Advanced Dental Imaging Services

Implant Planning
TMJ Evaluation
Impactions
Endo Diagnosis
Ortho Planning

Our office continues to offer 3D scanning for your diagnostic needs.

Patient cost per scan is $125

Images are sent to your office on CD with accompanying viewing software - printed images available on request.

Conventional Periapical Film

Thin Cross Sections with CT Scan

Periodontal Implant Center
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Periodontal News

A Recurring Publication from the Periodontal Implant Center ♦ No. 8, September 2011
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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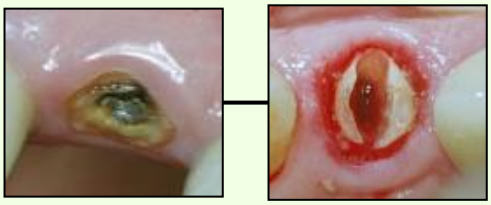
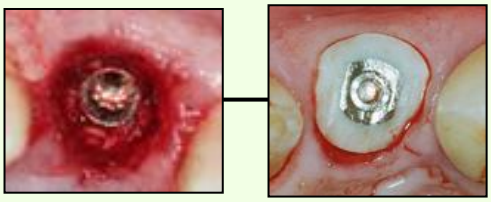
Surgical Extraction Tip



Initial Presentation **Vertical Section**



Implant Placed **Custom Healing Abutment**

Teeth decayed or fractured to the level of the osseous crest can often be considered for vertical sectioning to best preserve the outer cortices of bone during extraction – especially in anticipated implant sites.

A long shank root amputation bur (***Brasseler*** H267.31.016) with a small tip diameter is utilized to section the tooth completely to the apex, and the two halves are in-fractured and removed with narrow bladed *Proximators* manufactured by ***Karl Schumacher***.

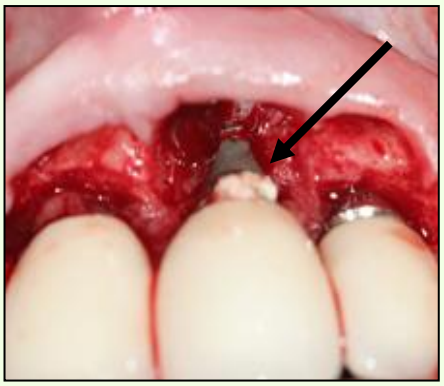
Lunch and CE is On Us

Call or email us to set up a lunch hour education course for you and your staff. Food 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 implants and locator attachments to retain dentures and partial dentures.*

Call or email to reserve a date.

Save Your Cement



Be careful that assistants aren't filling your implant crowns to the brim with cement prior to delivery.

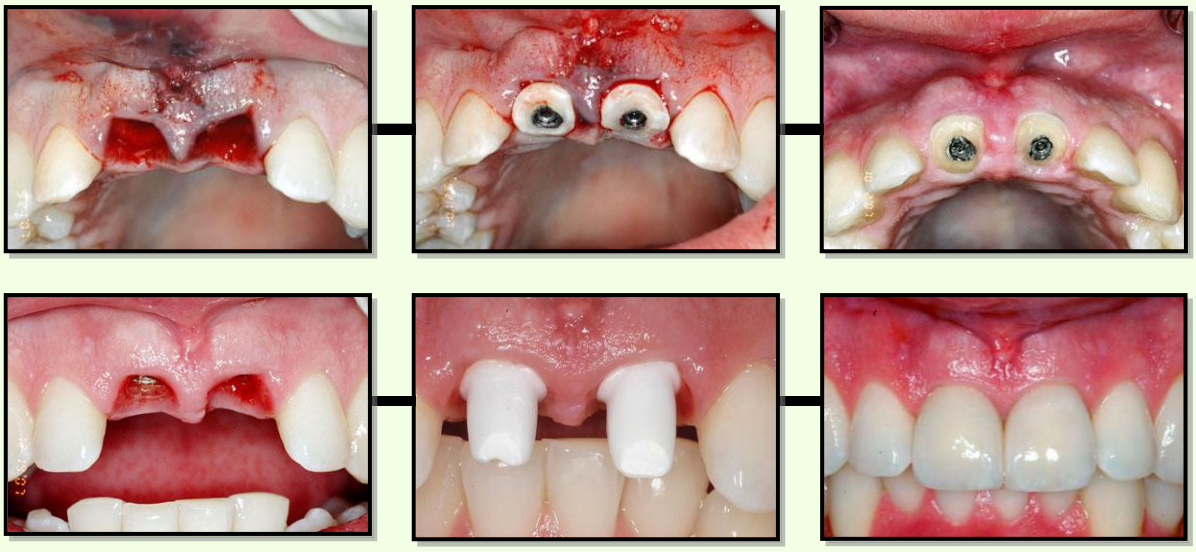
Remember, most implant crowns are fabricated on an analog that has very little distortion relative to the abutment in the patient's mouth - giving a very precise fit. Therefore, a very thin film of cement to line the restoration is all that is needed. Try having your assistant use a microbrush to transfer a minimal amount of cement to the restoration.

Another trick is to quickly seat the restoration on the analog in the master cast prior to seating it in the patient's mouth. This will express all but a very thin residual film of cement inside the crown – all that you need.

Most importantly, too much cement will lead to heavy extrusion, which is very difficult to clean and retrieve around the subgingival implant collar. Any cement that is accidentally left behind can be deadly to the implant. I have had to flap many ailing implants only to find a piece of cement that had caused significant inflammation *(see above)* and subsequent bone loss – easily avoided by following the tips above

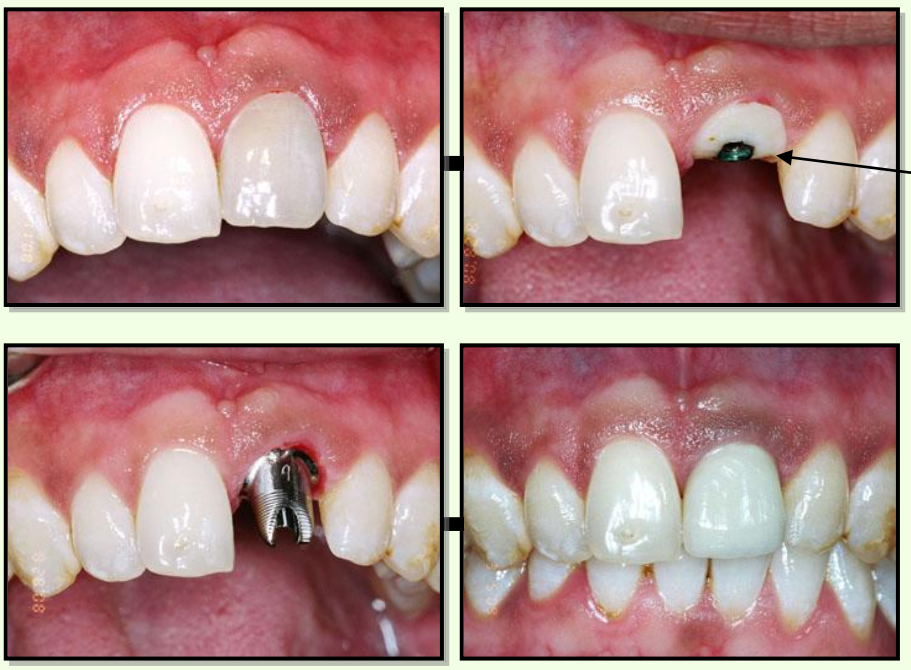
Building Peri-Implant Soft Tissue Contours with Custom Healing Abutments

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.



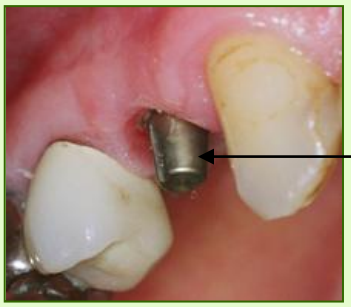
Here is another case showing the use of a custom healing abutment. Tooth #9 required extraction due to a history of trauma and root resorption. Implant placement with fabrication of a custom healing abutment was completed at the time of extraction.

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.

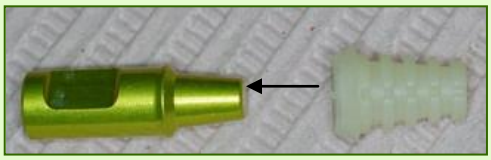
We do all we can to optimize the esthetic outcome for your patients while minimizing the chair time required in your office.

One of the biggest causes of peri-implant inflammation is deep cement margins on anterior implants, which is avoidable with custom abutments that are scalloped to prevent margins deeper than 2mm.

Posterior Implant Provisionalization



Straumann or Astra implant with solid abutment

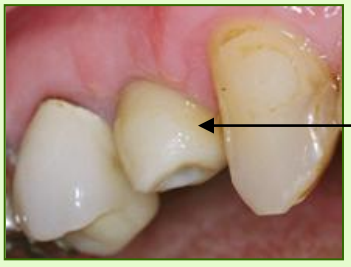


Temporary coping snaps on analog

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 tissue-supporting provisional crowns in place</u>.

Impression kits are provided as well.

Diabetes Update

Current data suggests that >7% of the U.S. population is affected by diabetes and up to one-third of these individuals may not be aware of the diagnosis. Amazingly, a child born in the year 2000 has a 33% chance of developing diabetes in their lifetime.

As dental clinicians, it is imperative that we understand the impact that this disease can have on our patients' oral health and the potential hazards it may pose during their treatment.

For review, Type II diabetes occurs when the body's tissues slowly develop a resistance to the action of insulin, which overtime will cause a decrease in insulin secretion by pancreatic beta cells. This decrease in the secretion/action of insulin leads to a marked increase in serum glucose levels (>126mg/dl after an overnight fast) that will eventually lead to the micro- and macro-vascular changes responsible for the major effects of the disease (stroke, retinopathy, neuropathy nephropathy, myocardial ischemia, and eventual amputation or death).

Diabetics are also at increased risk for severe periodontal disease, xerostomia, abscess formation, poor wound healing, and burning mouth syndrome.

There are two main ways for dentists to monitor the diabetic control of their patients: 1) capillary blood glucose levels via a finger stick and 2) serum glycated hemoglobin levels (HbA1c).

The HbA1c level is currently the only way to assess the long term glycemic control of the patient over the past 60 to 90 days. It is given as a percentage score, with <6% being considered normal. As a patient's glycemic control becomes poor, the percentage of circulating glycated hemoglobin molecules will increase. A score of >8% suggests needed intervention by the patient's physician to gain better glycemic control. A medical consult is necessary to request a patient's most recent HbA1c level.

As newer diabetic drugs become available and patient compliance increases, serum glucose levels can be maintained at a much lower constant level. This, however, puts patients at higher risk for periodic hypoglycemic events if their strict regimen of controlled diet and medicines are not followed precisely – a very important note for dentists to understand.

Hypoglycemia, or insulin shock, is a result of decreased serum glucose levels below 60mg/dl and manifests itself with signs of mental confusion, dizziness, hunger, pallor, and sweating.

If pre-treatment blood glucose levels via a finger stick *(patient brings their glucometer to their appointment)* are less than 100mg/dl, have the patient drink 4 oz. of fruit juice. This should raise serum glucose levels 30-40mg/dl.

For patients that show signs of hypoglycemia during treatment, the procedure should be terminated and oral carbohydrates administered (juice, soft drink, cake icing). Emergency services should be contacted if there is no resolution of symptoms after 15 minutes or if loss of consciousness occurs. Make sure patients have eaten and taken their diabetic meds prior to dental treatment in your office. Morning appointments are best.

As dental clinicians, it is imperative that we take an active role in the care of our diabetic patients with assisted monitoring of glycemic control, preparedness for possible diabetic emergencies, and careful attention to their oral health status over time.