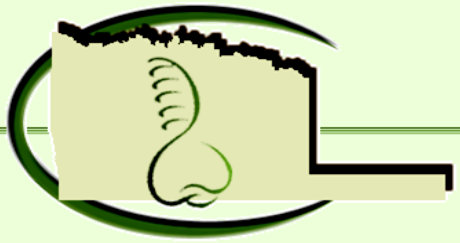

Periodontal Implant Center
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Periodontal News

A Recurring Publication from the Periodontal Implant Center ♦ No. 5, November 2010
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.

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Suggested Guidelines for Periodontal Referrals

Periodontal diseases present significant challenges for the public and dental profession. They remain the major cause of tooth loss in adults, and they can have a devastating impact on oral function and appearance. Emerging research suggests possible links between inflammation caused by periodontal diseases and other adverse health conditions, such as heart attacks, strokes, diabetes, and preterm and low-weight births. Some patients can be well managed within the general dental practice, whereas others would benefit from co-management with a periodontist.

Determining if and when a patient should be referred to a periodontist is a difficult and sensitive issue. The experience and interests of each individual practitioner will vary and therefore impact when patients are referred relative to their specific disease state and risk level. Communication between the referring dentist and periodontist is especially important in establishing responsibilities for periodontal treatment regimens and long term maintenance.

Because periodontal diseases can affect soft and hard tissues, general practitioners are cautioned to address both soft tissue inflammatory lesions as well as bone involvement. For patients with significant bone damage with vertical or crater-like defects, the limited approach of 'soft tissue management programs' may lead to inappropriate treatment of a patient's periodontal disease.

Risk assessment is increasingly important in periodontal treatment planning and should be part of every comprehensive dental and periodontal evaluation. This evolving paradigm in the treatment of chronic diseases, such as periodontal disease and diabetes, not only identifies the existence of disease and its severity, but also considers factors that may influence future progression of the disease. Major risk factors associated with the progression of periodontal diseases include: family history, smoking, diabetes, pregnancy, medications inducing gingival overgrowth, poor plaque control, poor dental compliance and systemic conditions limiting or modifying a patient's immune response to dental plaque. Patient's need to be informed of applicable risk factors in their individual case – especially those that can be eliminated or modified.

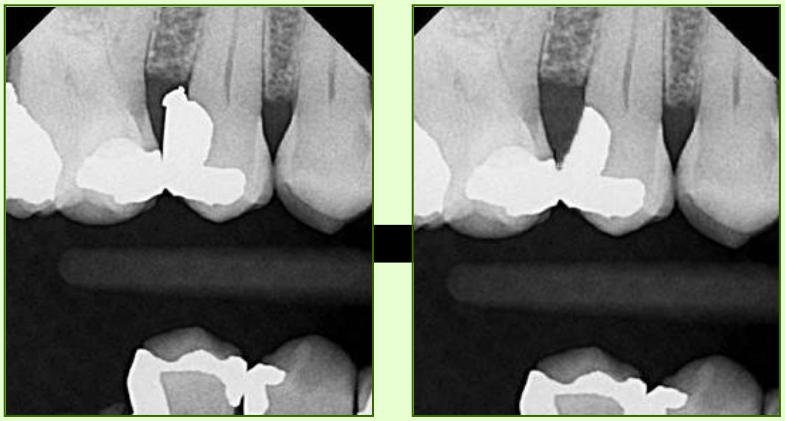
The question remains: *What patients should be considered for referral to a periodontist?* The following categories are offered as general guidelines:

- Moderate to severe periodontal disease with multiple risk factors *(ex. smoker and diabetic)*
- Severe periodontal disease *(greater than 50% attachment loss)* that is unresponsive to non-surgical therapy
- Radiographic vertical bone defects with pocketing $\geq$ 6mm
- Grade II furcations with associated pocketing $\geq$ 6mm and inflammation
- Subgingival inflammatory etiology that cannot be removed / corrected with non-surgical therapy
- Gingival Recession $\geq$ 5mm
- Complete lack of attached gingiva / Mucogingvial defects
- Peri-Implantitis

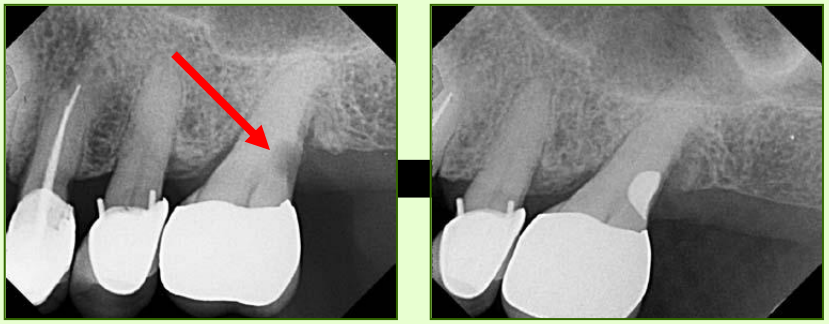
Unfortunately, many patients sent for periodontal therapy are past the point of what is predictably treatable. Teeth with bone loss well beyond 60%, severe mobility, advanced (through-and-through) furcation involvement or combined endodontic involvement usually have a very unfavorable long term prognosis. Most often, patients will decline referral until there is a symptom of (c*ontinued on page 3)*

Periodontally Assisted Restorative Dentistry

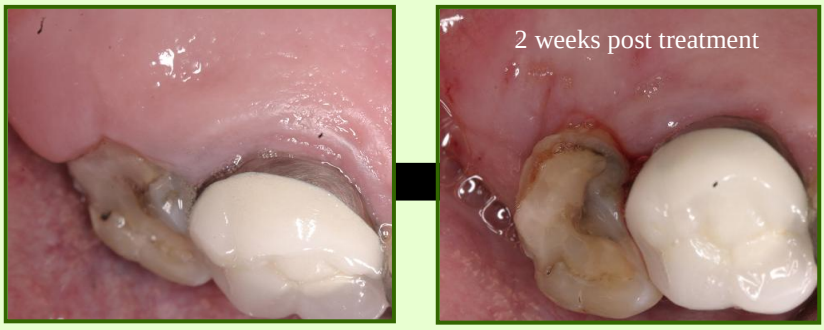
Subgingival restorative factors contributing to periodontal instability such as root caries, overhanging restorative margins, or root resorption can all be addressed in our clinic with the aid of a gingival flap.
The case to the right presented with severe gingival inflammation and a 7mm probing depth distal to tooth #4 in association with the severe amalgam overhang. A very conservative gingival flap was utilized to access this area *(in conjunction with flap surgery in other areas of the mouth)* and remove the offending overhang. Probing depths after 6 weeks of healing was reduced to 3mm with limited inflammation.



Subgingival caries accessed with the aid of a flap in our clinic are restored with *Geristore (DenMat) a* dual-cure, hydrophilic Bis-GMA material that bonds directly to enamel, dentin and cementum and also releases fluoride. *Geristore* is recommended for subgingival use and is marketed as a biocompatible restorative material to address all types of subgingival root defects (caries, resorption, perforations).



Clinical crown lengthening is a vastly under-utilized service that we can provide patients undergoing restorative therapy in your office. Improved visibility and access during final tooth preparation and preventing any deeply placed / subgingival margins *(biologic width impingements)* can lead to final restorations that have significantly improved marginal integrity, improved hygiene access and overall improved life expectancy.



Instances where acute periodontal inflammation has an unknown etiology around a previously restored tooth are often treated in our clinic with an exploratory flap to help visualize any defects such as root fractures, root resorption, retained cement, root perforations or subgingival caries. Any teeth with suspected endodontic involvement are always recommended for endodontic therapy prior to flap surgery. These '*exploratory flap cases*' are difficult cases where patients are prepared in advance for the worst possible outcomes *(vertical root fracture necessitating extraction)*. When possible, the offending etiology is corrected or restored at the time of surgery. For teeth that have a very questionable prognosis following treatment, we offer patients a credit of funds already invested towards future extraction and implant placement if the tooth fails within 12 months.

Our office strives to assist with the best restorative and periodontal therapies for natural teeth. Please let us know if you have any questions regarding the services we can provide or how we can enhance the treatments you offer your patients.

Suggested Guidelines for Periodontal Referrals (continued)

pain, swelling or severe mobility. Without one of these symptoms, patients have a very difficult time perceiving the need for any treatment and accepting the referral to a periodontist.

How do you increase acceptance of referrals for periodontal therapy?

Patient Education

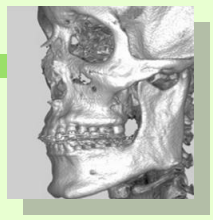
- Explain the irreversible nature of periodontal disease
- Explain that the onset of symptoms (pain, swelling, mobility) is usually an indicator of much poorer treatment outcomes
- Compare periodontal disease to other chronic diseases such as diabetes that have very few symptoms, but can lead to severe irreversible damage

Ultimately, a general practitioner's responsibility to their patients is to inform them of the need for additional treatment and offer the referral - it is up to the patient to accept the recommendation.

Establish sound referral guidelines for your individual practice and routinely inform patients of their best treatment options.

Information, in part, adapted from: ***Guidelines for Management of Patients with Periodontal Diseases – An Academy Report. J Periodont. Vol 7:9. 2006***

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

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) Dental Implants - General Principles and Case Planning.

2) Implants in the Esthetic Zone – A Simplified Approach to Custom Abutments.

3) Utilizing implant locator attachments to retain dentures and partial dentures.

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

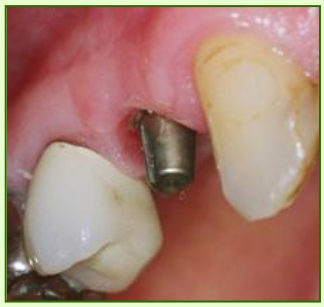
Easy Custom Abutments

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.

Posterior Implant Provisionalization



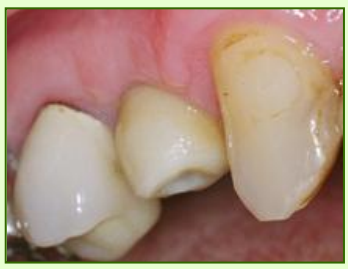
Straumann implant with stock solid abutment

Temporary coping snaps on analog

Flowable composite

Proper emergence contour

Final shaping



Snaps to place on abutment in the mouth

Posterior implant cases are returned to your office with the <u>final abutments and provisional crowns in place</u>. Impression kits are provided as well.