

Lee Ann Engle

Looks, Ease Driving Use of Mini-implants

By Dell Richards

While technology constantly adds new choices to implants, patient demands also are driving some of the changes. Mini-implants as well as software templates for implant placement are just two of the latest innovations. Some dentists proceed with caution, others are pushing ahead.

Like many dentists, prosthodontist

Jeffrey Y. Nordlander, DDS, is using mini-implants for people who want immediate results and for some edentulous cases. "If patients want something implant-supported right after surgery, we use them," said Nordlander. "They can be immediately loaded."

The minis protect the other implants during the healing process.

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JEFFREY Y. NORDLANDER, DDS

He uses mini-implants primarily as a temporary solution, however, "We put temps in between the permanent ones," said the partner with Prosthodontic Dental Group. "So you need more sites."

For the patient, this means more bone, more money, and more risk.

"We only use them in selected cases when the patient is willing to accept the added risk and cost of doing the procedure in a more convenient way," Nordlander said.

For Nordlander, who handles the complex cases referred to him by dentists throughout the Central Valley, protecting the patient is of paramount importance.

Even Victor J. Sendax, DDS, inventor of the IMTEC-Sendax mini-dental implant system — the only FDA-approved implant currently on the market — spoke of the risk. In a 2004 posting for the *Osseo News* blog, Sendax gave a tip on how to use minis so that dentists avoid exposing them "... to lateral force overload."

Meanwhile, others are forging ahead, using minis on a permanent basis. Sandy Kim, DDS, went into practice in Los Angeles with her father, John Kim, when she graduated from dental school more than a decade ago. They both have been using mini-implants on a permanent basis for more than three years. For their patients, the lower cost is a big factor.

"We have a lot of full-denture cases and the lower dentures are a problem after a while," said the associate of Dr. Kim's dental office, who also has her own practice in Garden Grove. "Implants stabilize the dentures and keep them from floating in the mouth. An implant is great, but some patients still cannot afford it."

Which bring in the minis. "The minis are cheaper — by a lot."

Because they advertise in Korean newspapers, the father-daughter team has patients flying in from as far away as Hawaii. To date, only one patient has

had problems, a woman with rheumatoid arthritis.

Kim is not alone. Stephen Hadwin, executive vice president of IMTEC Corporation, said minis are flying out the door. "They are one of our biggest products at the moment."

Because minis allow dentists to reach a consumer who can't afford the conventional system, or elderly patients who can't bear surgery, minis have experienced phenomenal growth in sales since they were introduced in 1999. "Sales have been very healthy for the past five years," Hadwin said. "They have experienced 40 to 50 percent growth."

While minis have given patients more choice, recently approved software and scanning systems help dentists with time and accuracy when placing any kind of implants, mini or regular.

Using software that scans X-rays helps Nordlander plan the placement of implants. "We use implant analogues for planning," said the dentist whose practice has three offices and two satellites. "With 3-D implant forms, you can superimpose your X-ray to see where the best placement would be."

Because of the cost, few dentists have adopted the system. And Nordlander said that the new guides help "translating the 2-D image on a computer screen into a patient's 3-D mouth."

Peter K. Moy, DMD, is one of the dentists currently using one of those guides: Nobel Biocare's "Teeth in an Hour" system. This treatment planning software and CT scanning create a 3-D image of the patient's mouth. The Nobel Biocare guide, as it's called, allows dentists to determine the placement of implants digitally while having an exact match made for the denture.

"The software helps identify where the implants go," said Moy, adjunct associate professor of Oral and Maxillofacial Surgery, Diagnostic and Surgical Services

at the University of California, Los Angeles, School of Dentistry. “That way, dentists can fabricate the bridge before the implants are placed and put them in the exact location they planned.”

“Teeth in an Hour” refers to surgical time, not prep time. For dentists, the major benefit for is doing the CAD-CAM planning at the same time as fabrication. “You spend less time because the work is done during the work-up that you would do anyway,” said Moy, who uses the software and templates for 80 percent of his implant patients at the UCLA Dental Implant Center. “You’re eliminating two to three hours, which is quite a bit of savings, quite a bit of time you could be seeing other patients.”

The one-time software cost is about \$5,000. Each template fabrication also adds about \$2,000 to the cost.

However, the restoration can be loaded immediately after surgery. “It’s easier on the patient because all the work is done beforehand,” said Moy, who helped introduce the guide in the United States and now also teaches its use. “It’s a more predictable, more accurate way of treating patients.”

“The procedure had been performed numerous times in Sweden,” said Moy, who is a consultant to Nobel Biocare, adding the company paid him to fly over and watch the surgeon who had the most experience placing it. “That’s when I came back and was one of the first to use the guide in this country.”

While Moy thinks the future of this technology as “huge,” Nordlander said patients still want to look good. Whether the dentist is doing the planning on a computer or using mini-implants, the teeth — and gums — need to look real. “The big issue with implants, at least with front teeth, is making the tissue around the implant look natural,” Nordlander said.

The problem is the papilla between

the front teeth. “Re-creating that peak is an area where more work is needed,” Nordlander said. “People are more conscious of having teeth — and gums — that look nice. We need to improve the contour and form of gums around the restoration.”

When they do, dentists and patients undoubtedly will have even more options to consider.

A practicing journalist, Dell Richards runs Dell Richards Publicity, a public relations firm specializing in dentistry and health care.

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Diabetic Patients May Improve Sugar Control With Periodontal Therapy

The results of a recent study support the hypothesis that periodontal therapy may help metabolic control (lower HbA1c) in patients with diabetes.

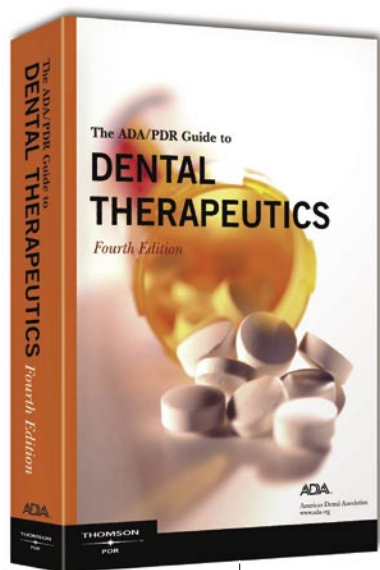
The results suggest that the therapy may decrease a diabetic patient’s HbA1c count by as much as 20 percent at three and six months following treatment. According to the American Diabetes Association, HbA1c provides patients with a snapshot of their average blood sugar changes in the past two to three months and gives them a good idea of how well their diabetes treatment plan is working. A healthy HbA1c count ranges between 4.0 to 6.0. This study appeared in the April issue of the *Journal of Periodontology*.

“We found that conventional treatment for chronic moderate generalized periodontitis, which included a simple, nonsurgical procedure called Scaling and Root Planing (SRP) lowered the study group’s HbA1c count from 7.2 to 5.7,” said study authors Antonio Bascones, a professor, and Dr. Ricardo Faria-Almeida, both of the Department of Medicine and Buccofacial Surgery of the Complutense University in Madrid, Spain. “This could significantly put diabetic patients who are just above the normal HbA1c range into the healthy range and reduce their risk of serious complications from diabetes.”

Bascones warned these findings should not be considered definitive or universally generalizable because of the study sample size. Additionally, this study compared the response to conventional periodontal treatment between type 2 diabetic and nondiabetic patients with chronic moderate generalized periodontitis and did not include a group of diabetics that was not undergoing periodontal treatment. The absence of this information is a limitation because it is unknown how diabetic patients who were not undergoing periodontal treatment would have progressed.

“For a long time we’ve known that diabetic patients have a higher risk of developing periodontal disease compared to nondiabetics,” said Kenneth A. Krebs, DMD, and president of the American Academy of Periodontology.

For more information about periodontal disease and treatment is available online, www.perio.org. A brochure, “Diabetes & Periodontal Diseases” is available by calling (800) FLOSS-EM.



ADA and Thomson PDR Partner to Publish Guide

A new dental therapeutics guide will help provide dentists with readily accessible and timely information for making medication decisions.

The American Dental Association recently announced its partnership with Thomson PDR to publish *The ADA/PDR Guide to Dental Therapeutics*, fourth edition. PDR, a part of the Thomson Corporation, provides integrated information tools and authoritative drug information to health care professionals across the globe.

The guide, written by a team of experts, includes the work of dentistry's leading clinicians and academicians. Sebastian G. Ciancio, DDS, a distinguished service professor and chair at the Department of Periodontics and Endodontics at the University of Buffalo, State University of New York, edited the guide, which will be available next month.

"We are very pleased to collaborate with Thomson PDR and be able to bring our profession's unique perspective and latest clinical information to the guide," says James B. Bramson, DDS, ADA executive director. "We also view this collaboration as an opportunity for ongoing enhancements to the publication to continually provide the dentist with the latest patient-care information in a readily accessible format."

"It is noteworthy that this book has been prepared at the request of the ADA Council on Scientific Affairs and is the only dental therapeutics book published by the ADA," Ciancio said. "This provides dentists with timely information on making the best medication decisions for patients."

The guide underwent a redesign for quick access of vital data needed to treat patients.

Thomson PDR and the ADA are discussing additional electronic and printed products to further enable dentists to provide better care for their patients.

Girls Find the Thrill of the Grill

Getting grilled about grills? The latest oral fad, those snap-on supposed smile enhancers, has resulted in a national upswing of patients peppering their dentists with questions about tooth covers.

Typically made of real yellow or white gold, and from 14 karats up to 24, the one-piece grills can cover two to six teeth or the entire smile. Buyers can choose a solid look, "open face" featuring cutouts to expose the natural teeth, or even fangs. They also can opt for a diamond-encrusted version or those made with etched words, initials, and symbols.

Once sported only by male rappers and street toughs, grill-wearing has reached a wider following, from college students and grandparents to teenagers, according to an article in the *San Francisco Chronicle* newspaper. In fact, the paper also reported that last year, San Francisco Bay Area grill makers said teenage girls were the fastest-growing segment of grill-wearers.

In a recent issue of *Today's FDA*, the Florida Dental Association's journal, Alyssa Brown, associate editor, wrote about the trend in adorning one's choppers. Quoting members and spokespeople from the ADA, Brown offered some tips should patients ask them about grills:

- Keep to the facts. Wearing grills even for a few hours can cause periodontal disease.
- Focus on the oral health of the patient. Avoid commenting on esthetics so as to not alienate the patient.
- Educate patients about maintaining good oral health if they choose to wear the toothy accessories. Demonstrate how to clean the devices and advise them to wear them for only abbreviated periods of time. Discourage the patient from obtaining permanent grills.



Chalrife O. Hayward



Declutter 101

Mistakenly thought of symbols of busyness or an active mind, clutter strewn around an office and on a desk keeps a person “living in the past,” said Janice Goodman, DDS, in an issue of *Oral Health* (Canada).

Those are pretty lame excuses and coping strategies to help clutterers avoid cleaning up their work spaces, said Goodman. What’s more, it makes it difficult to keep work projects organized and finished on a timely basis.

Four simple guidelines can help quickly declutter an office. Among them, Goodman suggested:

- List the most pressing issues, i.e., clear papers off the desk, read the mail, return calls, recycle old journals.
- Start small, clear out a cluttered drawer.
- Be ruthless. Sort through things immediately. Don’t get overwhelmed by thinking over possible uses an item might have in the future.
- Neaten up. For items you feel you can’t toss but contribute to the clutter, make a place for it. For example, keys should be placed in the same spot each time. This makes it easier to find as opposed to typically getting lost in the clutter.

Practice Advisory for Intraoperative Awareness Published

The American Society of Anesthesiologists has announced the publication of a practice advisory for member physicians that addresses intraoperative awareness and the role of brain function monitoring. Unintended awareness under general anesthesia, sometimes called “anesthesia awareness,” is a rare occurrence in which a patient may regain consciousness and be able to recall events during surgery while under general anesthesia. The ASA Practice Advisory is being published to disseminate critical patient safety information and guidance on this topic.

“Practice Advisory for Intraoperative Awareness and Brain Function Monitoring” appeared in the April issue of *Anesthesiology* and represents the most thorough document to date that assists hospitals and anesthesiologists to minimize the risk of awareness under general anesthesia. Similar information for clinicians is provided in a joint statement produced by the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland.

The advisory documents that awareness occurs in 1 to 2 cases per 1,000 surgeries performed under general anes-

thesia. Examples of awareness may include feeling sensations, pain, or hearing sounds. It is more likely to occur in individuals whose condition is unstable or during surgery for emergencies or trauma. Some episodes of awareness cannot be prevented, including instances in which the patient’s injury or health requires lighter anesthesia to keep the patient safe.

Intraoperative awareness is not an issue for those patients who undergo procedures with moderate sedation, regional or local anesthesia, as these patients are expected to be aware during some or all of the procedure.

With the goal of reducing awareness, the advisory makes recommendations for managing patients. These recommendations are summarized in four major areas — preoperative evaluation of patient risk for awareness; use of equipment checklists; monitoring depth of anesthesia; and drug selection.



Honors



The Alumni Association of University of the Pacific, Arthur A. Dugoni School of Dentistry paid tribute to its namesake dean with an inaugural award during the association's 107th annual meeting. "The Arthur A. Dugoni Lifetime Achievement Award," which will be granted on an infrequent basis, recognizes individuals for exceptional achievement, commitment and service to the dental school and the profession.



William Carpenter, DMD, MS, chair of the Department of Pathology and Medicine at University of the Pacific, Arthur A. Dugoni School of Dentistry, received the Distinguished Alumnus of the Year Award from University of Pittsburgh School of Dental Medicine.



Additionally, **Nader Nadershahi, DDS, MBA**, associate professor and chair of the Department of Dental Practice and Community Services at the University of the Pacific, Arthur A. Dugoni School of Dentistry, was elected president of the American Dental Education Association's Leadership Institute Alumni Association.

Electronic Transactions Easier With National Provider Number

The American Dental Association has recommended that all of its members apply for a National Provider Identifier because of the many advantages it offers. Health care providers who use standard electronic transactions, such as electronic claims, are required by federal law to have a unique NPI number by May 23, 2007.

The NPI replaces existing identifiers such as Social Security numbers and tax IDs for health care electronic transactions, and dentists no longer have to maintain multi-identifiers required by dental plans.

According to an article in the April-June issue of the *Journal of the Philadelphia County Dental Society*, even dentists who use paper, voice, and fax to transmit these communications may find NPIs necessary or useful. Highmark Blue Shield, for example, has announced it plans to use the NPI as the identifier for all providers.

For more information, go to <http://nppes.cms.hhs.gov>. Simply read the instructions, fill out the questionnaire, and submit the application. After confirmation of the data, an NPI will be e-mailed in one to five business days.

Upcoming Meetings

2006

Sept. 15-17	CDA Fall Session, San Francisco, 800.CDA.SMILE (232.7645).
Sept. 28-30	17th International Congress of Head and Neck Radiology, Budapest, Hungary, Eva Schiff at Redhill Travel, (415) 924-3229.
Oct. 7-11	Pacific Coast Society of Orthodontists 70th Annual Session, Honolulu; post-meeting program, Poipu Beach, Kauai, www.pcsortho.org , (415) 674-4500.
Oct. 16-19	ADA Annual Session, Las Vegas, (312) 440-2500.
Nov. 2-4	Hispanic Dental Association 14th Annual Meeting, Universal City, www.hdassoc.org or (217) 793-0035.
Nov. 5-11	United States Dental Tennis Association, Palm Desert, www.dentaltennis.org .
Nov. 12-18	57th American Academy of Oral and Maxillofacial Radiology 57th Annual Session, Kansas City, MO., www.aaomr.org .
Dec. 3-6	International Workshop of the International Cleft Lip and Palate Foundation, Chennai, India, (91) 44-24331696.

2007

April 15-21	United States Dental Tennis Association, Sarasota, FL, www.dentaltennis.org .
May 3-6	CDA Spring Session, Anaheim, 800.CDA.SMILE (232.7645).
Nov. 27-Dec. 1	American Academy of Oral and Maxillofacial Radiology 58th Annual Session, Chicago, www.aaomr.org .

To have an event included on this list of nonprofit association meetings, please send the information to Upcoming Meetings, *CDA Journal*, 1201 K St., 16th Floor, Sacramento, CA 95814 or fax the information to (916) 554-5962.