

Periodontal Implant Center

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Periodontal News



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Jacob Hager, DDS, MS ♦ Board Certified by the American Board of Periodontology



Our goal is to function as an extension of your office, offering your patients the highest level of periodontal and implant services.

In doing so, we are committed to the highest level of inter-office communication and promise that you will always know what treatments your patients are receiving in our clinic.

Contact Us

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Keeping You In The Loop

Rest assured that patients sent to our office for consultation will never receive treatment unless you have first been informed of our recommendations.

These recommendations will always be sent by letter after the patient is seen for an initial examination. Additionally, with complex cases, I will often contact you by phone before any treatment plan is presented to the patient.

If you prefer to use email, we will be happy to send correspondence electronically and will reply to any of your questions or concerns within 24 hours.

Included in each consultation letter will be the significant findings from your patients' comprehensive periodontal screening. This will include any additional periodontal concerns beyond the reason for referral as well as restorative findings that require your attention.

You can also expect written updates after each patient's, periodontal re-evaluation, recall maintenance, and surgical procedure.

If patients stop treatment at any time, you will be updated of their status in our office immediately.

Gone are the days of patients disappearing into the dark abyss of periodontal therapy. You will always be kept in the loop regarding your patients' status in our clinic.

Oral Bisphosphonates: The Latest Updates For Your Practice

As a review, bisphosphonates are a group of medications routinely prescribed for patients diagnosed with osteoporosis or osteopenia. These drugs bind irreversibly to bone tissue and prevent bone turnover by inhibiting osteoclastic bone remodeling.

Currently, there are over 30 million Americans taking bisphosphonates orally for treatment of osteoporosis.

It is theorized that these drugs lead to a diminished vascularity of the jaw bones over time – increasing the risk of focal osteonecrosis of the jaw (ONJ). The most current reports in the dental literature estimate the risk of osteonecrosis related to oral bisphosphonate therapy between 0 and 1 in 2,300. This risk has also been reported to increase as the term of oral bisphosphonate therapy exceeds three years.

The latest Advisory Statement from the American Dental Association Council on Scientific Affairs included the following recommendations:

- Routine dental treatment should generally not be modified solely because of a patient's history of taking oral bisphosphonates.
- There are currently no validated diagnostic technique available to determine if a patient is at risk for developing bisphosphonate related ONJ

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Building Peri-Implant Soft Tissue Contours with Custom Healing Abutments

This case was managed with immediate implant placement following trauma and removal of the fractured incisors. The contours of the surrounding gingiva were preserved with custom healing abutments fabricated chair-side at the time of implant placement



Examples of custom healing abutments showing their proper anatomic contours and emergence profiles.

Abutments such as these are routinely fabricated for anterior cases when implants are immediately placed into extraction sockets.



Here is another case showing the use of a custom healing abutment. Tooth #9 required extraction due to a history of trauma and root resorption. Implant placement with fabrication of a custom healing abutment was completed at the time of extraction.

Note the custom final abutment with its margin evenly placed 1-2mm below the properly contoured gingiva. Our office will return cases to you with the final abutment torqued to place and a precisely made provisional restoration to support the gingival tissues until the final restoration can be seated in your clinic.

We do all we can optimize the esthetic outcome for your patients while minimizing the chair time required in your office.

Bisphosphonates

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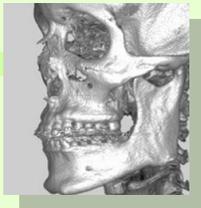
- Discontinuing bisphosphonate therapy may not eliminate or reduce the risk of developing bisphosphonate related ONJ.
- Periapical pathoses, sinus tracts, purulent periodontal pockets, severe periodontitis and active abscesses that already involve the medullary bone all may exacerbate osteonecrosis, and these areas should be treated immediately even if multiple quadrants are involved.
- Patients should be informed that oral bisphosphonate use places them at very low risk of ONJ

Currently available oral bisphosphonates

Fosamax (Alendronate)
Actonel (Risedronate)
Boniva (Ibandronate)
Didronel (Etidronate)
Skelid (Tiludronate)

Reference: Updated Recommendations for Managing the Care of Patients Receiving Oral Bisphosphonate Therapy – An Advisory Statement from the American Dental Association Council on Scientific Affairs. JADA. Vol 139. Dec 2008. pg 1674-1677.

i-CAT[®]



Our office continues to offer CT scanning for your diagnostic needs.

Patient cost per scan is \$125

Implant Planning
TMJ Evaluation
Impactions
Endo Diagnosis
Ortho Planning



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Free Lunch CE

Call or email us to set up a short continuing education course for you and your staff over the lunch hour. Food is on us and signed CE cards will be provided. Pick your topic:

- 1) General Periodontal Care – When to refer and how to get the most out of a relationship with a periodontal office.
- 2) Esthetic Periodontal Procedures and Soft Tissue Grafting – What Patients are Candidates?
- 3) Dental Implants - General Principles and Case Planning.
- 4) Implants in the Esthetic Zone – A Simplified Approach to Custom Abutments.
- 5) Topic of your choice.

To reserve a date, ask for Amanda at 405-636-1411, or email at okperioimplantcenter@yahoo.com

Easy Custom Abutments

Do you hesitate at the thought of restoring anterior esthetic implant cases? Unsure about implant level impressions and developing soft tissue contours that will match the adjacent teeth?

Rest easy. For maxillary anterior cases, we often take implant level impressions at the time of surgery and have a double set of matching custom abutments and a tissue supporting provisional restoration fabricated prior to returning the patient to your office. This process results in a working master cast that can be forwarded to your porcelain lab after a final shade has been selected. *Often, there is no impression to take in your office.*

Call to schedule an in-office presentation to review case logistics.

Keeping It Simple

Amidst the current trends and technology to help treat periodontal disease (lasers, local antibiotics, specialized trays to deliver antimicrobial gels), I would urge all dental clinicians to remember that the etiology for the vast majority of periodontal disease is subgingival calculus and poor oral hygiene.

Unless these two factors are addressed and corrected, there will be little long term value in any adjunctive therapies used to treat periodontal disease.

Most cases of moderate to severe periodontitis treated in our clinic with surgical intervention reveal significant deposits of subgingival calculus that had been inaccessible to the clinician/hygienist performing previous non-surgical debridements.

Dental curettes are only designed to access a 5mm pocket. Cavitron tips can usually access deeper pockets more predictably than a curette, but adapting the tip to definitively debride root concavities and furcations in deep pockets is not predictable.

Thorough oral hygiene instruction is also key in comprehensive periodontal therapy. We cannot assume that patients know the proper way to brush their teeth, and must commit ourselves to helping them understand the importance of proper plaque control.

Designate one of your assistants to spend 15 minutes with each perio patient to review proper plaque control and an overview of the periodontal disease process (\$30 - \$40 fee).

Don't overlook the importance of these two simple items – thorough subgingival debridement and thorough oral hygiene instruction. Completing these two objectives will significantly impact your treatment success.