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Career Development Program

V2373

Simple, Inexpensive Implant Placement – Guide or No Guide?

Gordon J. Christensen, DDS, MSD, PhD

Materials Included

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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
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(801)226-5522
www.aribex.com
11. **OptraGate**
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(800)533-6825
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www.ivoclarvivadent.us.com
12. **ProMax 3D**
Planmeca USA, Inc.
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Roselle, IL 60172
(630)529-2300
www.planmeca.com
13. **Ridge Caliper**
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(800)535-6566
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14. **Vicryl Sutures**
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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
CEO, Practical Clinical Courses
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.

OVERVIEW (CONT'D)

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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.
 - l. Make a provisional restoration for the implant.

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

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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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