HENRY SCHEIN® | HALAS

Rely on Us™

SURGICAL Solutions

RELY ON US

every smile counts

High Stability

Low Stability

View our Promotions on the Henry Schein Halas App

www.henryschein.com.au

March - May 2017

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SURGICAL SALES SPECIALISTS

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Implants, Practical Excellence

Presented by Dr Thomas Giblin & Dr Lincoln Harris

Didactic & Hands-on Workshop | 3 Module Program
Module Three: "Surgical Success" 28-29 April 2017 - SPACES STILL AVAILABLE

TIME: 9:00am - 5:00pm

LOCATION: Henry Schein Halas Level 9 369 Royal Pde Parkville VIC

COST: 1 MODULE $2500

Dr Thomas Giblin

Dr Lincoln Harris

Implant Dentistry has become common place in dental practice and many patients expect their dentist to offer some type of implant solution.

The purpose of this course is to give attendees a foundation of clinical knowledge and techniques in planning and carrying out implant dentistry.

Most dentists have studied a lot of theory about implants, yet often lack the practical teaching resulting in common clinical mistakes, damaging the clinician's confidence.

COURSE OBJECTIVES:

- Effective treatment planning using models, risk analysis, radiography and photography
- Patient prepping, risk and consent
- Room setup & needs
- Clinical Photography
- Atraumatic extractions
- Socket/ridge preservation
- Impressions
- Surgical guides
- Single implants & bridged implants
- Immediate placement in extraction sockets
- Straight & angled implants
- Immediate loading

Modern Concepts in Periodontal Therapy & Implant Maintenance

CPD POINTS 4.5

LECTURE & WORKSHOP

This workshop is aimed at dentists and hygienists to discuss recent advances in periodontal therapy which have influenced our management of Periodontitis and Periimplant diseases. Clinical tips and protocols will be discussed which can improve healing and patient outcomes.

There will also be a workshop which will give participants an opportunity to trial ultrasonic and air polishing devices on simulation models.

- Clinical indications for the safe and efficient removal of biofilm using air-abrasion, both for supra- and subgingival uses.
- How to increase patient comfort and clinical efficiency using the new air-abrasion powders

Clinical treatment protocols – non-surgical and surgical
Antiseptics – which one to use?

Antibiotics – when to prescribe?

Modern advances with insights on ultrasonic and air polishing technologies for biofilm removal

Applying the above principles to implants

How to best care for implants for your patients

Prevention and treatment of peri-implant diseases

VENUE: Henry Schein Halas, Grd Floor, 8 Gardner Close, Milton QLD 4064

TIME: 9-2:30PM - **COST:** $550

CPD Hours: 4.5

DATES: Saturday 27 May 2017 | Saturday 29 July 2017

Register online at
www.henryschein.com.au/education

3D printed models of patient CT scan were used for the purpose of this course hands-on component

TeethXpress Immediate Full Arch Course

The three days course was an exciting combination of lectures, live surgical discussion and hands on.

First day was dedicated for case selection discussions, treatment planning and presentation. On second day, Dr Bobby Chhoker explained surgical and post-operative complications and how to manage them and the session continued with practical hands on surgical demonstration. Day three was more about the restorative component, maintenance and aftercare of the full mouth rehabilitation patient.

New dates 4-6 May & 18-20 September 2017. Register online at www.henryschein.com.au/education

Implant Placement and Predictable Grafting

BioHorizons Starter Kit Including course registration in Peru for $11,554.45!

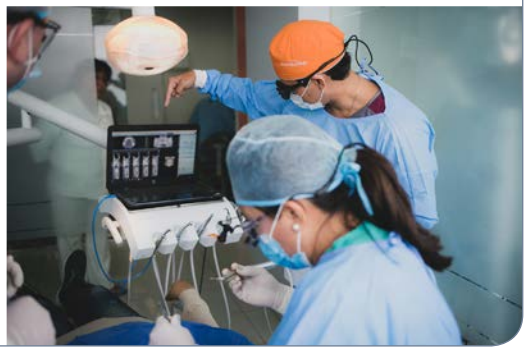
SAVE $5042

Implant Placement and Predictable Grafting" is a course in Lima, Peru run by Dr Francisco Pardo from Fusion Dental Institute. Their main objective is to provide the scientific rationale and the clinical experience for the placement of dental implants and the corresponding rehabilitation on real patients. The goal of this course is for to you get the confidence to implement implant dentistry in your practice or improve your skills and abilities if you place implants already.

These courses are for every level of expertise since patients will be assigned depending on personal goals for every participant and will be tailored to their skill level.

During the "Implant Placement and Predictable Grafting" course, single and multiple implants with bone regeneration (ridge augmentation, localized sinus lift, etc.), and soft tissue grafting, if necessary, will be placed. During this 4-day course you will directly participate in the planning and placement of approximately 20 dental implants, 10 as main surgeon and 10 as an assistant. (Group of 8 participants).

Another course is available for the prosthetic component*. "Implant Supported Prosthesis" course, single, multiple implants, and combined cases with crowns on natural teeth will be rehabilitated. During this 2-day course you will fabricate provisional crowns to develop the emergency profile, take final impressions with open and closed tray techniques, fabrication of custom abutments and finally cementation techniques, and will see a demonstration of the cad-cam workflow in our in-house lab. All on real patients. (Group of 5 participants).



* Implant Supported Prosthesis" course not included for this deal.

BIOHORIZONS®

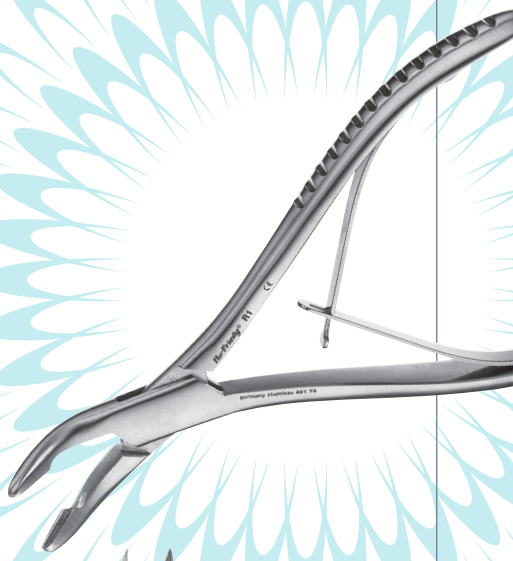
Scalpel

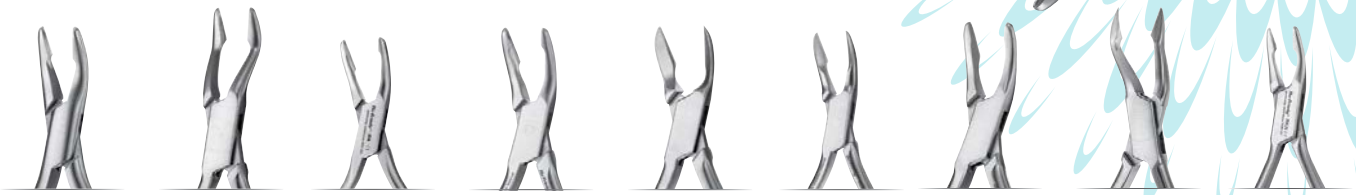
HF-10-130-05E- Scalpel Handle #5 European Style Handle

Rongeurs

Hu-Friedy features an extensive portfolio of rongeurs, including full round end cutting, end cutting and side cutting designs, engineered for trimming and recontouring alveolar bone and gross tissue removal

HF-R1- Rongeurs Short Nose





1A Mead
| R1A
16.5 cm (6-1/2")

3H Dean
| R3H
17 cm (6-3/4")

4 Cleveland
| R4
14 cm (5-1/2")

4A Cleveland
| R4A
17 cm (6-3/4")

5 Cleveland Side-Cutting
| R5
17 cm (6-3/4")

5S Cleveland Side-Cutting
| R5S
15 cm (6")

15 Hu-Friedy
| R15
16.5 cm (6-1/2")

18 Hu-Friedy Side-Cutting
| R18
16.5 cm (6-1/2")

Kramer-Nevins
| RKN
14.5 cm (5-3/4")

Forceps

HF-FX18- Forceps European Style #18 Serrated Upper Molars Left

HF-FX17- Forceps European Style #17 Serrated Upper Molars Right Used to extract teeth from alveolar bone

Needle Holder

HF-NH5024R- Needle Holder Perma Sharp 18cm Castro Straight Round Handle

Hemostat

HF-H4 Hemostat Halsted Mosquito #4 12cm Straight

1
Kelly Straight
| H1
14 cm (5")

2
Kelly Curved
| H2
14 cm (5")

3
Halsted Mosquito Curved
| H3
12 cm (4")

4
Halsted Mosquito Straight
| H4
12 cm (4")

Hu-Friedy
How the best perform

Bone Cutters

For bone tissue and hard tooth substance
Bone cutter

Pack of 5
$100

- **H 254 E**
- **H 254 LE**

		5
Größe · *Size*	Ø 1/10 mm	012
L	mm	6,0

FG · *FG*

500 314 415298 ...
H254E.314. ... ◊012

500 314 415298 ...
H254LE.314. ... ◊012

Winkelstück · *RA*

500 204 415298 ...
H254E.204. ... ◊012

Winkelstück lang · *RAL*

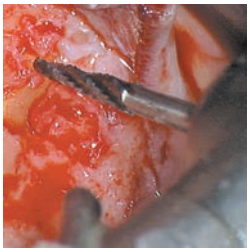
500 205 415298 ...
H254E.205. ... ◊012

Handstück · *HP*

500 104 415298 ...
H254E.104. ... ◊012

◊ = ↻max. 40000 min⁻¹/rpm
◆ = ↻max. 80000 min⁻¹/rpm

Combination instrument for conservative preparation of bone tissue and hard tooth substance



Pack of 5
$127

- **H 162 SL**

		5
Größe · *Size*	Ø 1/10 mm	014
L	mm	8,0

FG · *FG*

H162SL.314. ... ▮014

H162SXL.314. ... ▮014

Winkelstück · *RA*

H162SL.204. ... ◊014

Handstück · *HP*

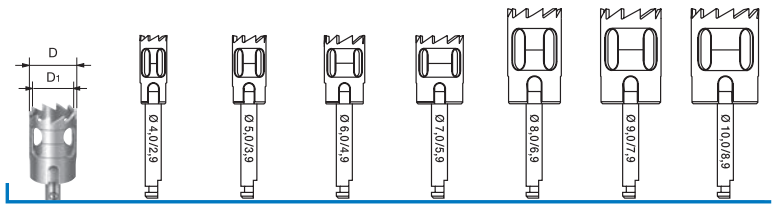
H162SL.104. ... ▮014

◊ = ↻max. 40000 min⁻¹/rpm
▮ = ↻max. 100000 min⁻¹/rpm
▮ = ↻max. 120000 min⁻¹/rpm
▮ = ↻max. 160000 min⁻¹/rpm

Bone cutter with high-efficiency cutting design

Trephine Burs

227 B



		1	1	1	1	1	1	1
Größe · *Size*	Ø 1/10 mm	040	050	060	070	080	090	100
D	Ø 1/10 mm	40	50	60	70	80	90	100
D_1	Ø 1/10 mm	29	39	49	59	69	79	89
L	mm	8	8	8	8	12	12	12

Winkelstück · *RA*

227B.204. ...	040	050	060	070	080	090	100

Trepan bur for preparation of bone cylinders, stainless steel

Single
$95

ASALady Surgical Instruments

- Smaller handles.
- Gripping points designed based on the average size of female hands.
- Smaller and lighter handles.
- Easier and more natural handling.
- Safer and more accurate work performance.
- More comfort for tendons and muscles.

SAVE 15% on all ASA and ASALady surgical instruments.

AO-0411-15	Needle holder Crille Wood 15cm
AO-0319-1	ASALady SCISSORS Gum Rette Straight 12cm
AO-0319-2	ASALady SCISSORS Gum Curved 12cm
AO-0502-2	ASALady HAEMOSTATS FORCEP Halstead-Mosquito Curved 12cm
AO-0349-3	ASALady SCALPELHandle

AO-0411-15

AO-0319-1

AO-0319-2

AO-0502-2

AO-0349-3

ASA DENTAL

Cassettes

- Protects instruments from extensive damage and prolongs their life
- Keeps instrument setups together through sterilization and procedure processes
- Designed for superior water flow and cleaning - open top, round holes and radiused corners
- Non-slip feet for stability and safety
- AUTOCLAVABLE
- Available in 16 colours, for colour coding by procedure

E-Z Jett Cassette

- Syringe Tip Holder included
- Covers attached to the cassette open and fold back easily
- Fits Statim Sterilizer

5-Place 20.32cm x 9.74cm x 3.02cm	$44.25
8-Place 20.15cm x 11.26cm x 2.85cm	$65.50

Accessory compartment in the middle to hold additional instruments

10-place 20.16cm x 17.78cm x 2.85cm AM	$49.35

Compact Cassette

- Optional Instrument Support modifies cassette to hold 11 instruments
- Locking strap secures instruments (2 included with each cassette)
- Covers may be removed for mirrors and larger instruments
- Fits Statim Sterilizer

Holds 8 instruments 18.09cm x 9.84cm x 1.58cm	$49.80

White A | Blue B | Green D | Plum E | Beige G | Gray I | Teal J | Red M | N. Blue N | N. Yellow O | N. Green P | N. Orange Q | N. Purple R | N. Pink S | Midnight T | Copper U

Zirc
Because Time Is Everything

AESCULAP®

Intraoperative fixation of bone blocks – easy and efficient

A user report by:
Dr. med. Dr. med. dent Andres Stricker (M.D., D.D.S.)

Figure:
New innovative Bone Fixation Forceps of Aesculap AG, Germany

The aesthetic success and long-term stability of any implant treatment crucially depends on the quality and quantity of the osseous foundation. However, in many cases the ridge is often too narrow in transversal direction, not allowing implant insertion without augmentative procedures. In these situations simultaneous augmentation by guided bone regeneration (GBR) or, alternatively, bone splitting, is indicated. However in cases of severe alveolar crest atrophy, transplantation of autogenous bone blocks is still considered as the gold standard.

Here, in this technique, a transplant is grafted from a suitable autologous source location and fixated at the deficient implantation region. After a healing period of three to four months, an optimally ossified bone bed is created, allowing implant insertion in ideal three-dimensional alignment.
One of the most important criteria for a successful bone transplantation, however, is the safe and predictable fixation of the transplant.

Due to the characteristics of the bone transplant and the deficient osseous support base, surgeons often find it difficult to hold the transplant in the correct position while drilling the screw holes and, immediately afterwards, inserting the osteosynthesis screws.

The application of the bone fixation forceps (Aesculap AG, Germany) significantly improves intraoperatively the initial stability of the bone transplant. The image sequences presented here demonstrate the ease of application and show how this instrument set facilitates bone transplantations to a considerable extent.

Conclusion
This bone fixation forceps (Aesculap AG, Germany) enables the surgeon to perform bone transplantations in an easier, more efficient and, consequently, less time-consuming manner by providing initial fixation of the bone transplant on the deficient foundation. The two joints allow proper compensation of spatial incongruencies so that the transplant is always held securely, without slipping. The serration points ensure safe seating in the hard osseous bed.

B|BRAUN
SHARING EXPERTISE

Alternatively, as demonstrated here, fixation can also be applied in the soft, mucous region, so that the procedure can proceed without flap removal towards lingual or palatinal.

Initial pilot drilling through the transplant is carried out as soon as the bone transplant is fixated on the highly atrophic site, where it remains secured through the entire drilling procedure and the insertion and fastening of the osteosynthesis screws. This technique allows safe and predictable bone transplantation, as required for the long-term stability of implant-based restitutio ad integrum for the patient.

Figure 1:
Severe alveolar crest atrophy precluding primary implant insertion – a block transplant and a sinus grafting procedure are necessary.

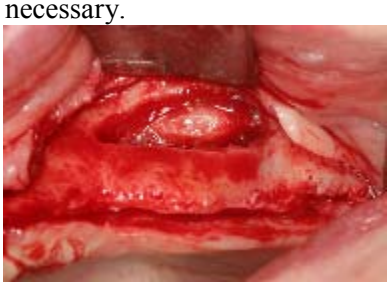


Figure 2:
Grafting of the bone transplant – here from the retromolar donor area.

Figure 3:
Fixation of the bone transplant – watch here the fixation of the forceps (Aesculap AG, Germany) on palatal mucosa.

Figure 4:
Fixation of the bone transplant with the bone fixation forceps before drilling and screwing

Figure 5:
Drilling through the bone transplant while the transplant is fixated with the bone fixation forceps.

Figure 6:
Immediate insertion of the osteosynthesis screws through the transplant…

Figure 7:
…which is safely fixated during the whole drilling and screwing procedure

Figure 8:
Postoperative view of bone block osteosynthesis combined with…

Figure 9:
… a simultaneous sinus lift procedure with autogenous bone particulated in the bone mill and alloplastic material.

B|BRAUN
SHARING EXPERTISE

Implant Kits - Aesculap

Basic Implantology Kit

AE-DX705 **$2950**

Package of 100 scalpel blades, sterile, Fig.15 (BB515)
Scalpel handle, No. 3 (BB063R)
ERGOPLANT Mouth mirror holder with PEEK handle (DX094)
Package of 12 Rhodium-Mouth mirror, 22 mm diameter (DA036R)
ERGOPLANT Tissue forceps (DX051R)
ERGOPLANT Dissecting forceps (DX052R)
ERGOPLANT Raspatory, BUSER (DX201)
ERGOPLANT Raspatory, PRICHARD (DX200R)
ERGOPLANT Bone curette, LUCAS (DX220R)
DUROGRIP® Needle holder, HEGAR-MAYO (BM065R)
Gum scissors, LOCKLIN (DO219R)
ERGOPLANT Bone rongeur, LUER-FRIEDMANN (DX500R)
Tray (273 x 176 x 30 mm), JG381R 1
suitable for dental container JN092

Soft Tissue Implantology Kit

AE-DX707 **$3780**

Titanium scalpel handle (BB045T)
Package of 10 micro scalpel blades, sterile, Fig. 367 (BB367R)
Scalpel handle, No. 3 (BB063R)
Package of 100 scalpel blades, sterile, Fig. 15 (BB515)
ERGOPLANT Tissue forceps (DX050R)
DUROGRIP® Needle holder (BM003R)
ERGOPLANT Gingivectomy knife, KIRKLAND (DX450R)
ERGOPLANT Raspatory(DX203R)
ERGOPLANT Raspatory, STRICKER (DX202R)
ERGOPLANT Atraumatic papilla elevator, PHW (DX405R)
ERGOPLANT Spatula, sharp, STRICKER (DX401R)
ERGOPLANT Spatula, HEIDEMANN (DX402R)
Delicate scissors, curved (BC061R)
ERGOPLANT Soft tissue forceps (DX055R)
Tray (273 x 176 x 30 mm), JG381R
suitable for dental container JN092

Micro Bone Mill Kit

AE-DX800 **$6040**

ERGOPLANT Micro bone-mill (incl. DX803R cutting disk, coarse) (DX801R)
ERGOPLANT Cutting disk, fine (DX802R)
ERGOPLANT Bone mill-cleaner, fine (DX810R)
ERGOPLANT Bone mill-cleaner, coarse (DX811R)
Tray (274 x 172 x 60 mm) with storage aid for micro bone-mill, (JF284R)
suitable for dental container JN095
Packing stencil (only available for DX800) (TE888)

Bone Split Kit

AE-DX708 **$2435**

ERGOPLANT Osteotome straight (DX510R 3 mm, DX511R 4 mm, DX512R 6 mm, DX513R 8 mm)
ERGOPLANT Osteotome curved (DX517R 4 mm, DX518R 6 mm)
ERGOPLANT Step-Osteotome (DX522R 6mm)
Tray (273 x 176 x 30 mm) JG381R
suitable for dental container JN092

Bone Condensing Kit

AE-DX709 **$2412**

ERGOPLANT Bone condenser, straight (DX530R 1.5 - 2.2 mm, DX531R 2.2 - 2.8 mm, DX532R 2.8 - 3.5 mm, DX533R 3.5 - 4.2mm, DX534R 4.2 - 4.8 mm)
ERGOPLANT Bone condenser, bayonet (DX535R 1.5 - 2.2 mm, DX536R 2.2 - 2.8 mm, DX537R 2.8 - 3.5 mm, DX538R 3.5 - 4.2mm, DX539R 4.2 - 4.8 mm)
Tray (273 x 176 x 30 mm) JG381R
suitable for dental container JN092

Sinus Elevations (Internal) Kit

AE-DX710 **$2718**

ERGOPLANT Sinutome, straight (DX570R Ø 2.2 mm, DX571R Ø 2.8 mm, DX572R Ø 3.5 mm, DX573R Ø 4.2 mm, DX574R Ø 4.8 mm)
ERGOPLANT Sinutome, bayonet (DX575R Ø 2.2 mm, DX576R Ø 2.8 mm, DX577R Ø 3.5 mm, DX578R Ø 4.2 mm, DX579R Ø4.8mm)
Tray (273 x 176 x 30 mm) JG381R
suitable for dental container JN092

B|BRAUN SHARING EXPERTISE

AESCULAP®

Two NEW and Highly Effective **Injection Techniques**

By Eugene R. Casagrande, DDS, Director of International & Professional Relations, Milestone Scientific




The STA Injection System (Figures 1 and 2) is not only great for single tooth anaesthesia, but it is also very useful to administer multiple-tooth injections such as the P-ASA. The P-ASA is a single-site palatal injection that can anesthetise 6 anterior teeth and the related labial and palatal gingival tissues (Figure 3) without causing collateral numbness to patients' upper lip and face. They really appreciate this! This easy-to- administer injection can take the place of at least 4 buccal infiltrations and a palatal injection, and it is valuable for cosmetic restorative dentistry procedures such as composites, veneers, and crowns because you can immediately assess the patient's smile line. The P-ASA is also useful for endodontic, periodontal, and implant procedures.

The P-ASA is a very comfortable injection for your patients due to the STA flow rate below the patient's pain threshold and the ability to easily control the needle.

The STA Intraligamentary Injection Versus the PD

There are major differences that should be considered between the traditional PDL injection delivered with the syringe or the Ligmaject and the STA-administered intraligamentary injection (STA-II).

1. The PDL is usually the injection of last resort, when the mandibular block fails. The STA-II should be considered the primary injection for any maxillary or mandibular tooth, and it can replace mandibular blocks and infiltrations, which cause collateral numbness to the patient's lip, face, and tongue.

2. When a traditional PDL injection is performed with a traditional syringe, a small amount of anaesthetic is injected under excessive pressure, which produces a short duration of anaesthesia. The STA-II delivers a larger volume of anaesthetic under minimal pressure, resulting in longer duration (40 minutes).

3. The PDL injection is difficult to administer since the tissue in this area is quite dense, and the flow rate of the anaesthetic depends on manual pressure (which will vary from person to person). The STA-II is easy to administer since you glide the bevel of the needle in the sulcus down the root of the tooth until resistance is met (Figure 4). The flow rate is computer-controlled, consistent, and below the patient's pain threshold. The dentist receives confirmation of a precise injection site as the STA System communicates back using lights and soft tones.

4. The PDL injection has been known to be painful on delivery and often results in tissue damage and bone resorption, resulting in postoperative discomfort. The STA-II is a comfortable injection, and clinical studies shows it causes no tissue damage or bone resorption and little or no postop discomfort.

5. The STA, using Dynamic Pressure Sensing, allows you to know when you have arrived at the correct site (the periodontal ligament space) for a successful intraligamentary injection; it also indicates if you have left the site and if the needle has been blocked by obstruction or pressure.

For more information contact your Territory Manager

SOURCE: Dentistrytoday.com

Skinman 90

Antiseptic Rub For Surgical Hand Disinfection Conforms To En 12791

- An alcohol based hand rub containing 90% w/w Ethanol in a water clear solution for surgical hand disinfection
- Skinman 90 is registered as a topical antiseptic

SURGICAL HAND DISINFECTION

Surgical hand disinfection is achieved by rubbing undiluted product onto both hands as necessary to keep wet for 90 seconds. At completion of rub allow hands to air dry thoroughly before donning sterile gloves. See procedure chart for detailed protocol.

HIGHEST EFFICACY

- achieves > 2 log (99%) reduction in resident skin flora on initial 90 second application when tested in-vivo
- provides sustained microbial reduction under gloves for a period of 3 hours following a 90 second application
- achieves a > 5 log reduction in transient flora following an initial 20 second application when tested in-vivo.

REDUCED APPLICATION TIME

A 90 second rub with No rinsing with water is required and
No drying of hands is required as the alcohol air dries

IMPROVED SKIN COMPATABILITY

Waterless, brush free scrub free Reduces skin abrasions, lowers risk of infectivity, No potential for sensitisation Advanced emollients and conditioners Improves skin health, Great skin compatibility,
Minimal skin reactions on sensitive skin.

SAVES THE ENVIRONMENT

Alcohol rubs eliminate the need for rinsing with water or drying hands post application with sterile towel as the alcohol air dries.

500ml	EC-7100102	$15.50
1.2L	EC-7101051	$48.25

ECOLAB

Profection Nitrile Gloves

High Quality with Low allergy potential Profection is a high grade nitrile glove that complies to AS/NZS 4011, ISO 10993-1,5,10 & EN455.

In addition to being latex free, Profection further reduces the potential for allergy as it is free of common accelerators that are linked to Type IV
(non latex) allergies, and is also produced without the use of sulphates.

Box of 100 20+ea **$9.95** 10+ea **$10.50** Single **$11.95**

HENRY SCHEIN®

Gammex Latex (Formerly Gammex PF) Powder FREE Latex Surgical Gloves

Gammex Latex surgical gloves provide excellent donning and comfort through the use of a hydrophilic/hydrophobic polymer lining allowing for both wet and dry donning. The wide thumb ball area combined with Ansell's soft latex formulation ensures greater comfort and less hand fatigue.

Boxes of 50 pairs

$145.85

Ansell

Complete Implant and Oral Surgery Procedure Pack

MD-OSK74

$84.25

Contents

2 x	PA001NS	Surgical Gown 60gsm Sterile AAMI Level 2
2 x	PA003NS	Face Mask with Ear Loops
1 x	PA004NS	Face Mask with Ties
2 x	PA005NS	Bouffant Cap / Head Cover with Elastic
1 x	PA006NS	Tie Back Head Cover
4 x	CC009NS	Hand Towel (40cm x 40cm)
1 x	SD011NS	Surgical Drape Impervious (90cm x 120cm)
1 x	SD013NS	Surgical Drape Impervious (75cm x 90cm)
1 x	SD016NS	3/4 Patient Drape/U Drape (100cm x 150cm) with Adhesive + Tube Holders
1 x	SD022NS	Trolley/Back Table Cover (140cm x 140cm)
3 x	CC022NS	Adhesive Film Blue (20cm x 20cm)
3 x	CC012NS	Adhesive Film Clear (5cm x 80cm)
1 x	CC023NS	Fine Aspiration Handle and Tip with Control Vent (2.8mmID)
1 x	CC024NS	Blue Adaptor
3 x	CC027NS	Drill Sleeve with Ties Clear (120cm)
1 x	CC028NS	Bouffant Style Equipment Cover Clear (55cm)
1 x	CC029NS	Gallipot Clear (60ml)
1 x	CC030NS	Kidney Dish Clear (700ml)
16 x	CC031NS	Gauze X-Ray Detectable 8ply (10cm x 10cm)
1 x	CC034NS	Tubing Adaptor / Connector
1 x	CC035NS	Suction Tube with Connectors (3m)
1 x	CC036NS	Biohazard Waste Bag Yellow (42cm x 45cm)
1 x	CC037NS	Fine Tip Yankauer Suction Handle with Vent (3.2mmID)
1 x	CC094NS	Blue Plastic Tweezers

Please Note: These images are not to scale

MDDI STERILE | SINGLE USE

TREATMENT PLANNING SOFTWARE IN ACTION– 4 CASE STUDIES

Terry Work, DMD

We live in a 3D world. For example, when we buy a house, we don't just look at a blueprint. We walk around the whole building and look inside each room, viewing them from all angles. So it makes sense that patients can more easily understand a 3-dimensional image of their teeth and jaw. When I can spin and manipulate that image on my computer monitor to show them what I'm seeing and explain my proposed treatment, it's powerful. That's what CBCT imaging and its accompanying 3D software bring to the table. It's very difficult to get that kind of patient engagement and understanding of their oral health condition with a flat, 2-dimensional image that, to the untrained eye, looks like a photographic negative.

INSTRUMENTARIUM

Bringing the Technology In-House

For about 4 years, I have been working with the OP300 CBCT Scanner from Instrumentarium Dental™ and Invivo5 3D software from Anatomage. In a word, I find what I can do with this technology to be…cool.
For me, 3D images are essential for the kind of procedures I do. Before I brought the OP300 into my practice, I sent patients to a scan centre to get the images I needed. But this was inconvenient for my patients. I then worked with a company that would bring a van outfitted with a scanning unit to my practice every Thursday. And while the machine was at my practice location, it still required a second trip for my patients.

Having the technology down the hall makes it both easier for me and for my patients. If I see a need for a CBCT scan, my assistant simply walks the patient to the unit, takes the image, and I review it within moments. My patients are so interested in their diagnosis, they often choose to wait for me to review the image so I can share the results with them right away. This technology makes that possible.

Treatment Planning

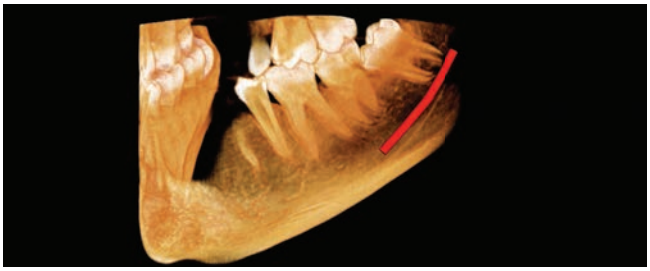
All 3D systems can capture information and the OP300 offers incredible image quality, however, using OP300 with Invivo5 puts treatment planning in a class by itself. Invivo5 is very intuitive and allows me to create an interface that's most efficient for me. I can toggle between different views based on what I need at the time. I do expert witness testimony and have had to use other 3D software systems during that process. As I fumble through those less-than-user-friendly systems, I end up saying to myself, "I'm so glad I don't have to work with this every day."

I've found the Invivo5 software to be incredibly versatile. I use it for everything from implant planning and third molar extractions to periodontal surgery and apicoectomies. I've recently started using the video function in the software. This allows me to create a video from the treatment steps build during the planning phase. It doesn't take any extra time and it allows me to show the patient a virtual demonstration of the procedure. It's incredibly powerful and greatly enhances my patient consultations. The videos also can be used as simple education tools as well. Showing a patient what's going on inside their own mouth can be very effective in helping them to understand why we need toembark on treatment, whether it's an extraction, implant or root canal.

4 Case Studies— Real-World Treatment Planning

The following four case studies represent how Invivo5 software aids in treatment planning and treatment acceptance. All of these cases are from patients in my practice.

Third Molar Extraction

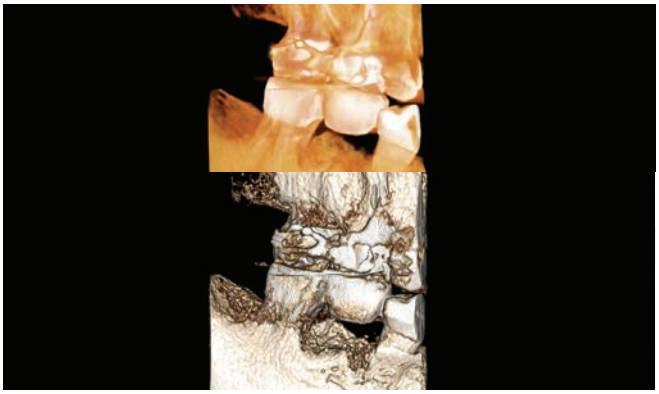


We took a panoramic radiograph of this patient, which showed concerning proximity of the wisdom teeth to the inferior alveolar canal. We took the CBCT to get a better look at the roots and found that they were clear of the nerve. However, with the CBCT, we were able to see that the lingual plate at the wisdom teeth was very thin. This helped prepare me for the procedure so that no fragments were pushed into the lingual space during the extraction.

Implant Planning

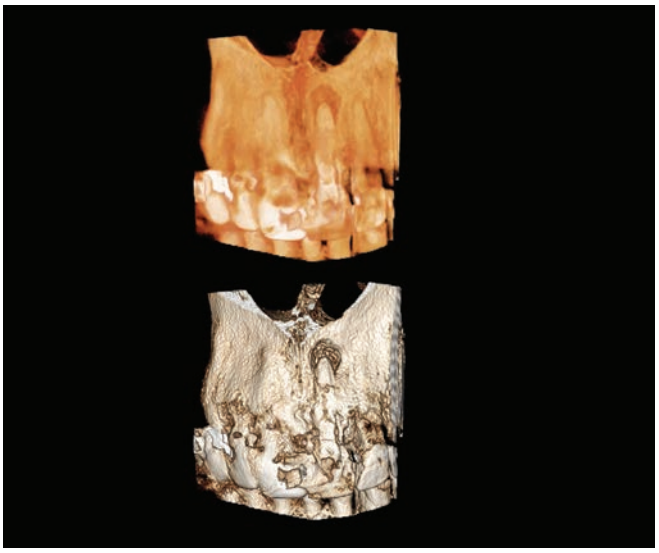
Here, I showed the patient how the implant is placed in the bone. It also made it clear that because of the amount of bone loss, the crown on the implant had to be longer than the adjacent tooth. The patient can see how the bone supports the tissue and how that affects the way the final restoration will look. This can't be accomplished with drawings or illustrations because it is specific to each case. The CBCT scan and the Invivo5 software make this all possible.

Periodontal Surgery



This CBCT image revealed two things. First, the upper molar has a periodontal defect and external resorption of the mesiobuccal root. There is also a bone graft on the lower first molar and we are able to see the healing of the site. I used the CBCT scan to evaluate the severity of the periodontal defect and show the patient that I was going to remove the mesiobuccal root to save the majority of the tooth. This scan also shows early signs of healing in the socket preservation site on the lower right. In 4 months another scan can be taken to evaluate the bone density and volume for the placement of an implant. The 3 dimensional manipulation of the images helps the patient visualize what we are trying to accomplish.

Apicoectomy



This patient presented for a smile design, but during the diagnostic phase we discovered an infection that needed to be treated before we could begin restorative work.

I used these images to show the patient the infection I found at the apex of tooth No. 9. By showing the patient what I saw, he understood why we needed to remove the tooth.

Change how you Practice

I like tools that make me a better dentist, and I like having the best tools available for what I want to do. Having the OP300 and Invivo5 3D software at my fingertips has had a real impact on how we practice day-to-day. It truly expedites my workflow, is critical in successful treatment planning and helps to ensure successful outcomes. And to a certain degree, I think the patients are glad they are at a practice that has a CBCT unit and this kind of advanced technology.

HemoStyp

HemoStyp is a topical haemostatic agent that is made from treated and sterilised cellulose and available in fabric meshwork.

A topical haemostatic agent made from treated and sterilised cellulose available in fabric meshwork

ARTG with a Type IIa classification (indicated for the control of bleeding from open wounds and body cavities)

Does not contain any chemical additives, thrombin or collagen and is hypoallergenic.

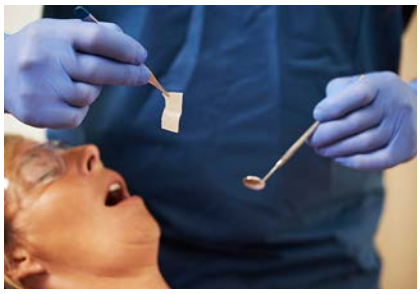
Achieves haemostasis almost instantly (Extraction sockets, Protection of sockets, Orthognathic or Endodontic surgery...)

Upon contact with blood, saline or water, HemoStyp converts to a collagen-like substance that adheres to damaged platelets

It increases the viscosity of the blood at the wound site (slows down the current of blood, which allows the clotting factors to interact sooner with each other to form a blood clot, hence accelerating the clotting cascade)

Box of 20 19 x 19mm
UN1-4900 **$64.90**

Box of 12 5 x 5cm
UN1-HM0022 **$75.90**



STOPS BLEEDING FAST!

HEMOSTYP®

Mem-Lok

Resorbable Collagen Membrane (RCM)

Mem-Lok® RCM is engineered from highly purified type I collagen to provide an increased resorption period and ensure optimal bone regeneration.

Applications include:

- Extraction sockets
- Sinus augmentation - sinus window
- Ridge preservation
- Bone augmentation around implants
- Bony defects
- Peri-implant bone defect around implants

BH1-RCMML1520	15mm x 20mm	**$181.50**
BH1-RCMML2030	20mm x 30mm	**$218.90**
BH1-RCMML3040	30mm x 40mm	**$319.20**

BIOHORIZONS®

Alveogyl

Dry socket? Ease the pain

Alveogyl is the ideal dry socket dressing, rapidly easing your patient's pain and convenient for you to use. Alveogyl may also be used as a post-extraction dressing.

It provides a soothing effect on the alveolar tissues thus helping to rapidly alleviate the pain. Its fibrous consistency, due to the Penghawar fibers, allows an easy filling of the socket and a good adherence to the alveolus.

Alveogyl is a one-step, self-eliminating treatment requiring no suturing and no special attention other than observation of the healing process.

SP-8936 10g jar

Use of ß-tricalcium phosphate for bone regeneration in oral surgery.

A multicenter study to evaluate the clinical applications of R.T.R. (Resorbable Tissue Replacement)

Giuseppe Galvagna: Private practice, Catania, Italy
Paolo Brunamonti Binello: Consultant Professor, University of Genoa
Massimo Galli: Private practice, Pistoia, Italy
Mauro Labanca: Consultant Professor in Oral Surgery and Anatomy, Milan, Italy

In prosthetic implant rehabilitation, loss of bone volume in atrophic maxillae is one of the major problems faced by surgeons in their clinical practice. In the presence of horizontal and vertical bone defects, atrophic ridges need to be restored to make them suitable for implant placement and for restoration of masticatory and aesthetical functions.

For this reason, in recent years the term "GBR" has been closely associated with the concept of prosthetically guided implantology.

The purpose of this study is to demonstrate the osteoconductive properties of synthetic biomaterials, particularly ß-tricalcium phosphate or R.T.R., and its benefit for a suitable GBR.

Below is one of the four case reports presented in this study. For all case reports, discussions and conclusions please refer to original paper.*

Case Report No. 3
Patient: female
Age: 50

History:
severe atrophy of the alveolar ridge, upper right jaw, affecting the area of 1.3, 1.4, 1.5, 1.6.

These teeth were extracted and the alveolar ridge was reconstructed with R.T.R., covering biomaterial with Tabotamp (oxidized cellulose).

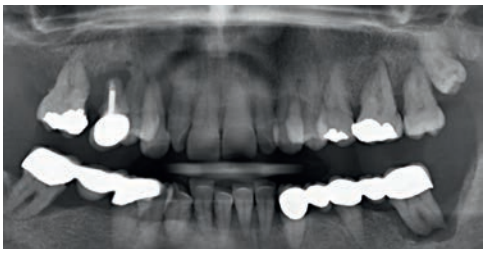


Fig. 22-23: Resorption of the alveolar process caused by periodontal disease. The local examination shows the class III mobility of the teeth.

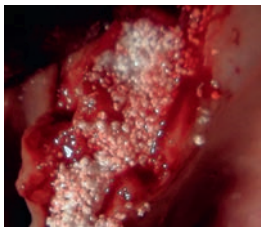


Fig. 24-25-26: Resorption of the alveolar process caused by periodontal disease. The local examination shows the class III mobility of the teeth.

SP-4097 Syringe 0.8cm3

$112.54

SAVE 10%

Fig. 27-28: Use of Tabotamp to cover the graft.

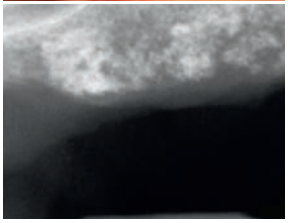


Fig. 29-30: The local examination after 10 days.

Fig. 31-32: The radiographic image after 4 months showed an increase in the vertical dimensions.

**Abstract. For full case study refer to Septodont Case Studies Collection No. 9, or contact Henry Schein Halas*

PlanScan

The Planscan® intra oral scanner is capable of full integration with any Planmeca treatment unit, as well as working as a plug-and-play device on a laptop.

This integration allows for hands-free control, linking wirelessly with your foot controls. The Planscan® can also be upgrade to provide true color images.

- Hands free control using foot controls
- Upgradable to True Colour images
- Plug in and play using laptop
- Available in true colour

PLANMECA

Trios Intra oral Scanner

Now even more powerful, the Trios® 3 intra oral scanner is your 3-in-1 digital impression solution.

The scanner provides fast and easy 3D colour impression taking; an integrated intra oral camera saves the need to purchase one separately, and advanced shade management yields more accurate and predictable results.

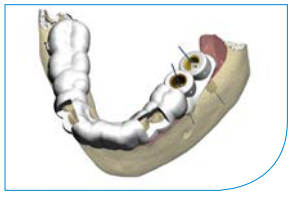
- RealColor™ Scans: Create high quality digital impressions in true colour.
- Shade Measurement: Measure and save teeth shades as you scan and save time
- High Definition Images: Enhance Significant details, accurately set the margin line and document your case

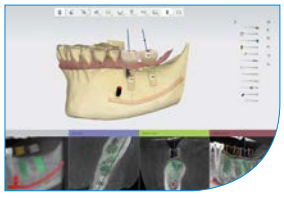
Trios Implant Studio Package

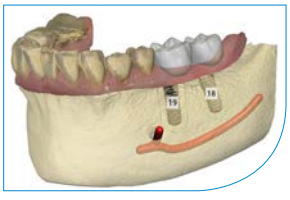
Implant Studio brings together implant planning, prosthetics and design of surgical guides for local manufacturing, providing a cost effective solution.

This also serves to improve turn-around time, helping to enhance clinical results, while creating new business opportunities for dentists and labs alike.

- Full digital workflow for dentists and labs
- Easy process for implant planning
- Surgical guide design function
- User-friendly interface
- Package includes TRIOS® scanner and Implant Studio software
- Local surgical guide manufacturing option
- Includes 2 years annual licence

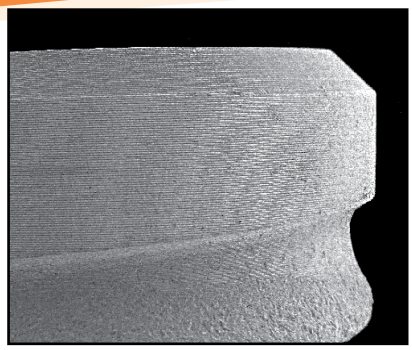




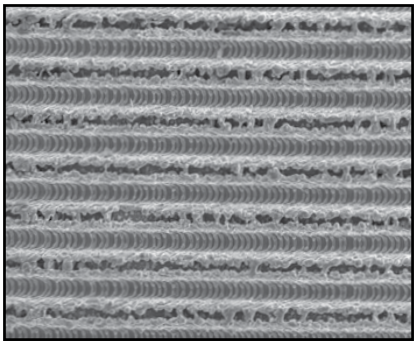


3shape

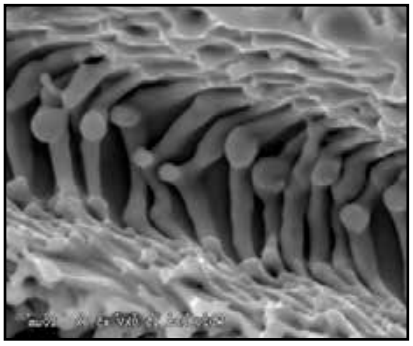
BIOHORIZONS® Laser-Lok Technology



SEM image at 39X showing the Laser-Lok zone on a BioHorizons Tapered Plus implant.



Laser-Lok at 800X exhibits consistently formed microchannels to organizeand promote tissue growth.[2,3,4,5,6,7,8,9,10,16,17]



The uniformity of the Laser-Lok microstructure and nanostructure is evident using extreme magnification.

- 25 years of research
- Over 50 published manuscripts & articles

The only implant surface designed for both hard and soft tissue integration

Different than any other surface treatments!

Virtually all dental implant surfaces on the market are grit-blasted and/or acid-etched. These manufacturing methods create random surfaces that vary from point to point on the implant and alter cell reaction depending on where each cell comes in contact with the surface. While random surfaces have shown higher osseointegration than machined surfaces, only the Laser-Lok surface has been shown using light microscopy, polarized light microscopy and scanning electron microscopy to also be effective for soft tissue attachment.

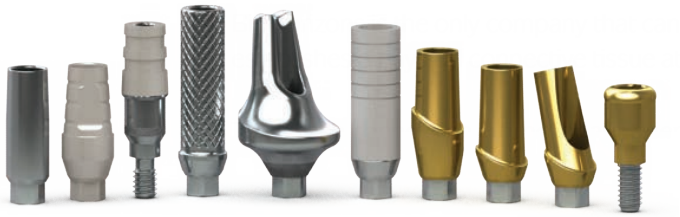
BIOHORIZONS®
SCIENCE • INNOVATION • SERVICE

Laser-Lok 3.0

- Two-piece 3mm design offers restorative flexibility in narrow spaces.
- 3mm threadform shown to be effective when immediately loaded.[1]
- Implant design is 17-40% stronger than competitor 3.0 implants when loaded.[2]
- Laser-Lok microchannels create a physical connective tissue attachment.[3]

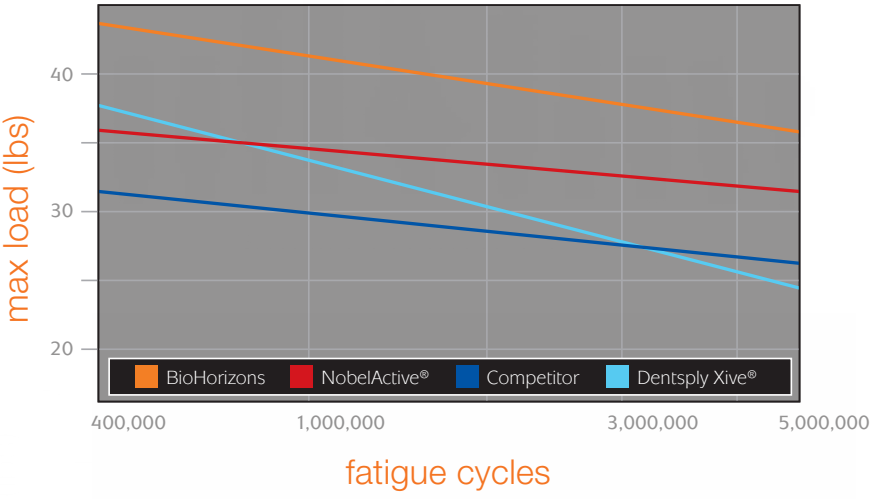
BioHorizons is the only company that can claim (FDA-cleared) that its implant surface establishes a physical connective tissue attachment.

This tissue connection is functionally oriented, inhibits epithelial cell downgrowth and enables crestal bone adjacent to the implant to attach and be retained.



Supported by the broadest array of prosthetics

3mm threadform shown to be effective when immediately loaded.[1]
(Image courtesy of Craig Misch, DDS)



BioHorizons is stronger than competitor 3.0 implants.[2]

Two-piece 3mm design offers restorative flexibility in narrow spaces.
(Image courtesy of Cary Shapoff, DDS)

Laser-Lok 3.0 Implants

Body Diameter	3.0mm
Apical Diameter	2.0mm
Laser-Lok Zone Height	2.1mm
Minimum Ridge Width	5.0mm
Minimum Mesial / Distal Space	6.0mm

TP3105L **Laser-Lok 3.0 Implant, 10.5mm**
TP312L **Laser-Lok 3.0 Implant, 12mm**
TP315L **Laser-Lok 3.0 Implant, 15mm**

Laser-Lok collar with Resorbable Blast Texturing (RBT) on implant body.
Packaged with Cover Cap (TP3CC). Titanium Alloy (Ti-6AL-4V).

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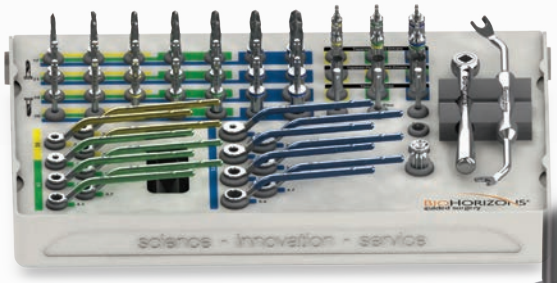
SCIENCE • INNOVATION • SERVICE

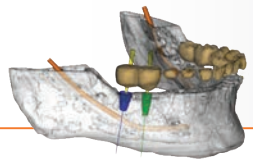
perfect fit for precise implant placement



The BioHorizons guided surgery kit offers the precision and predictability of guided implant placement with a streamlined, single kit design. All components are colour-coded to avoid the complexity seen with other systems while offering our customers predictable implant placement for optimal aesthetic outcomes.

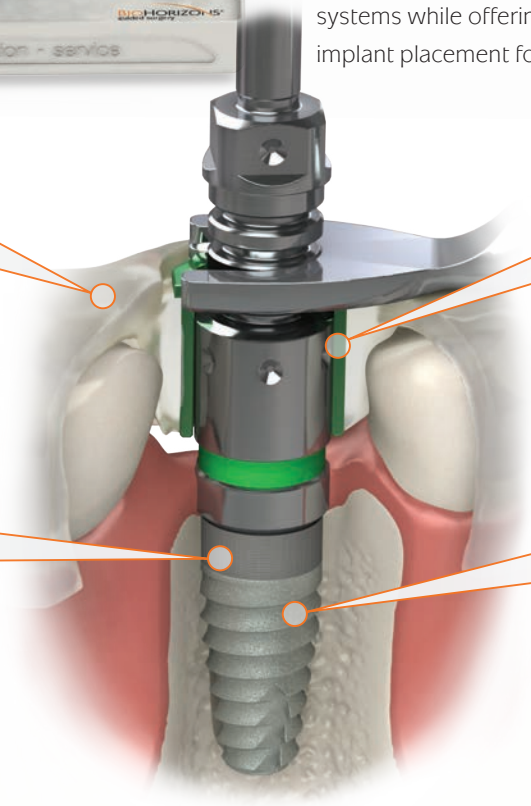
surgical guide flexibility

open architecture design for fabrication of surgical guides



guided implant depth control

implant is placed to planned depth using a surgical guide created from a virtual treatment plan



ease of use

master cylinders and instruments are colour-coded to ensure proper component usage

BioHorizons guided implants

mount-free Tapered Internal, Tapered Plus, and Tapered 3.0 implants

BioHorizons starter special

$5499.95

***Starter special only available to new customers. One start-up deal per account.**

BIOHORIZONS®
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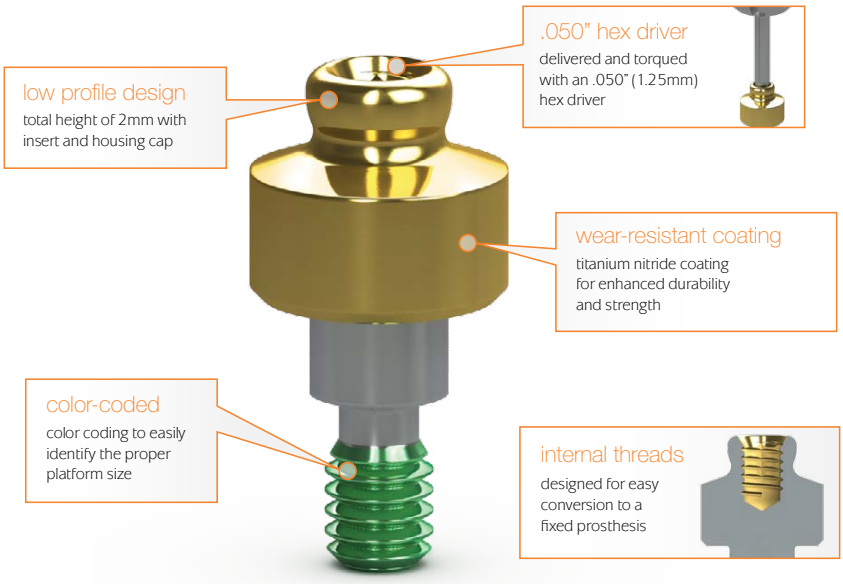
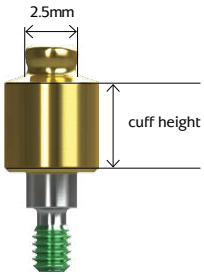
OD secure™

getting attached is simple

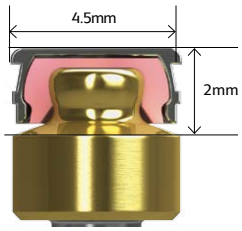
NEW From BioHorizons!

Introducing the all new OD Secure abutment system. The OD Secure abutment uses the industry's lowest profile connection to attach dentures and partial dentures to dental implants. With cuff heights ranging from 0.5mm to 6mm, the OD Secure provides attachment solutions for even the most challenging cases. The abutment is designed for easy delivery using a .050" hex driver and is color-coded to ensure that the abutment matches the implant platform every time.





Available in cuff heights from 0.5mm to 6mm



Low profile connection for additional restorative space

Corrects up to 30° of divergence between implants

Snap Scan Bodies

These new scan bodies feature the same snap-in connection from the Snap Coping, but now used for tabletop or intraoral scanning.

- Available for all BioHorizons Internal Implant Platforms
- PEEK and Titanium Alloy construction for radiographic verification of seating
- Inserted up to 12 times without loss of retention
- Creating CAD/CAM abutments by Labs with 3Shape software who mill Zirconia

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GapSeal®

How to Prevent Micro-leakage in implants?

Author: Dr. Med. Dent. Deborah Horch, Düsseldorf, Germany

Dr. Med. Dent. Deborah Horch
o 2006 – 2011 Study of dentistry at Münster University, Germany
o 2012 – 2014 Dental Practice, Korschenbroich, Germany
o 2014 – 2016 education as oralsurgeon, OMFS Clinic Essen, Germany
o Completion Curriculum Implantology
o Office for oral and maxillofacial surgery, Meerbusch, Germany

Every colleague working in implantology is familiar with the unpleasant odour when opening the implant body. Bacterial colonization is imminent in all multipart implants, however, it can be prevented by adequate treatment methods. In my practice I would notice a putrid smell when making the implant prosthetics. Usually, this smell occurs upon removal of the gingiva former after a few days and when opening the implant bodies.

This is unpleasant for dentist and patient alike. Prevention of bacterial colonization is absolutely desirable for the sake of personal comfort, not to mention medical considerations. Impressive high gloss photos promise optimal implant fitting, on the other hand, you will not find any information on gap formation between abutment and implant body. Reality, however, shows that multipart implants always feature gaps with an active liquid and germ exchange from the implant body to the in and outside, which has been proved as microleakage in many current studies. This is most plausible when looking at an implant construction in more detail. [1]

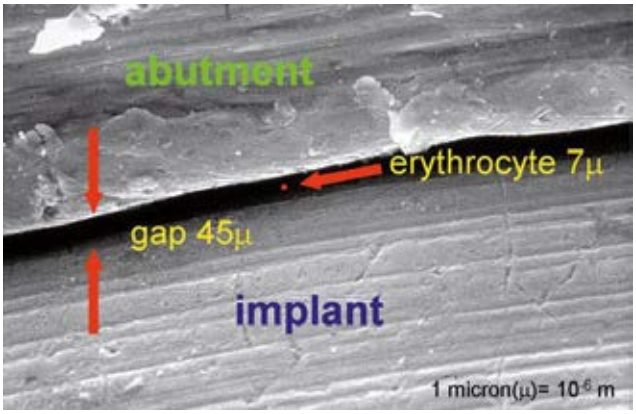


Fig 1.

For germs, even the smallest gaps provide large inlets. Even in case of optimal manufacture, there will always be a micro-gap. In case the abutment is additionally screwed, new gaps will develop in the thread. Capillary forces contribute by providing an active exchange between implant interior and the germ-loaded oral cavity.

Mastication once more enlarges the gap considerably, as titanium implants are not rigid bodies reacting elastically under function by up to 15 micrometers for some of the leading brands.

Dentists, however, are familiar with the typical unpleasant odour emitted by implants. Researches provide clear evidence of the development of real germ cultures in implants. After identification of the reason I looked for a solution. My first attempts headed for CHX. Unfortunately CHX does not fight fungi and viruses but only bacteria. Furthermore it only features a short-term effect.

Example of stage 3-4 peri-implantitis

Finally, at a visit to IDS I discovered a suitable material called GapSeal (Hager & Werken, Duisburg, Germany, Fig. 5), which stood the test in my daily practice work and which has proven clinically for more than 18 years. GapSeal is a highly viscous material (hermetical seal) featuring hydrophobic characteristics (no washing-off), which keeps its consistency and does not harden (no new gap development).In my daily practice work, I do not only use GapSeal during prosthesis making and the respective implant build-up but as gap sealer for every fixed two-piece implant system (Fig.3 & 4).

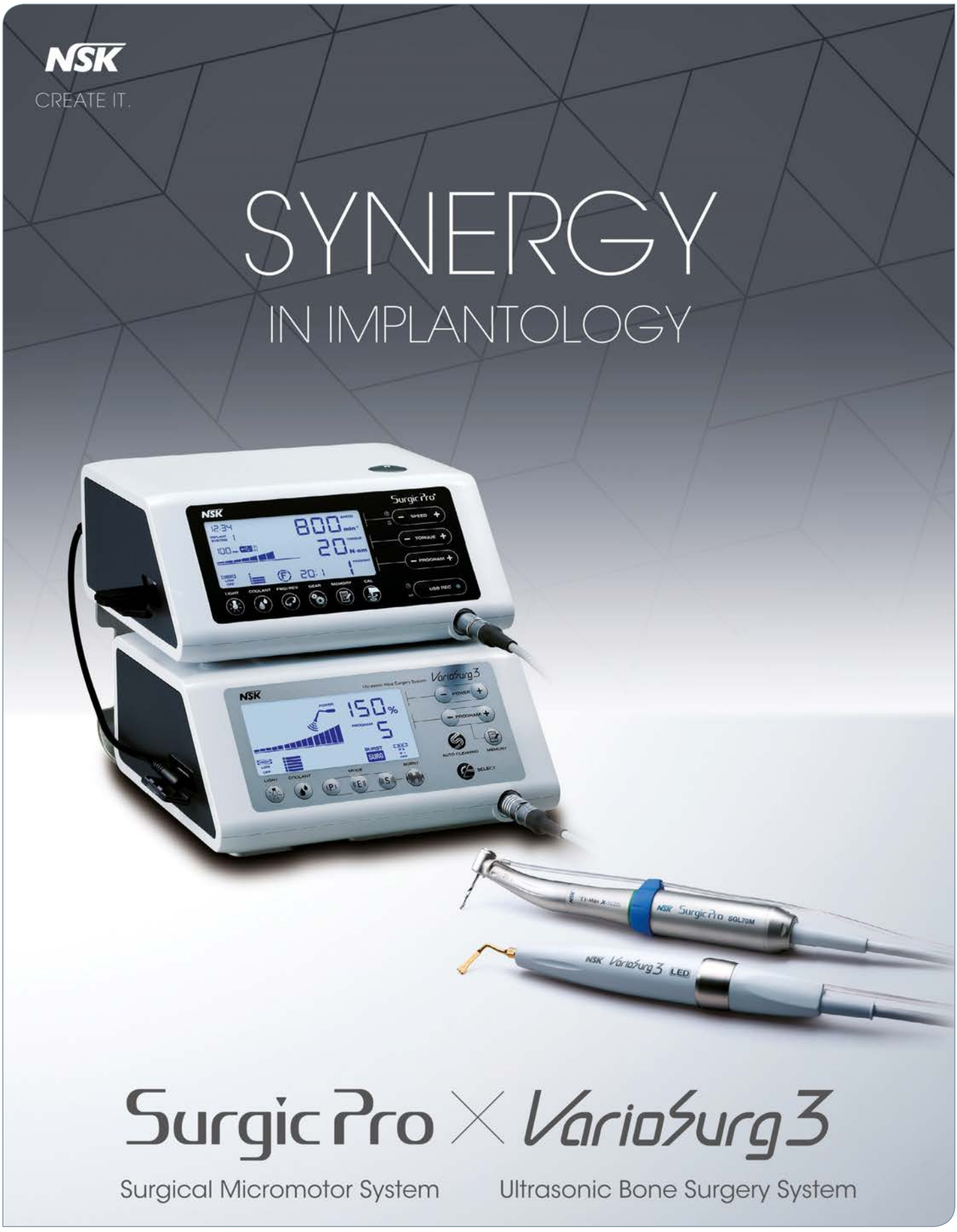
Fig.3

Fig.4

Gapseal is available through Henry Schein Halas (part numbers HW-152041, refills HW-152040) and quoting this advertorial we will offer a 15% discount off any order before the end of March 2017. For further details please contact your local Henry Schein Halas representative or office.

Fig. 5

HW-152041 GAPSEAL KIT (Applicator & 10 Tips)	$236.64 (incl. GST)
HW-152040 GAPSEAL REFILLS (10 Tips)	$182.67 (incl. GST)


NSK
CREATE IT.
SYNERGY
IN IMPLANTOLOGY
SurgicPro
VarioSurg3
Surgical Micromotor System
Ultrasonic Bone Surgery System

The KaVo Surgery portfolio – A clever system for your daily challenges.

The KaVo Surgery portfolio is a perfectly synchronized system of high quality components. The KaVo EXPERTsurg with its first-rate precision features or the KaVo MASTERsurg boasting high-end comfort features. The perfect fit for your daily challenges.

KaVo MASTERsurg LUX

COMFORT
- Touchscreen
- Multiprogram capability
- Data documentation
- Wireless foot control

PRECISION
- Auto-calibration
- Display of maximum torque
- KaVo Mini LED

EASE OF USE
- Large color display
- Visual indication icons
- SMARTdrive technology
- 10 x 4 to 10 program steps possible
- Thermodisinfectable and sterilizable motor and motor tube

KaVo EXPERTsurg LUX

PRECISION
- Auto-calibration
- Display of maximum torque
- KaVo Mini LED

EASE OF USE
- Large color display
- Visual indication icons
- SMARTdrive technology
- 4 to 10 program steps possible
- Thermodisinfectable and sterilizable motor and motor tube

POWER
- S600 LED Motor with 80 Ncm torque

KaVo. Dental Excellence.

THE TRANSCRESTAL HYDRODYNAMIC ULTRASONIC CAVITATIONAL SINUSLIFT: RESULTS OF A 2-YEAR PROSPECTIVE MULTICENTRE STUDY ON 404 PATIENTS, 446 SINUSLIFT SITES AND 637 INSERTED IMPLANTS

A. Troedhan, A. Kurrek, M. Wainwright, I. Schlichting, B. Fischak-Treitl, M. Ladentrog
Open Journal of Stomatology, 3, 2013

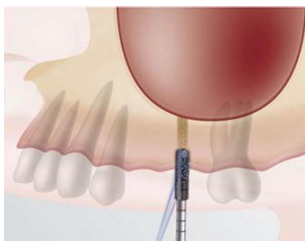
Introduction:
In 2006 an ultrasound-surgery-based method to hydrodynamically detach the sinus-membrane utilizing the ultrasonic cavitation effect - the tHUCSL - was developed and a surgical protocol established. The aim of the study was to determine the indication-range and success-rate of this novelty procedure.

Materials and methods:
Between 2007 and 2009, 404 patients were treated by 6 oral surgeons of different experience-levels with the tHUCSL in 446 sinus-sites. 637 implants were inserted and then prosthodontically treated and observed and documented until December 2011. The subantral space was augmented via the 3 mm transcrestal approach with an augmentation volume of 1.9 ccm (+/- 0.988 ccm) and an augmentation height of 10.7 mm (+/- 2.85 mm).

Results:
Within the survey-period 15 (2.35%) of the 637 inserted implants were lost, mostly before implant loading due to postsurgical infection and non-osseointegration in the augmentation site. 1 implant was lost after implant loading and prosthetic treatment within 1 year after loading. The overall success rate with functional implants in site is 97.65% evenly distributed among the participating surgeons. 86% of the patients were observed with no postsurgical swelling and 87% no postsurgical pain.

Discussion:
The results suggest the tHUCSL to be a safe minimal-invasive alternative to traditional lateral approach and transcrestal osteotome sinuslift-procedures applicable to all anatomical situations.

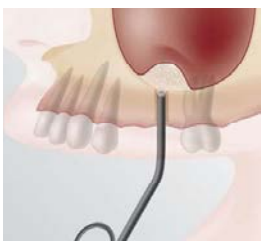
"The tHUCSL-INTRALIFT-procedure can be trained with a small investment of time by the dentist and be applied by every dentist with a basic training in implantology with almost the same success-rate as long-term experienced oral surgeons as the study results suggest. The standardized hydrodynamic pressure described in the surgical protocol combined with the ultrasound cavitation effect distributes the detaching forces equally between the sinus membrane and the bony antrum of the sinus.
The tHUCSL-INTRALIFT is compatible to all implant systems with an implant diameter of more than 3 mm and most of all applicable to all anatomical conditions of the alveolar crest and the maxillary sinus which can be considered a major advantage."



Preparation of the 2.8 mm receptacle with the cylindrical diamond coated TKW 4-tip—schematic.

Insertion of the hollow 3.0 mm TKW 5-tip and detachment of the sinus-membrane by injection of ultrasonic oscillating saline solution creating a cavitation effect—schematic.

Final widening and smoothing of the transcrestal canal to 3.0 mm diameter for smooth application of bone graft.



Application of bone graft with a common bone applicator. The amount of bonegraft applied depends on the necessary extension of the subantral augmentation.

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- **Removing hyperplastic gingiva**
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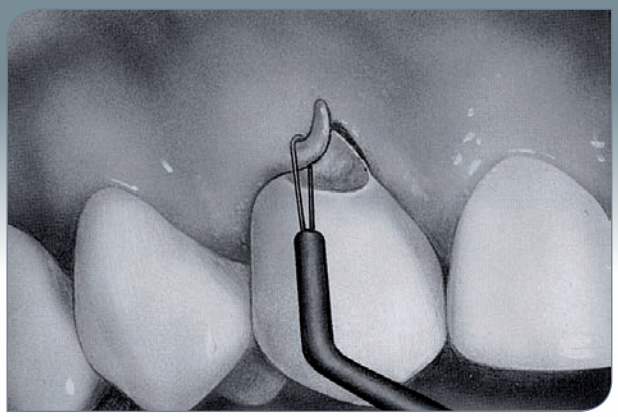

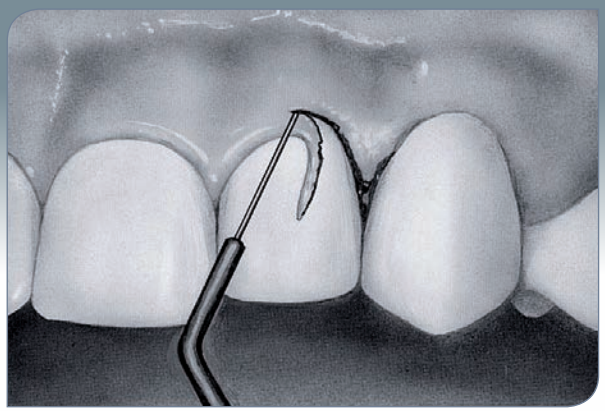

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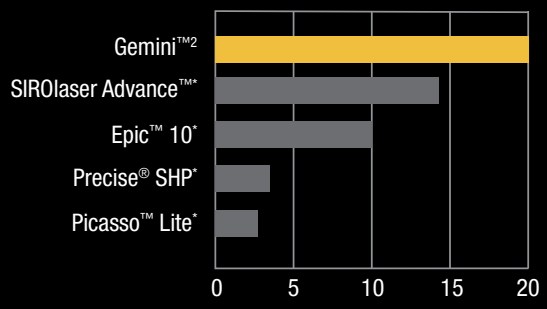

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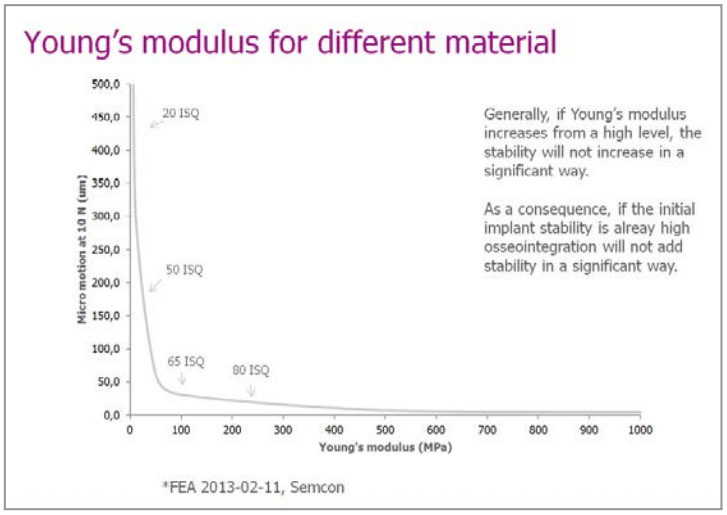
How do you know it is time to load?

ISQ & Bone to Implant Contact

What is Bone to Implant Contact (BIC)?

Bone to implant contact (BIC) is the percentage of the implant surface in contact with bone on a microscopic level.

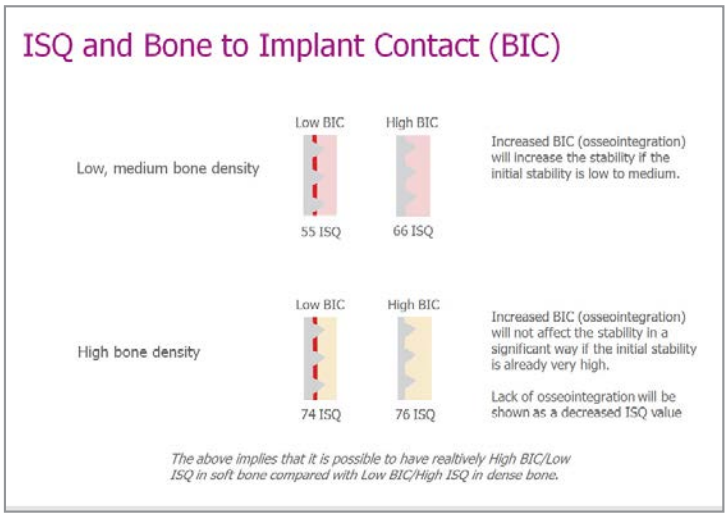
Young's modulus, stability and micromotion



If the E-modulus (Young's modulus) is high, in any material, it means that the material stiffness is high. If a tapered screw is screwed into hard wood for instance, the stability will be high due to the relatively high stiffness of the wood. Such a screw will move very little when subjected to forces (low micromotion) even if the "screw-to-bone" contact might be in the range of 50 % or lower. Even if the screw is glued in place and thus increasing the "screw-to-bone" contact to 100 %, the stability will not increase significantly since the stability was already high from the beginning. This reasoning is valid for practically all solid materials, including dense bone. For the reasons above, BIC does not have a linear correlation with implant stability. Osstell (RFA) measures the implant stability by measuring the stiffness in the interface between the implant and the bone which in turn is a measurement of the micro mobility (µm /N).

In soft to medium bone

When the initial stability is low to medium, osseointegration will change the bone around the implant so that the stability and stiffness increases (and also BIC). In this case, there will be a good correlation between ISQ and BIC.



In dense bone

When the initial stability is high (e.g. above 75 ISQ), osseointegration will not add stability to the implant in a significant way. Even if the BIC is increasing, the implant stability will not change much, which is reflected by the ISQ value. In this case, the correlation between BIC and ISQ will be poor.

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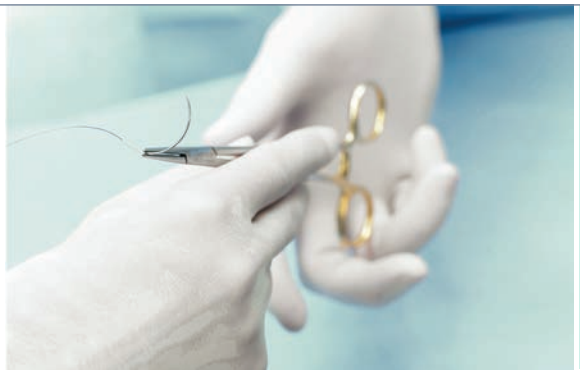

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- Incorporated within Romexis software
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Implant case by Dr. Daniel Vasquez

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– Dr. Daniel Vasquez Oceanside, California

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Louie Al-Faraje

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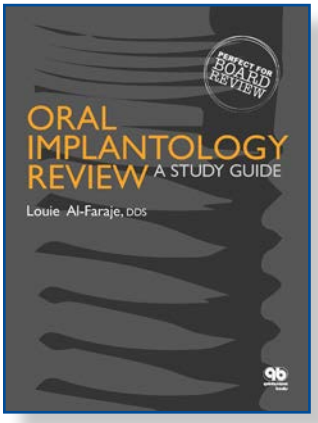
Q-5120821 232 pp; 74 illus (softcover) **$174.24**

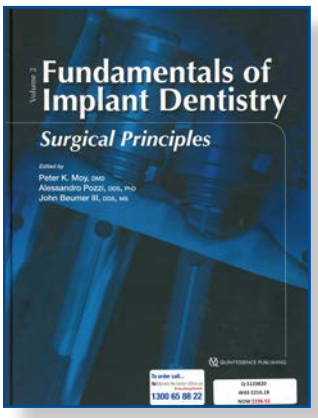


Fundamentals of Implant Dentistry
Volume II: Surgical Principles

Peter K Moy, Alessandro Pozzi, John Beumer III

Since the concept of osseointegration was introduced to the dental community more than 35 years ago by Professor P-I Brånemark, significant improvements have been achieved in patient evaluation, methods used to enhance the bone and soft tissues of potential implant sites, and surgical techniques to prepare the osteotomy sites and place the implants. These topics are thoroughly discussed from the perspective that an interdisciplinary approach will yield the most predictable outcomes for treatment of the dental implant patient. The authors address the sometimes controversial topic of immediate loading and provide useful insights regarding when this approach can achieve predictable outcomes and when it is to be avoided. The use of CAD/CAM technologies is emphasized throughout the text, and the latest developments and their use in this rapidly expanding arena are fully described.

Q-5120820 448 pp; 1,300 illus **$246.40**



ITI Treatment Guide, Volume 9:
Implant Therapy in the Geriatric Patient

Daniel Wismeijer, Stephen Chen, and Daniel Buser

People now live longer and have higher expectations for health and quality of life than they did in previous generations, and demographic shifts have occurred in recent decades leaving older people than younger. These shifts have brought new demands to implant dentistry and practitioners, who now see elderly patients routinely in practice. Because of their age, these patients are subject to certain limitations and often require special dental care, especially patients in ailing condition. This volume addresses the situation and needs of the elderly patient, from systemic changes and physical and mental limitations to considerations of quality of life. Twelve clinical cases demonstrate solutions for various clinical situations, including treatment of an Alzheimer patient, rehabilitation of a patient with osteoarthritis, treatment sequencing for full-arch removable dental prostheses, flapless guided surgery for bar-supported overdentures, and minimally invasive treatment of a patient in her 90s with severe peri-implantitis, among others.

Q-5120827 312 pp; 500 illus **$158.10**

Implants in the Esthetic Zone:
A Step-by-Step Treatment Strategy

Ueli Grunder

With a focus on oral surgery and prosthodontic techniques, this book presents effective implant treatment strategies for the aesthetic restoration of anterior teeth. In addition to reviewing biologic principles, treatment planning, indications, aesthetic analysis, and prosthetic options, the author details key considerations in each stage of treatment, including gentle tooth extraction, precise implant positioning, criteria for one- and two-stage implant placement, and most importantly, a wide range of soft tissue management techniques to prevent or compensate for tissue loss in the aesthetic zone. With ample cases presented in a step-by-step fashion, this book is a useful resource that can help clinicians avoid failures and achieve optimal aesthetic success.

Q-5120825 848 pp; 4,049 illus **$561.44**

QUINTESSENCE INTERNATIONAL PUBLISHING GROUP

Surgical Management of Peri-Implantitis

Dr Jeremy Vo explains how he has embraced AIR-FLOW technology in the management of Peri-Implantitis

Surgical intervention is often required in the treatment of advanced peri-implantitis lesions. Peri-implantitis is defined as an inflammatory process around an implant, with soft tissue inflammation and loss of supporting marginal bone.[1] The aim of surgical therapy is to allow access for the decontamination of implant surfaces which have been exposed to oral biofilms. Several approaches for implant decontamination have been described and can be broadly categorised to include mechanical (eg. carbon fiber curettes), chemical (eg. chlorhexidine) and laser instruments (eg. Er:TYaG).[2] Unfortunately there is limited evidence to show which method is superior. There are 3 main approaches for surgical intervention[3].

These include:

(i) Access surgery
(ii) Resective surgery
(iii) Regenerative surgery

Access Surgery

The primary aim of access surgery is to decontaminate the implant surface.[3] Commonly, intrasulcular incisions will allow the conservation of the soft tissues following flap elevation and is important in aesthetic areas. A clinical study with 5 years follow up reported complete resolution of advanced peri-implantitis lesions in 42% of implants.[4]

Resective Surgery

This surgical technique is aimed at pocket depth reduction via a reverse beveled incision combined with osteoplasty around the implant.[3] As a result, the neck of the implant is usually left exposed to the oral cavity. The 2-year outcome of resective peri-implantitis surgery found complete resolution of clinical signs of disease in almost 60% of implants.[5]

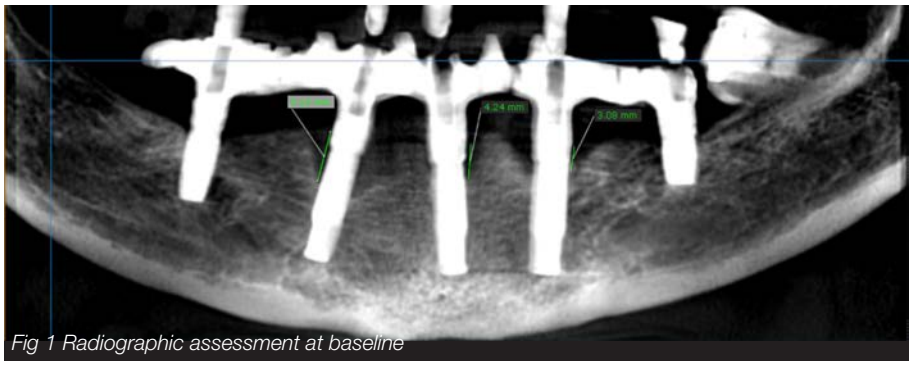


Fig 1 Radiographic assessment at baseline

Fig 2 Pre-operative clinical photographs

Regenerative Surgery

Regenerative surgery is aimed at improving hard tissue integration around the implant (re-osseointegration) as well as minimising recession of the peri-implant mucosa.[3] Various approaches to bone grafting have been described. Bone substitute materials can be used to fill the intrabony defect which is then covered with a resorbable membrane. A 4-year clinical study found significant reductions in probing pocket depth and radiographic defect fill with a regenerative technique.[6]

The clinical approach

Recently, a powered air-abrasive system utilising a Erythritol (a sugar substitute) has been proposed as an effective method of biofilm removal from the implant surface that is safe on hard and soft tissues (Air-Flow EL-308/A; EMS Electro Medical Systems Nyon, Sweden).[7] Erythritol is low-abrasive and it does not cause extensive damage to the surface topography of the implant compared with the use of conventional steel curettes or ultrasonics. Furthermore, in-vitro data also suggests that it possesses antimicrobial activity.[8] Another advantage is that implant surface decontamination is improved compared with using the tips of the curettes which may be too large to reach the deeper parts of the implant thread.

The case study below illustrates a protocol that was used to treat advanced peri-implantits. The case was treated with a regenerative approach and had a successful clinical outcome after a follow up period of 6 months.

Case Study – Regenerative approach for treatment of Peri-Implantitis

A 70 year old female was referred for advanced peri-implantitis in the mandible. She presented complaining of pain and she also noticed discharge from one of the anterior implants. Her medical history was non-contributory and she was a non-smoker. Clinical examination revealed 5 implants in the mandible supporting a

fixed full arch reconstruction. Probing pocket depths were of the order of 8-9mm around 3 of the anterior implants. The distal implants had normal probing depths. CBCT imaging revealed an intrabony component of 6.1mm for the implant in the 43 position, 4.2mm at the 41 implant and 3.1 at the 33 implant.

A prepatory phase was carried out, including assessment of oral hygiene and non-surgical implant decontamination in 1 session. After 6 weeks, the patient underwent surgical treatment. This comprised of full thickness mucoperiosteal flaps being raised, and the chronic inflammatory tissue removed from the defects around the 3 implants with the use of teflon curettes. The implant surface was then decontaminated by Air-flow using an erythritol powder. The implants were also irrigated and cleansed with saline-soaked cotton foam.

A crater shaped defect was present around all the implants at the proximal and lingual surfaces, however the implants had a dehiscence on the buccal aspect. The craters were filled to cover the defects. Lastly the flaps were repositioned and secured with mattress and sling sutures. Systemic antibiotics were administered post-operatively.

Clinical parameters and radiographic examinations were performed at 3 and 6 months. At both intervals, there was resolution of the clinical parameters for all 3 implants, including plaque index, bleeding on probing and probing pocket depth. At these visits, non-surgical maintenance was carried out, including oral hygiene reinforcement and removal of biofilm via EMS Air-flow.

Dr Jeremy Vo

Dr. Vo obtained his BDS dental degree from the University of Adelaide. He then went on to receive a Doctor of Clinical Dentistry in Periodontics from the University of Sydney, registering as a Specialist Periodontist with the dental board of Australia. Following completion of his degrees, he was also awarded membership into the prestigious Royal Australasian College of Dental Surgeons.

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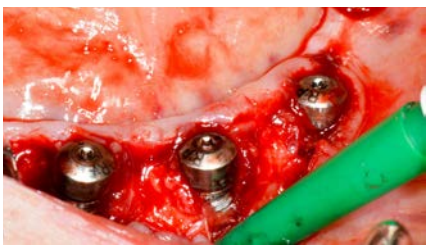

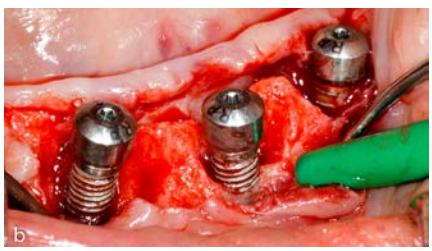

Fig 3 Sequence of surgical therapy. (a) Flap elevation revealing chronic inflammatory tissue. (b) Debridement and decontamination of implant surface. (c) Defects filled and covered and mucoperiosteal flaps are repositioned and sutured.

Fig 4 Post-operative intra-oral photograph at 6 months after therapy

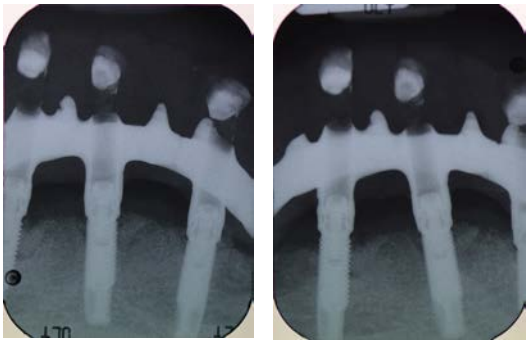

Fig 5 Post-operative radiographs at 3 months after therapy

For article references please refer to:
http://henryschein.com.au/Documents/PDFs/References-to-article-surgical-management-of-peri-implantitis.pdf

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All BioHorizons implants are made of titanium alloy which is 1.5 to 3.5 times stronger than pure titanium implants from other companies. This strength difference can affect the long term success of an implant and is critical for small diameter implants.

education

Continuing education is crucial to the rapidly changing field of implant dentistry. With our support of over 800 surgical and restorative educational events each year, BioHorizons is committed to advancing technologies and the quality of care.

service

BioHorizons is dedicated to effectively meeting your needs with our team of professionally-trained customer care and technical support representatives, and product support specialists around the world.