a dental implant, abutment and crown varies from around £1,800 to £5,000 per tooth. In Europe the same treatment is available for approximately £1,100. “We can’t compete with that unless the implant manufacturers help us.”

DIO has taken up the challenge and is marketing its popular DIO SM implant in the UK at prices that are less than half of most of the competition. Dr. Dandapat states, “The significant savings achievable are probably sufficient to stop patients buying a ticket to Delhi, New York or Paris to have the work done – thereby keeping the business at home for British dentists.”

Marketing help

DIO is very much aware that it’s all very well for dentists to learn new skills and develop new services, but the effort is often wasted if their patients are not made aware of what’s on offer. A few posters in the surgery don’t constitute a marketing plan.

So, to help dentists promote their implant services the company is providing advice and guidance on marketing techniques that dentists can employ to spread the word. These can include help with local PR, website design, search engine optimisation, brochure and leaflet design and production, the use of social networking, etc.

Iain Forster explained that this is not simply altruism from DIO. “For us, it’s not enough to simply provide our high quality implant systems for the UK market, we need to help our dentists to promote their services. By helping to increase sales and marketing efficiency, whilst enabling them to simultaneously increase their margins, we’re helping the dentists to help their patients and increase turnover, which is helping us too. Everyone wins!”

Implant innovation at The Dentistry Show

UK first at March exhibition with DIO Implants

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For more information on DIO implants and to see first hand how the surgery is performed, visit The Dentistry Show, 19-20 March at the NEC.

LIVE DENTAL IMPLANT SURGERY AT NEC 19-20 MARCH DIO IMPLANT – STAND F91

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MArCh DIO IMpLAnT – STAnD F01

LIve DenTAL IMpLAnT SUrgery AT neC 19-20
The sutures are removed two weeks later, and two weeks after the suture removal, the patient was seen again for the removal of the membrane. This step is done by gently picking at the membrane with cotton pledgets and just pulling on it – there is often no need for anesthesia.

The benefit of using this mixture of allograft is that the waiting period for re-entry is approximately four to six months versus six to nine if we had used a xenograft material. The quantity and the quality of the bone seem to be much better with the use of this (or a similar) allograft cocktail.

At the time of re-entry the patient’s blood pressure was 115/69, HR 64. (Figures 4&5)

Under local anesthetic (Lidocaine two per cent Hcl with epinephrine 1/50,000 x 2 cpl) a tissue punch access was done using a 3.8 tissue punch Xive drill. (DENTSPLY Friadent) The pilot drill from the Ankyllos implant system (DE NT SPLY Friadent) was then used to drill six mm, just short of the sinus floor. (Figure 6)

A series of Xive osteotomes (DENTSPLY Friadent) starting from size 2.0 and going up to 5.4 were used to perform a sinus lift applying the Summers’ technique. The osteotomy was prepared up to a depth of 11 mm. (Figure 7)

A Valsalva test was performed to ensure that the sinus had not been perforated. An Ankylos implant A11 (3.5mm x 11mm) was placed and primary stability was obtained. The density of the bone perceived as D-5 during the drilling stage, more than likely changed to D-2 with the use of the osteotomes. The implant-transfer mount was removed as was the cover screw which came pre-mounted inside the implant and a 1.5mm sulcus former (healing abutment) was placed into the implant. (Figures 8&9)

This case clearly shows one of the reasons why endodontists are getting more and more involved in implant dentistry. They are able to provide a comprehensive evaluation of the tooth in question and they are able to present the patient with the best options based on clinical assessment.