Implant Dentistry:Learn Today, Do Tomorrow









HISTORY OF DENTAL IMPLANTS



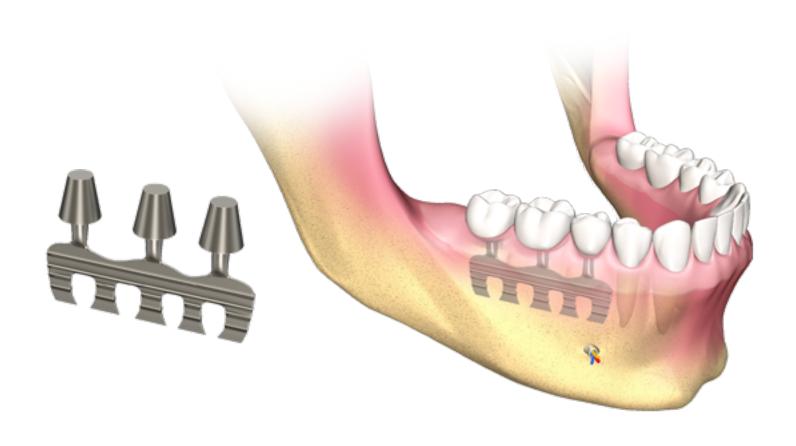


Evolution of Implant Dentistry

- Ancient Egyptians used shells & ivory
- 600A.D. Mayan mandible with shells
- 1931: Strock (USA) screw shape
- 1947: Formiggini (Italy) disputes tooth shape
- 1941: Dahl (Sweden) Subperiosteal
- 1967: Linkow (USA) Blade
- 1950's: Dr. P.I. Branemark -orthopedic surgeon defined osseointegration

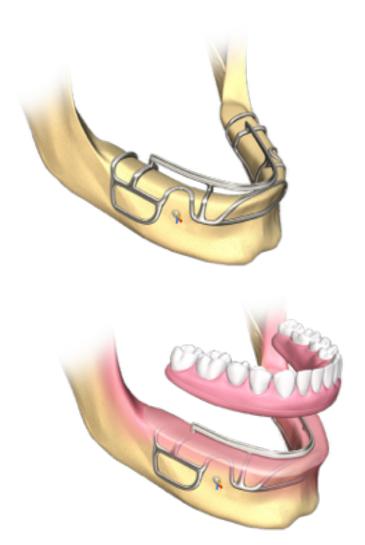
- 1965: Dr Branemark First implant placed in human after years of animal research
- 1970's: Osseointegration
- 1982: Toronto Conf introduced implants to North America
- 1980's: Research
- 1990's: Esthetics
- 2000's: Ethics

1967: Linkow (USA) Blade



1941: Dahl (Sweden) Subperiosteal







HISTORY OF DENTAL IMPLANTS



Esthetic Dentistry of Royalty

Ninth Century Mayan Skull



Replacing Missing Teeth



This prosthesis dates between the fifth and fourth centuries BC and was found in Sidon.



Ancient Bridge





First Osseointegrated Implants



Mandible found in Honduras in 1931 has 3 pieces of shell to replace lower incisors. Dates from about AD 600 and is the earliest example of successful endosseous implants.

What is Osseointegration?



Coined by Dr. P.I. Branemark in 1965
Orthopedic surgeon in Sweden
"Direct contact of living bone with the surface of an implant at the light microscopic level of magnification."

Simply put – the bone bonds to the implant.

Discovery of Osseointegration



- In 1952, Branemark found it impossible to recover bone-anchored titanium microscopes he was using in research
- The titanium cylinders were implanted into the femure of rabbits
- Osseointegration occurred:
 - Biocompatible material, titanium
 - Non traumatic surgical procedure
 - Implant "fixed" at surgery
 - No micro movement on implant during healing phase
 - Placed at or below the crest of the ridge
 - Protected from "load"

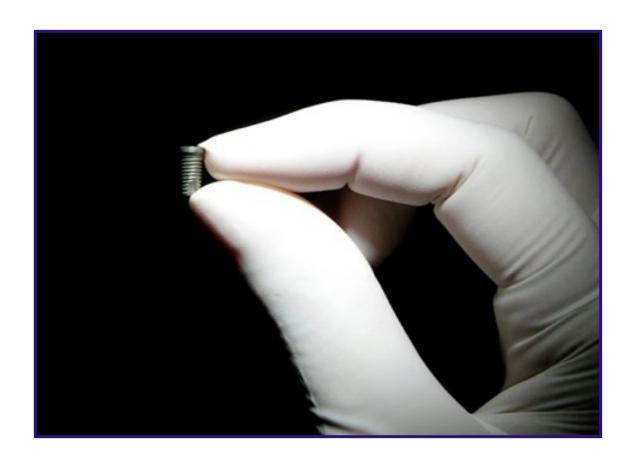
Osseointegration in Dentistry



- In 1965:
- first titanium root-form implant were placed in an edentulous patient by Branemark
- 40 years later:
- these implants are still in function
- In 1981:
- Branemark introduced this technology and a surgical protocol to North America

Why Implants?





Why Implants?



What is your experience with implant dentistry?

Which one of you have a family member or friend that have implants?

Tell me about their experience?

**What is it that you don't want to hear the pts say...?

Why Implants?



- For every 2 minutes the doctor is with a patient, an auxiliary member is with them for 30 minutes
- Patients trust YOU and look for confirmation of treatment
- YOU can "plant seeds" of treatment options
- Case acceptance depends on patient's trust and confidence in treatment
- Staff reinforces patient trust and confidence in treatment plan.



look like my natural teeth!

No matter what job you have in life, your success will be determined 5% by your academic credentials, 15% by your professional experiences, and 80% by your communication skills.

Patient satisfaction is even more crucial



- How do we greet the patient?
- Do we help them with their coats?
- How do we bring patient in the op?
- How do we take care of the guest waiting?
- Have you sat in you waiting room?
 - Are the chairs comfortable?
 - Are the magazines up to date?
 - Are the rest rooms clean?
- How do we leave the patient at the end of the appt?
- Do we call the pt next day, even if it's a Saturday?



PROS & CONS

Treatment Plans



Pros and Cons: BRIDGE

PROS	CONS
Esthetic	Long Term Esthetics
Fast	Bone Loss
Stable	To Redo
No Surgery	Decay
Insurance covers	Perio
	Hygiene
	Endo
	Trim vital teeth
	Sensitivity





BRIDGE

IMPLANT

\$\$	\$\$
Insurance	NO Insurance
3 Years 80% Success	3 years 96 - 98 % Success
5 - 7 Years 75% Success	5 - 7 Years 96 - 97 % Success
10 Years 50% Success	10 Years 95% Success
RCT, Decay, Perio	NO RCT, NO Decay
\$\$\$ - Repair	PRICELESS!!

Treatment Plans



Pros and Cons: PARTIALS

PROS	CONS
Esthetic	Long Term Esthetics
Fast	Bone Loss
Insurance covers	To Redo,
No Surgery	Decay & Abrasion
	Hooks show
	Hygiene
	Food Retention
	Sores
	Sensitivity
	Broken Clasps





PARTIALS...











Treatment Plans



Pros and Cons : DENTURES

PROS	CONS
Esthetic	Long Term Esthetics
Fast	Bone Loss
Insurance covers	To Redo
No Surgery	Sores!
	Food stuck under
	Electric Shocks
	Unstable
	Adhesive
	Soft Nutrition
	Indigestion Products







Fear of loss is a powerful motivator!!





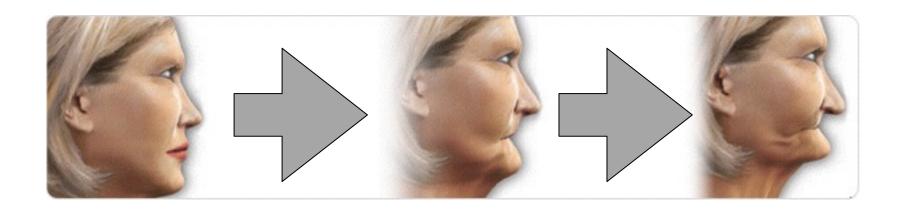
Consequences of Tooth Loss – On bony structures

- *Effect on the bony structures
 - *Bone needs stimulation to maintain form, density, and strength
 - *Loss of teeth = Loss of stimulation
 - *resulting in decreased density and dimensions (width and height)
 - *Loss may be affected by:
 - *Sex (male or female)
 - *Parafunction
 - *Poor or ill-fitting dentures

Bone Resorption



 The amount of bone loss in the first year after tooth loss is almost 10 times greater than the following years



Bone Loss in the Mandible

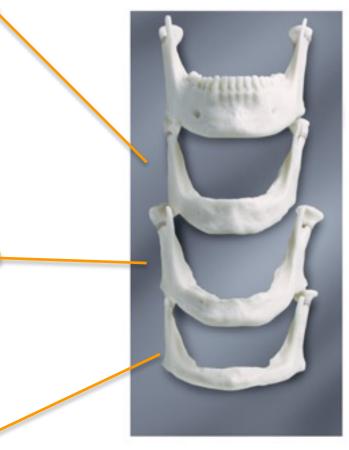




Contemporary Implant Dentistry – Dr. C. Misch

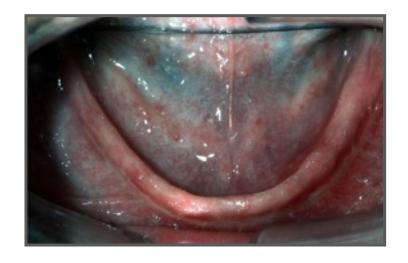
BIOHORIZONS*







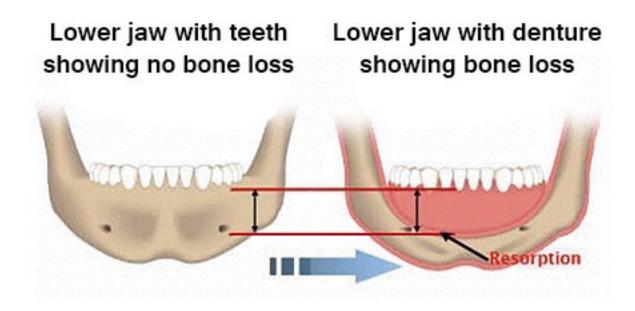








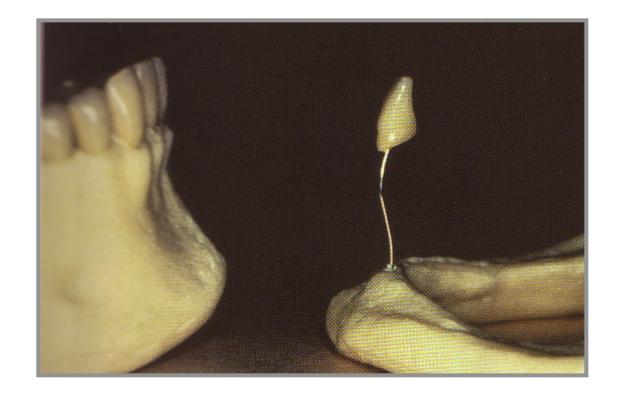




Bone Loss



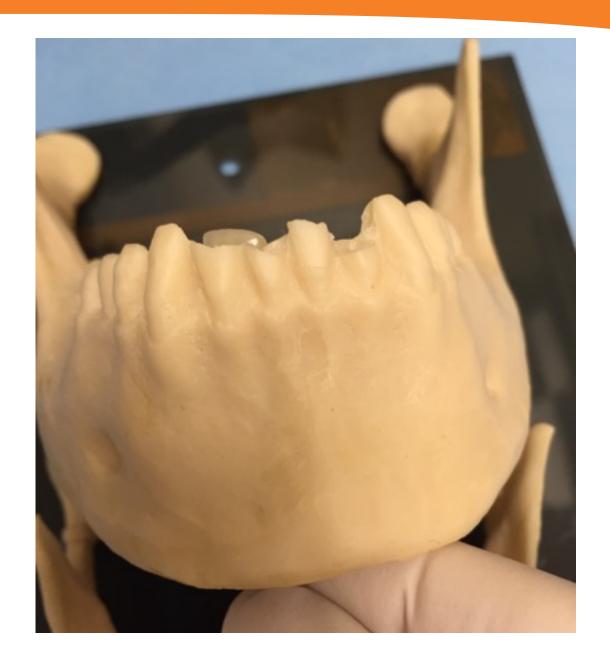




Contemporary Implant Dentistry – Dr. C. Misch

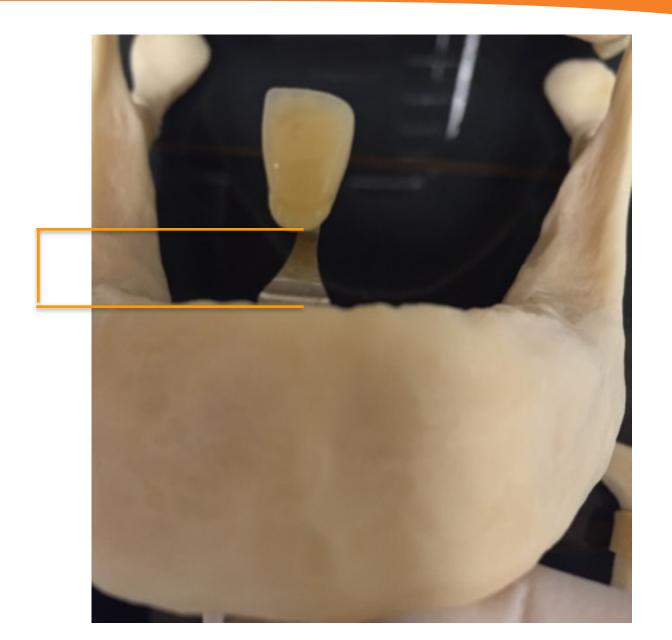
Bone loss





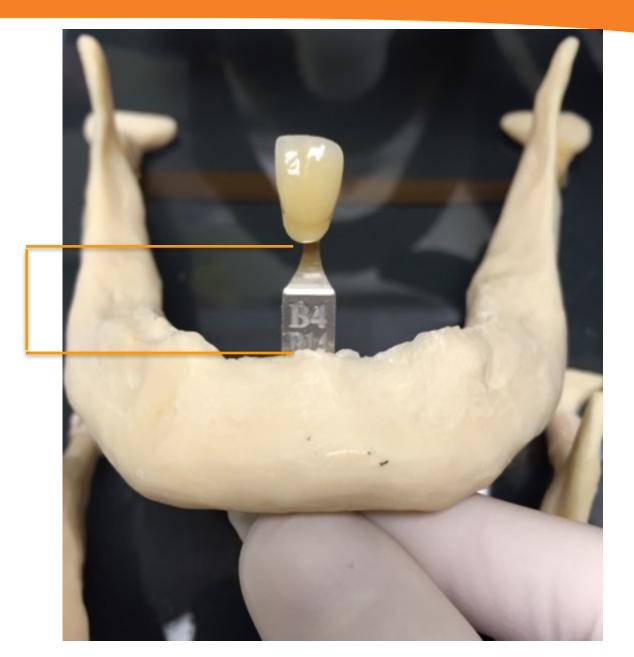
Bone loss





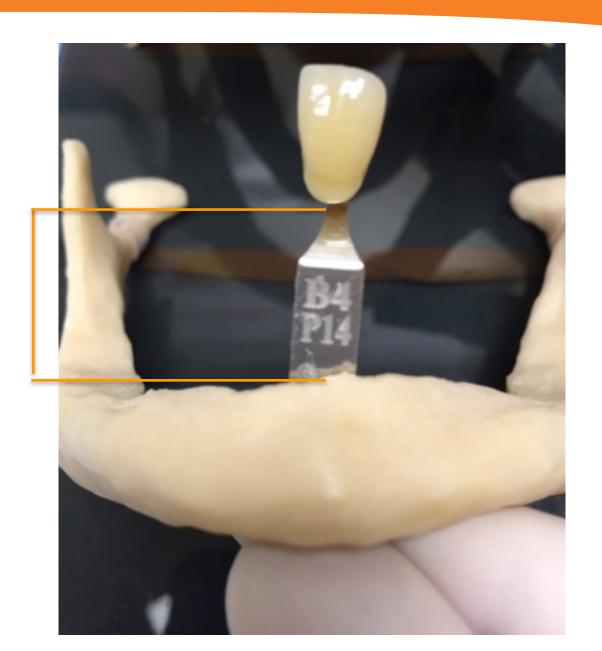
Bone loss





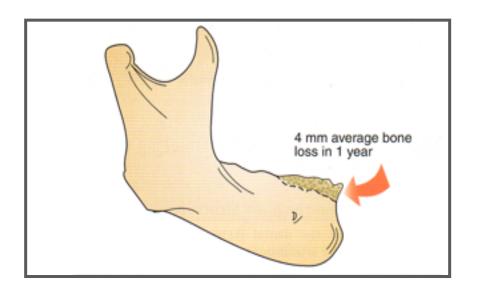
Bone loss

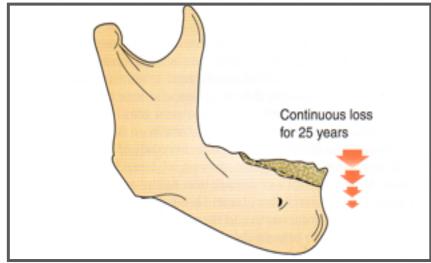




Bone loss



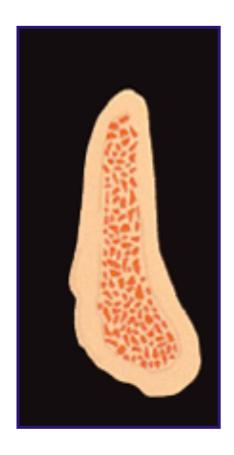






Bone Resorption Pattern

Division A

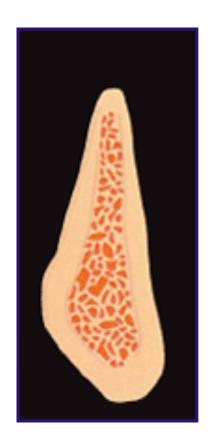






Bone Resorption Patterns

Division B





BIOHORIZONS*





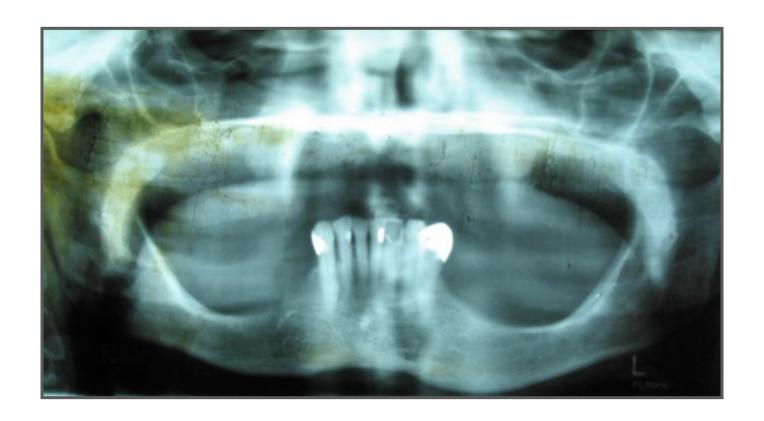








Bone is maintained where the teeth are!



Dr. Natalie Wong



Don't let your patients go from this ...





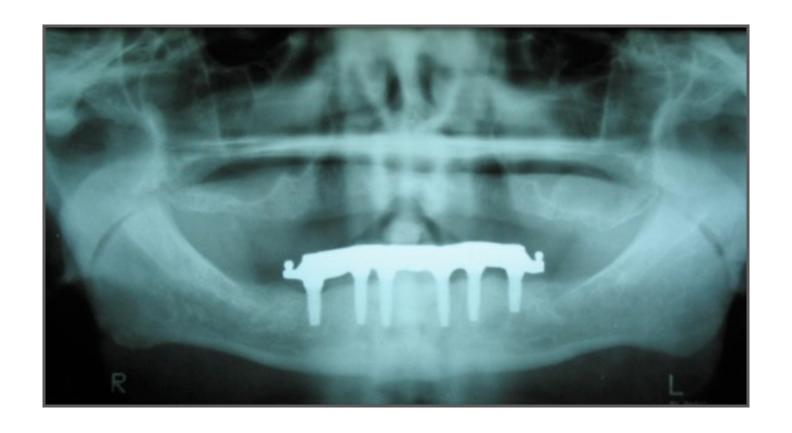
... to this!!!



Dr. Natalie Wong



Clearly, the solution is implant dentistry!



Dr. Natalie Wong

Treatment Plans

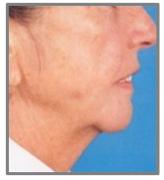


Pros and Cons: IMPLANTS

PROS	CONS
Esthetic	Surgery (Procedure)
Stop Bone Loss	Cost (teach selling)
Easier for Hygiene	Long before getting teeth (if prepare well)
No Decay	Pain (Medication)
Patient Confidence	
Stable	
Better Nutrition	
Feels like teeth	
No sores	
No adhesive	
Vertical Dimension	









BIOHORIZONS*









Dr. Natalie Wong

CONCLUSION



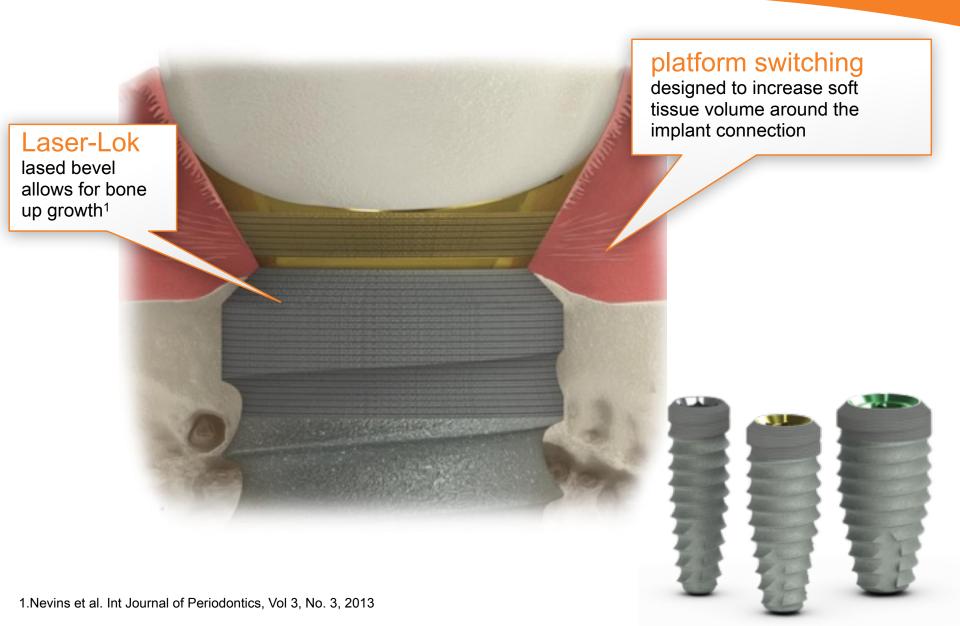
It's not about me!

It's not about you!

It's about your <u>patient!!!</u>

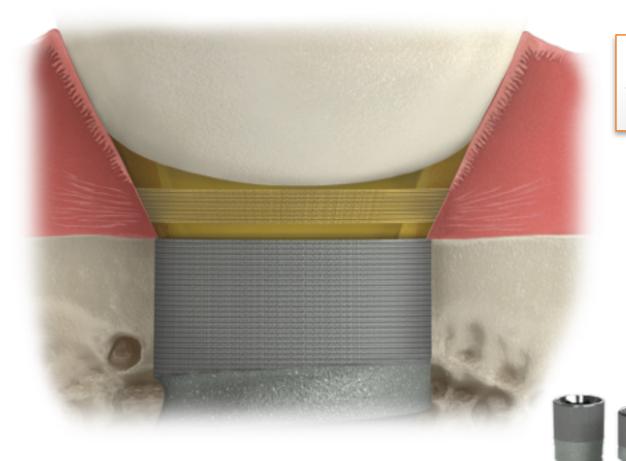
Tapered PLUS





Tapered Internal

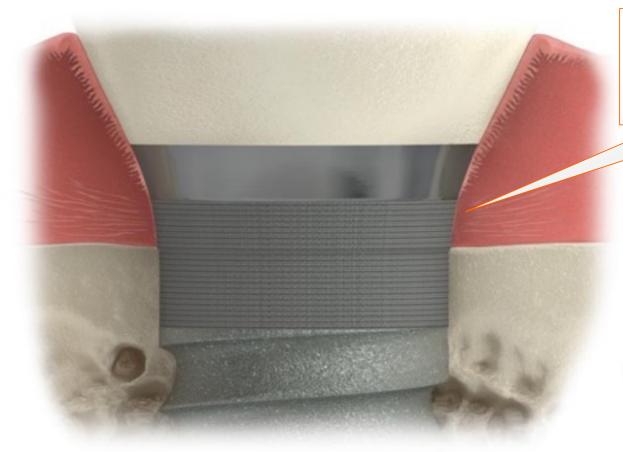




platform matched available in a wide range of platform and body diameters

Tapered Tissue Level





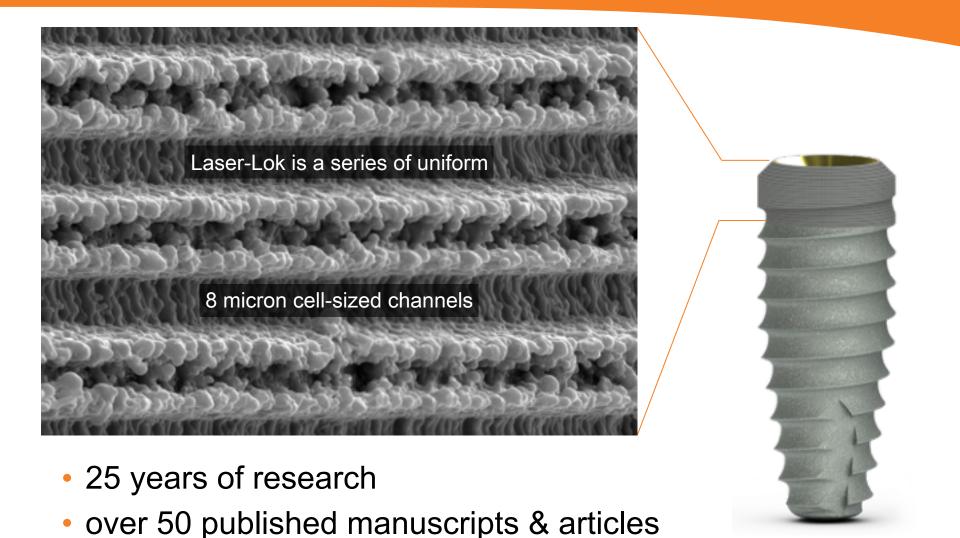
transmucosal collar

designed for one stage surgery with an extended Laser-Lok zone.



Laser-Lok® microchannels



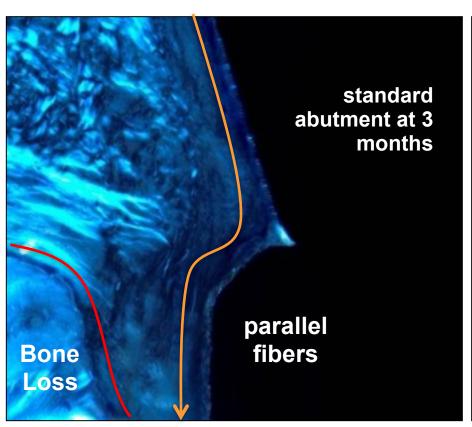


 only implant surface designed for both hard and soft tissue integration

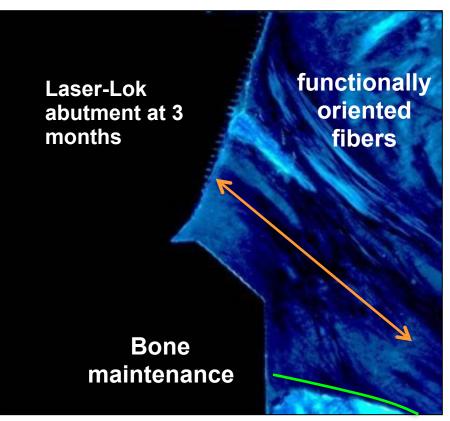
Laser-Lok microchannels



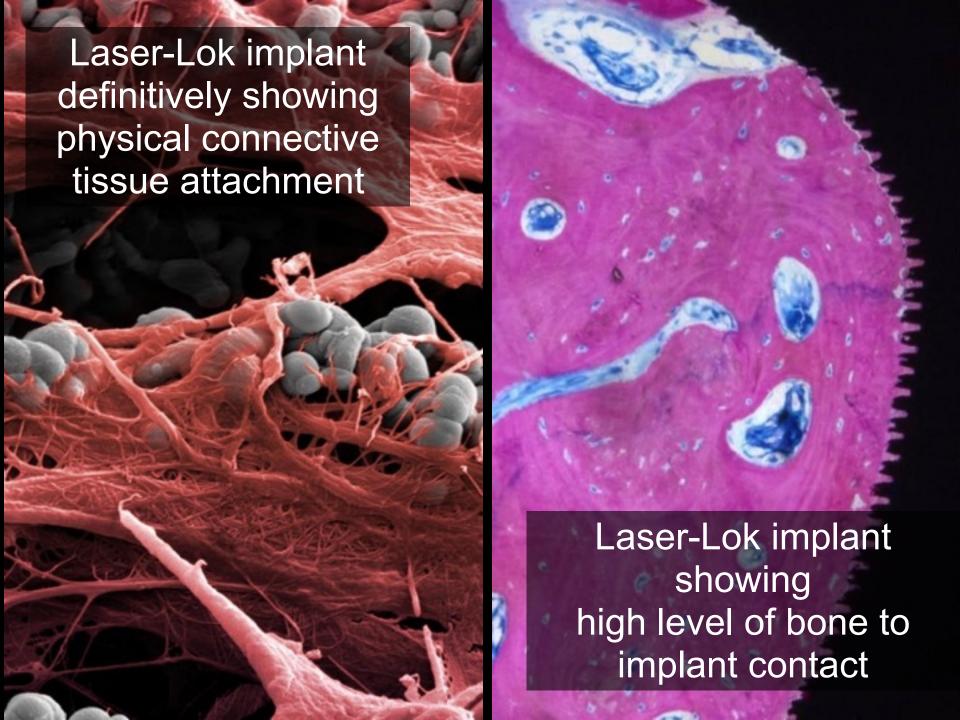
standard implant & abutment



Laser-Lok surface



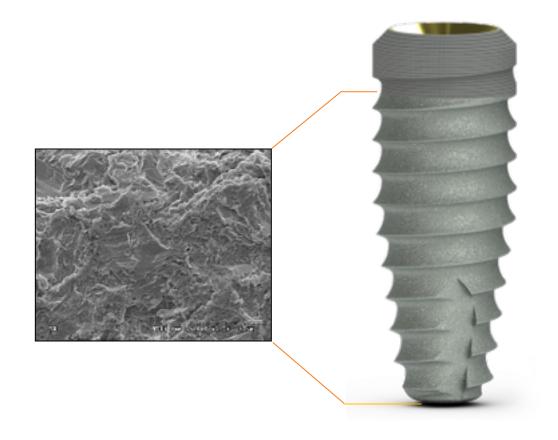
polarized light microscopy



RBT body



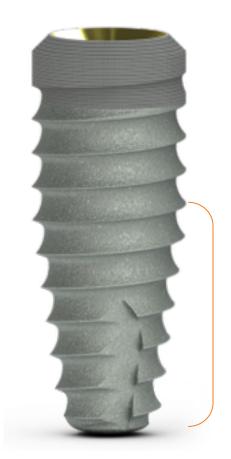
- highly complex surface
- greater bone-implant contact than machined, HA or TPS surfaces*
- biocompatible resorbable blast media.



^{*}Histomorphometric Analysis of the Bone-Implant Contact Obtained with 4 Different Implant Surface Treatments Placed Side by Side in the Dog Mandible. Novaes AB Jr, Souza SL, de Oliveria PT, Souza AM. Int J Oral and Maxillofac Implants. 2002 May-Jun; 17(3):377-383.

anatomically tapered





6mm apical taper

- 1-2mm of taper based on implant diameter
- ideal profile for constrained spaces
- improved primary stability

buttress threads

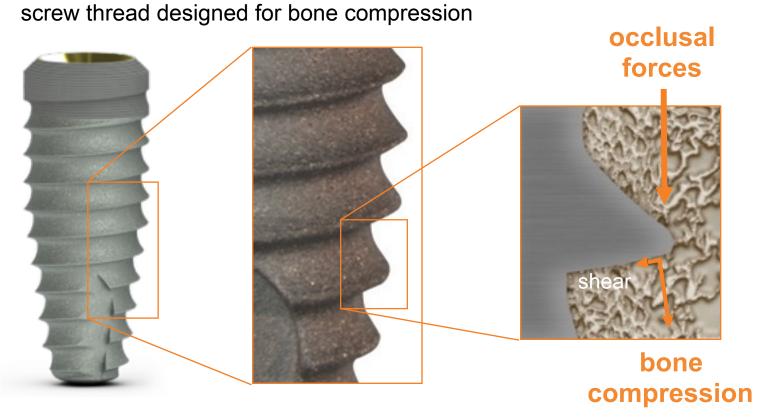


- wide, flat leading edge
- increased surface area
- improved axial load distribution
- improved primary stability



buttress thread design

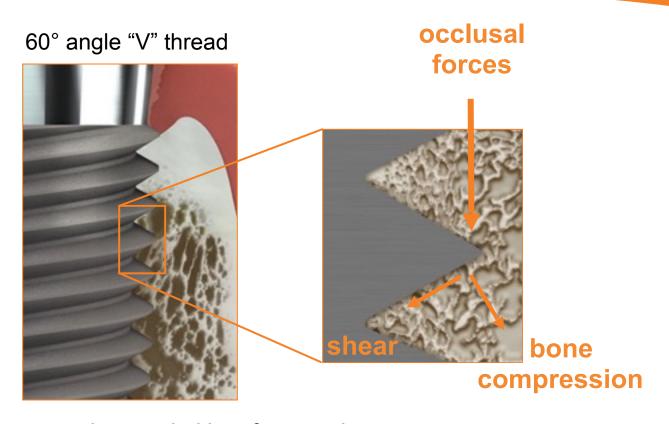




buttress design has larger, deeper thread, and a lower surface face designed to provide compressive rather than shear force

other implants





- in compression, angled interface produces significant shear stress
- this can cause micromotion, instability, and bone loss at interface

Tapered Plus



implant diameter	3.8mm	4.6mm	5.8mm
		7.5mm	7.5mm
	9.0mm	9.0mm	9.0mm
implant lengths	10.5mm	10.5mm	10.5mm
	12.0mm	12.0mm	12.0mm
	15.0mm	15.0mm	15.0mm
prosthetic platform	3.0mm	3.5mm	4.5mm

Tapered Internal



implant diameter	3.0mm	3.4mm	3.8mm	4.6mm	5.8mm
				7.5mm	7.5mm
		9.0mm	9.0mm	9.0mm	9.0mm
implant lengths	10.5mm	10.5mm	10.5mm	10.5mm	10.5mm
	12.0mm	12.0mm	12.0mm	12.0mm	12.0mm
	15.0mm	15.0mm	15.0mm	15.0mm	15.0mm
		18.0mm	18.0mm	18.0mm	
prosthetic platform	3.0mm	3.0mm	3.5mm	4.5mm	5.7mm

conveniently bundled



- comes packaged with
 - implant
 - 3inOne abutment
 - abutment screw
 - two-stage cover cap



what is a 3inOne abutment?











- serves as
 - 1. implant mount
 - 2. impression coping
 - 3. gold-hued esthetic final abutment
- comes pre-mounted on a range of bone level implants

Tapered Internal mounted



implant diameter	3.8mm	4.6mm	5.8mm	
		7.5mm	7.5mm	
	9.0mm	9.0mm	9.0mm	
implant lengths	10.5mm	10.5mm	10.5mm	
	12.0mm	12.0mm	12.0mm	
	15.0mm	15.0mm	15.0mm	
prosthetic platform	3.5mm	4.5mm	5.7mm	

Tapered Tissue Level



implant diameter	3.0mm	3.8mm	4.6mm	5.8mm
			7.5mm	7.5mm
		9.0mm	9.0mm	9.0mm
implant lengths	10.5mm	10.5mm	10.5mm	10.5mm
	12.0mm	12.0mm	12.0mm	12.0mm
prosthetic platform	3.0mm	3.5mm	4.5mm	5.7mm

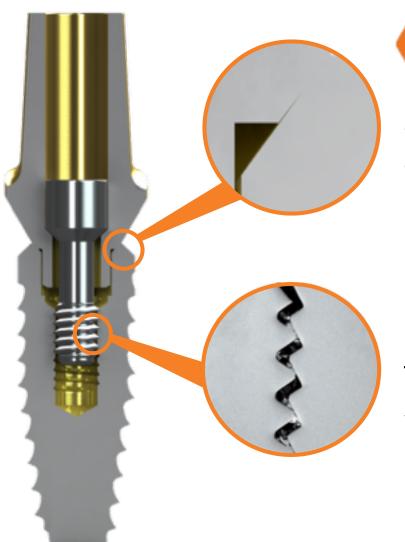
strongest titanium



	grade 1 CP titanium	grade 2 CP titanium	grade 3 CP titanium	grade 4 CP titanium	Ti-6Al-4V titanium alloy	Ti-6AI-4V ELI titanium alloy
tensile strength yield (MPa)*	240	340	450	590	860	860
strength comparison ratio	27%	39%	51%	67%	100%	100%
		Dentsply	Keystone (Restore)	Nobel Straumann (some) Astra Biomet 3i	Zimmer	BioHorizons

proven connection





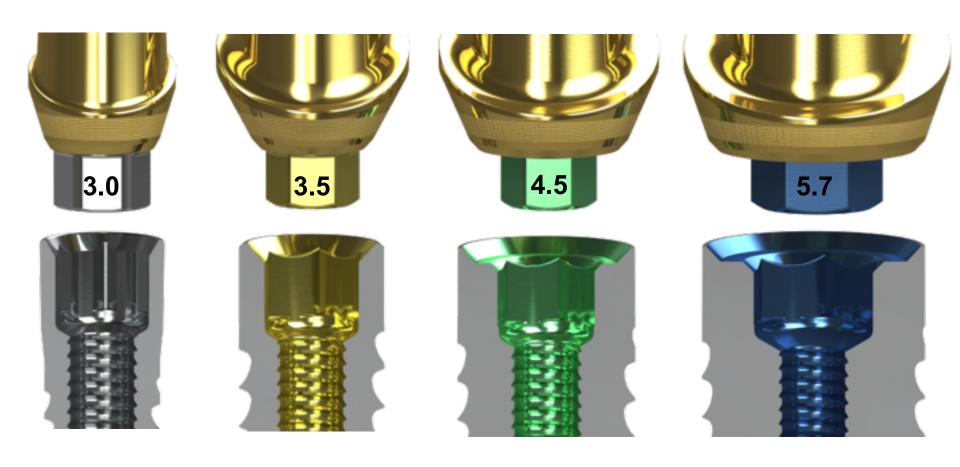


conical connection creates a biologic seal

Spiralock® abutment thread form virtually eliminates screw loosening

color coding





easily identify prosthetic platforms and components

wide range of prosthetics







impression copings







closed tray indirect transfer





closed tray direct pick-up no instrumentation required



Direct coping



open tray direct pick-up

lifetime warranty



- implants and prosthetic components are covered by an unconditional lifetime warranty
- replaced at no cost if they ever require removal for any reason
- simple warranty claim questionnaire



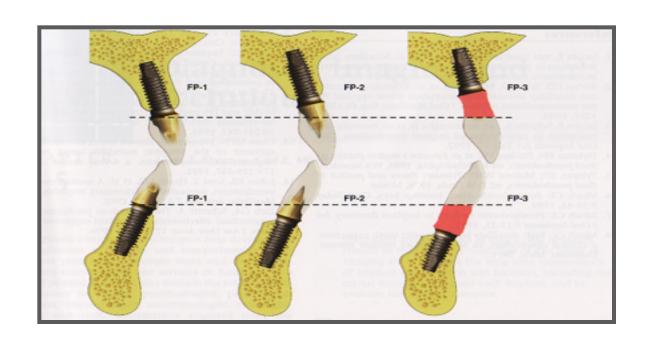
FIXED PROSTHETIC



 $\mathbf{FP} - \mathbf{1}$ Crown only looks like a natural tooth

FP-2 Crown and portion of the root

FP-3 Crown, portion of tooth and gingiva



FP1 - FP2 - FP3





FP 1





FP 2

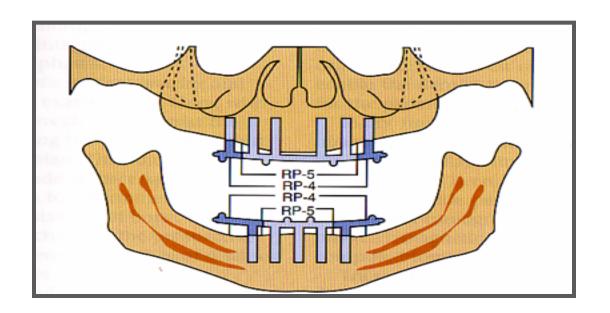


FP3

REMOVABLE PROSTHETIC



- RP 4 Overdenture supported completely by implant
- RP-5 Overdenture supported by soft tissue and implant



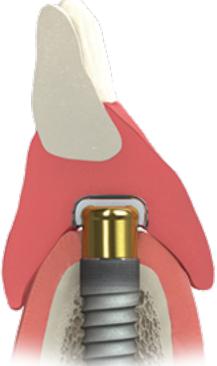
RP 4 - RP 5



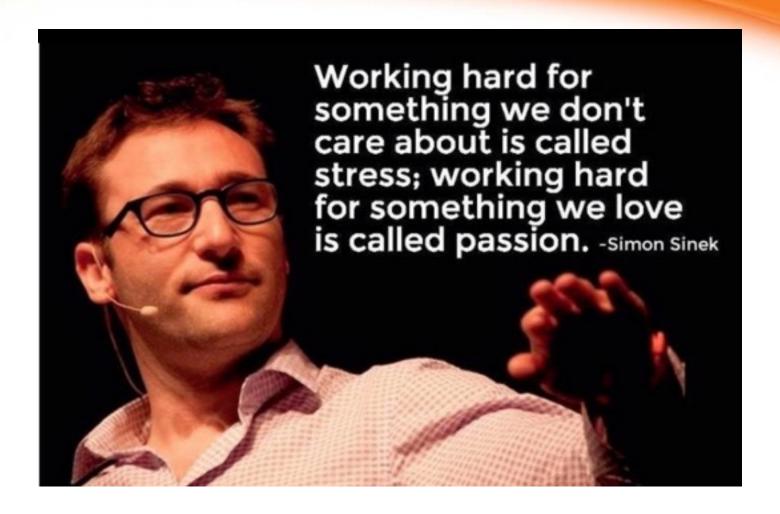


RP 4











THANK YOU!



Vavi Bohbot

vbohbot@biohorizons.com