PRACTICAL CLINICAL COURSES

A Service of the Gordon J. Christensen Career Development Program

V2373 Simple, Inexpensive Implant Placement – Guide or No Guide?

Gordon J. Christensen, DDS, MSD, PhD

Materials Included:

C.E. Instruction Sheet
Products List
Clinician Responsible
Goals & Objectives
Overview
Supplemental Materials
AGD Post Test

Gordon J. Christensen PRACTICAL CLINICAL COURSES

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Sources of Products Discussed in

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Presented by: Gordon J. Christensen, DDS, MSD, PhD

1. Consultation Model

Hiossen 85 Ben Fairless Drive Fairless Hills, PA 19030 (888)678-0001 www.hiossen.com

2. ERA Direct Overdenture Demonstration Model

Sterngold Dental, LLC 23 Frank Mossberg Drive Attleboro, MA 02703-0967 (800)243-9942 (508)226-5660 www.sterngold.com

3. Galileos

Sirona Dental, Inc. 4835 Sirona Drive Charlotte, NC 28273 (800)659-5977 (704)587-0453 www.sirona.com

4. Head and Neck Surgery Pack

Salvin Dental Specialties, Inc. 3450 Latrobe Drive Charlotte, NC 28211 (800)535-6566 (704)442-5400 www.salvin.com

5. **i-CAT**

Imaging Sciences International, LLC 1910 North Penn Road Hatfield, PA 19440 (800)205-3570 (215)997-5666 www.i-cat.com

6. Implant Guides

Implant Concierge 14329 San Pedro Suite C San Antonio, TX 78232 (866)977-2228 www.implantconcierge.com

7. iRay D4

Dexcowin 155 North Lake Avenue Suite 800 Pasadena, CA 91101 (626)993-6716 www.dexcowin.com

8. K-2 Crown & Bridge Model

Kilgore International, Inc. 595 West Chicago Street Coldwater, MI 49036 (800)892-9999 (517)279-9000 www.kilgoreinternational.com

9. Legacy System

Implant Direct 25106 Avenue Tibbitts Valencia, CA 91355 (888)649-6425 (818)444-3333 www.implantdirect.com

10. NOMAD Pro 2

Aribex, Inc. 11729 Fruehauf Drive Charlotte, NC 28273 (866)340-5522 (801)226-5522 www.aribex.com

11. OptraGate

Ivoclar Vivadent Inc. 175 Pineview Drive Amherst, NY 14228 (800)533-6825 (716)691-0010 www.ivoclarvivadent.us.com

12. ProMax 3D

Planmeca USA, Inc. 100 North Gary Avenue Suite A Roselle, IL 60172 (630)529-2300 www.planmeca.com

13. Ridge Caliper

Salvin Dental Specialties, Inc. 3450 Latrobe Drive Charlotte, NC 28211 (800)535-6566 (704)442-5400 www.salvin.com

14. Vicryl Sutures

Local Dental Distributors

Product names, the products themselves, and company names change rapidly. Please contact the companies shown to confirm current information.

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PROGRAM

V2373 Simple, Inexpensive Implant Placement – Guide or No Guide?

CLINICIAN RESPONSIBLE:

Gordon J. Christensen, DDS, MSD, PhD

Founder and CEO, Practical Clinical Courses Senior Consultant & Previous CEO, CR Foundation Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

At the completion of this video presentation, viewers should be able to:

- 1. Discuss the current state of root form implants.
- 2. Discuss methods to educate patients about implants.
- 3. Describe the staff-oriented diagnostic appointment.
- 4. List the radiographs necessary for placement of dental implants.
- 5. Discuss the reasons why each type of radiograph is necessary.
- 6. Discuss the concept of guided implant placement.
- 7. List the steps for making a surgical implant placement guide.
- 8. Discuss why a multi-file DICOM is needed when making a surgical guide.
- 9. Compare the difference between making a stone cast on which to have the guide constructed vs. having it made on a virtual model.
- 10. Discuss the reasons for a pilot drill.
- 11. Discuss the need or lack of need for a soft-tissue punch when placing an implant.
- 12. Discuss the reason for a crestal bone drill.
- 13. List reason for making a flap for implant placement.
- 14. Discuss the differences among a cover screw, a healing collar, and an implant abutment.
- 15. Discuss provisional restorations after implant placement.
- 16. Discuss why some implants should not be loaded immediately.
- 17. List the advantages for guided implant placement.
- 18. List the disadvantages for guided implant placement.
- 19. List the advantages for freehand placement.
- 20. List the disadvantages for freehand placement.

OVERVIEW

V2373 Simple, Inexpensive Implant Placement – Guide or No Guide?

This presentation has, as its purposes, the following for those viewing the video. They should be able to:

- Describe the surgical placement of single root form implants with and without making a flap for healthy patients who have adequate bone.
- Describe and discuss the technique to place implants using the conventional freehand technique.
- Describe and discuss the technique to place implants using the guided placement technique.
- Decide when each technique is most acceptable for their patients and use the appropriate technique to place implants for their own patients.

The following topics are included in the video:

- 1. Introduction to implant dentistry
- 2. State of implant dentistry
- 3. Educating patients about implants
- 4. Diagnosis and treatment planning
- 5. Radiographs for implant placement
- 6. Guided implant placement
- 7. Steps in having a surgical implant placement guide made by a laboratory:
 - a. Log in and create a case.
 - b. Upload a scanned image or ship casts of the patient's mouth and upload multi-file DICOM.
 - c. The lab uploads an initial treatment plan to the dentist.
 - d. The dentist and the lab personnel meet by internet.
 - e. The lab uploads the final plan to the dentist.
 - f. The dentist authorizes the plan.
 - g. The lab makes the guide.
 - h. The dentist receives the guide.
 - i. The implant(s) is/are placed.
- 8. The following steps are present when using a surgical guide to place the implant:
 - a. Try in the guide and evaluate and approve it.
 - b. Deliver the anesthetic for the patient.
 - c. Place the guide on the arch.
 - d. Place the proper size key into the guide sleeve for the implant drill being used.
 - e. Set the engine speed.
 - f. Verify the depth of the osteotomy to be made.
 - g. Make the pilot hole and verify and approve its location by radiograph.
 - h. Increase the drill diameters as appropriate for the brand of implant being used.
 - i. Set the engine at the proper speed and torque for implant placement.
 - j. Place the implant.
 - k. Place a cover screw, healing collar, or abutment as needed.
 - I. Make a provisional restoration for the implant.

OVERVIEW (CONT'D)

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- 9. The following steps are present when placing an implant freehand:
 - a. Analyze the radiographs and plan the implant placement.
 - b. Deliver the anesthetic.
 - c. Set the engine speed.
 - d. Make the pilot hole and verify and approve its location by radiograph and visual observation.
 - e. Increase the drill diameters as appropriate for the brand of implant being used.
 - f. Set the engine at the proper speed and torque for implant placement.
 - g. Place the implant.
 - h. Place a cover screw, healing collar, or abutment as needed.
 - i. Make a provisional restoration for the implant.
- 10. Advantages and disadvantages for freehand placement
- 11. Advantages and disadvantages for guided placement
- 12. Impressions, abutments, and crowns

SUPPLEMENTAL MATERIALS

V2373 Simple, Inexpensive Implant Placement – Guide or No Guide?

- 1. Tallarico M, Meloni SM, Canullo L, Caneva M, Polizzi G. Five-Year Results of a Randomized Controlled Trial Comparing Patients Rehabilitated with Immediately Loaded Maxillary Cross-Arch Fixed Dental Prosthesis Supported by Four or Six Implants Placed Using Guided Surgery. Clin Implant Dent Relat Res. 2015 Oct 7. doi: 10.1111/cid.12380. [Epub ahead of print].
- 2. Bornstein MM, Brügger OE, Janner SF, Kuchler U, Chappuis V, Jacobs R, Buser D. Indications and Frequency for the Use of Cone Beam Computed Tomography for Implant Treatment Planning in a Specialty Clinic. Int J Oral Maxillofac Implants. 2015 Sep-Oct;30(5):1076-83. doi: 10.11607/jomi.4081.
- 3. Geng W, Liu C, Su Y, Li J, Zhou Y. Accuracy of different types of computer-aided design/computer-aided manufacturing surgical guides for dental implant placement. Int J Clin Exp Med. 2015 Jun 15;8(6):8442-9. eCollection 2015.
- 4. Rungcharassaeng K, Caruso JM, Kan JY, Schutyser F, Boumans T. Accuracy of computer-guided surgery: A comparison of operator experience. J Prosthet Dent. 2015 Sep;114(3):407-13. doi: 10.1016/j.prosdent.2015.04.004. Epub 2015 Jun 25.
- 5. Lanis A, Padial-Molina M, Gamil R, Del Canto OA. Computer-guided implant surgery and immediate loading with a modifiable radiographic template in a patient with partial edentulism: A clinical report. J Prosthet Dent. 2015 Sep;114(3):328-34. doi: 10.1016/j.prosdent.2015.03.012. Epub 2015 May 23.

SUPPLEMENTAL MATERIALS (CONT'D)

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- 6. Greenberg AM. Digital technologies for dental implant treatment planning and guided surgery. Oral Maxillofac Surg Clin North Am. 2015 May;27(2):319-40. doi: 10.1016/j.coms.2015.01.010.
- 7. Stumpel LJ. A simple, safe and affordable cast-based guided implant placement system. J. Calif Dent Assoc. 2015 Mar;43(3):143-9.
- 8. Marchack CB, Chew LK. The 10-year evolution of guided surgery. J Calif Dent Assoc. 2015 Mar;43(3):131-4.
- 9. Ganz SD. Three-dimensional imaging and guided surgery for dental implants. Dent Clin North Am. 2015 Apr;59(2):265-90. doi: 10.1016/j.cden.2014.11.001. Epub 2015 Jan 27.
- 10. Lanis A, Álvarez Del Canto O. The combination of digital surface scanners and cone beam computed tomography technology for guided implant surgery using 3Shape implant studio software: a case history report. Int J Prosthodont. 2015 Mar-Apr;28(2):169-78. doi: 10.11607/ijp.4148.
- 11. Gulati M, Anand V, Salaria SK, Jain N, Gupta S. Computerized implant-dentistry: Advances toward automation. J Indian Soc Periodontol. 2015 Jan-Feb;19(1):5-10. doi: 10.4103/0972-124X.145781.
- 12. Moraschini V, Velloso G, Luz D, Barboza EP. Implant survival rates, marginal bone level changes, and complications in full-mouth rehabilitation with flapless computer-guided surgery: a systematic review and meta-analysis. Int J Oral Maxillofac Surg. 2015 Jul;44(7):892-901. doi: 10.1016/j.ijom.2015.02.013. Epub 2015 Mar 17.
- 13. Schnitman PA, Hayashi C. Papilla Formation in Response to Computer-Assisted Implant Surgery and Immediate Restoration. J Oral Implantol. 2015 Aug;41(4):459-66. doi: 10.1563/aaid-joi-D-14-00314. Epub 2015 Jan 21.

POST-TEST

V2373 Simple, Inexpensive Implant Placement – Guide or No Guide?

- 1. The percentage of the USA population who have implants when compared to numerous developed countries is:
 - a. much lower.
 - b. lower.
 - c. the same.
 - d. higher.
- 2. This presentation suggested that diagnostic data collection should be accomplished by:
 - a. the dentist.
 - b. the hygienist.
 - c. the dental assistant.
 - d. both b & c.
- 3. It was suggested that dentists placing implants should:
 - a. use panoramic radiographs instead of cone beams.
 - b. use a full mouth series of periapicals.
 - c. find access to a cone beam device in your community.
 - d. immediately buy a cone beam device.
- 4. A typical dentist placing implants in his/her office:
 - a. makes an implant guide in their own office.
 - b. contracts with an implant laboratory to make the guide.
 - c. buys a stock guide.
 - d. none of the above.
- 5. A flap is necessary in situations such as when:
 - a. the mandibular ridge is very wide facial lingual.
 - b. the maxillary ridge is very wide facial lingual.
 - c. the ridge has spines, a knife edge, or porosities.
 - d. none of the above.
- 6. A crestal bone drill is used:
 - a. to start the osteotomy.
 - b. to reduce an irregular ridge before starting the implant placement.
 - c. to widen the coronal opening of the osteotomy when the bone is especially dense.
 - d. to widen the apical portion of the osteotomy.
- 7. A cover screw is used:
 - a. when the implant is especially stable in the bone.
 - b. when the implant is going to be covered with gingiva for a healing period.
 - c. as an abutment.
 - d. on a small-diameter implant only.

POST-TEST (CONT'D)

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8. There are about 200 million adults in the USA, and about____million of them have at least one missing

	tooth.
	a. 178
	b. 100
	c. 158
	d. 198
9.	A guide to place implants can:
	a. make clinical placement of the implant faster.
	b. reduce the guesswork in implant placement location.
	c. cause less trauma in implant placement.
	d. all of the above.
10.	Freehand placement of implants can:
	a. reduce the fee to patients for implant placement.
	b. reduce the planning time to place implants.
	c. be competitive with guided placement for single implants.
	d. all of the above.
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