







You are going to
experience failure

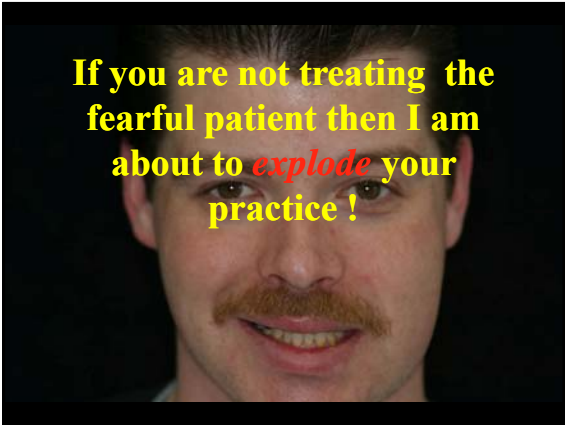


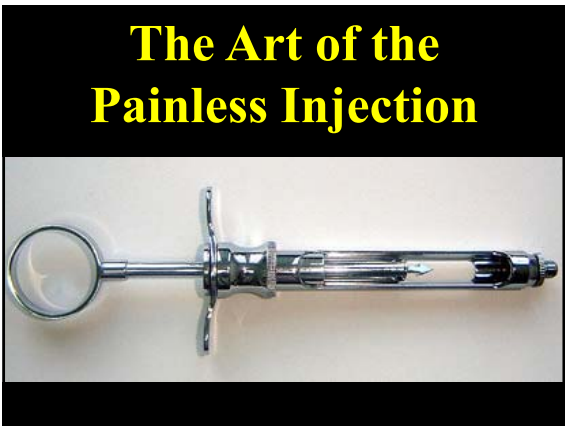
Part of enduring
success is learning
how to handle failure

Conclusion:

Things *will* go wrong. The longer
you spend dwelling on how bad things
are, the longer it takes to fix it.

Just fix it.













Articaine Hydrochloride 4%

Average Onset 1 minute

Average pupal anesthesia 60 mins.

Study by Malamed : Provided
significantly greater anesthesia
then lidocaine HCL in mandibular
molars. *Int. Dentistry SA vol.11 num. 1*

13

Master Enteral Sedation

Triazolam .25mg

Atarax 50mg

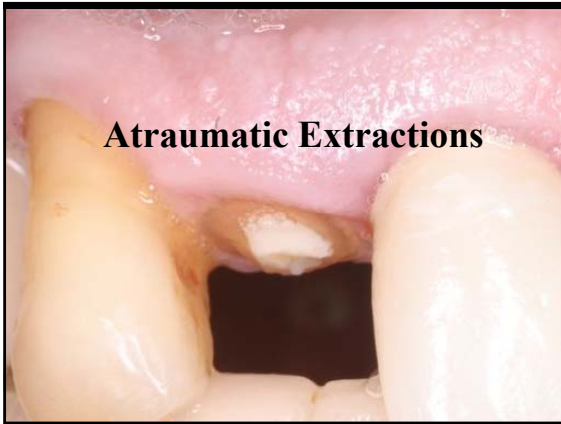
Benadryl 25mg

90 minutes prior to
appointment



Need a pulse-oximeter





It is at least one clinician's
opinion that

you should *not attempt*

an anterior implant
unless you can *unequivocally*
deliver an atraumatic extraction!





Three burs you can't live
without:

SSW FG 1557SL SS White
859.36.010 Diamond Brassler
KS6 Brassler

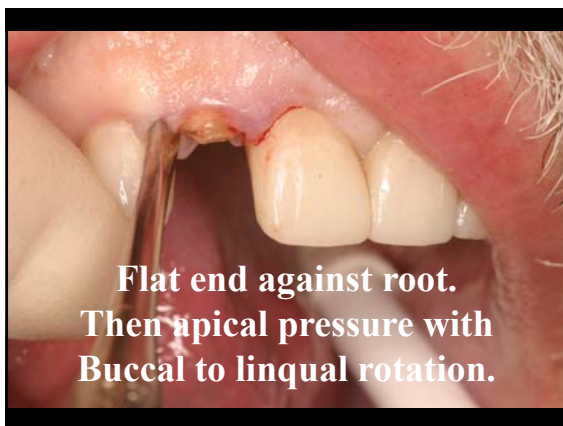


Elevators

E 301
E 304
E 2

Periotome

flat end

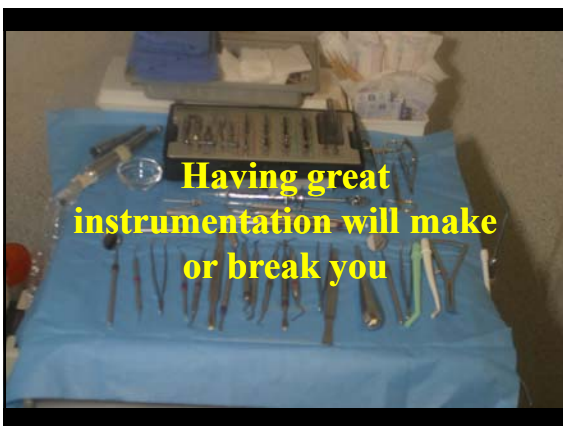




A Titan Forceps

MAX POST	FORCEP	3500
MAX ANT	FORCEP	3400
MAN POST	FORCEP	2190
MAN ANT	FORCEP	3600

Henry Schein 800-372-4346





**Implantmed
from W & H
519-944-6739**



Pritchard 7 3/4

Seldane #23

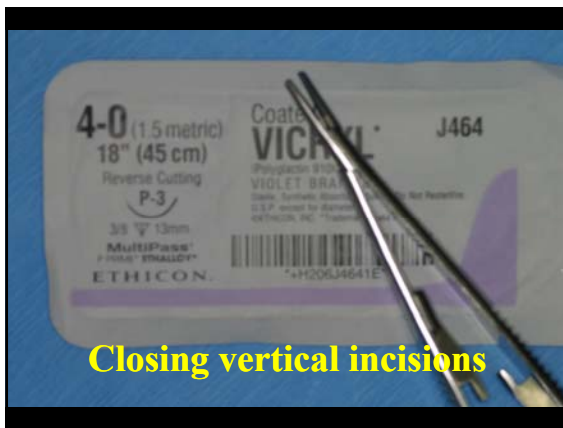
Molt 2/4

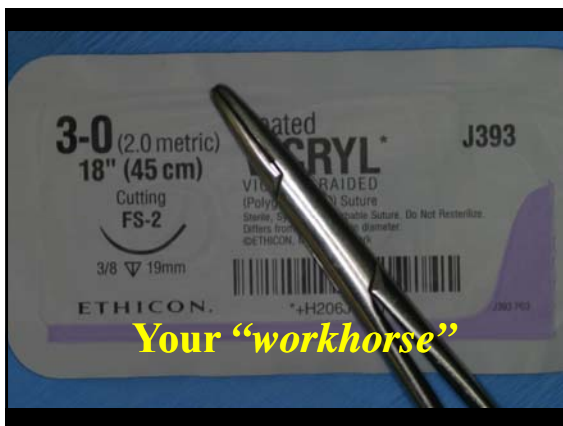


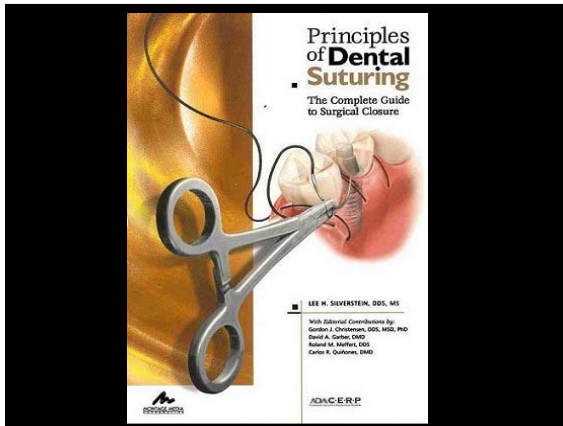
Minnesota Retractor

Weider Tongue Retractor



















Three easy steps:

- 1) Carefully debride socket
- 2) Place (don't pack) "cocktail of MinerOss preferably autogenous (BioHorizons 888-246-8338); Grafton & Bovine bone
- 3) Place CollaPlug #0102
Zimmer 800-854-7019



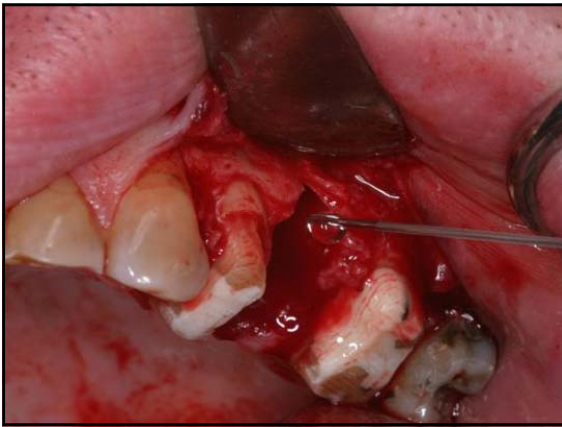
MinerOss is a mixture of allograft mineralized cortical and cancellous chips

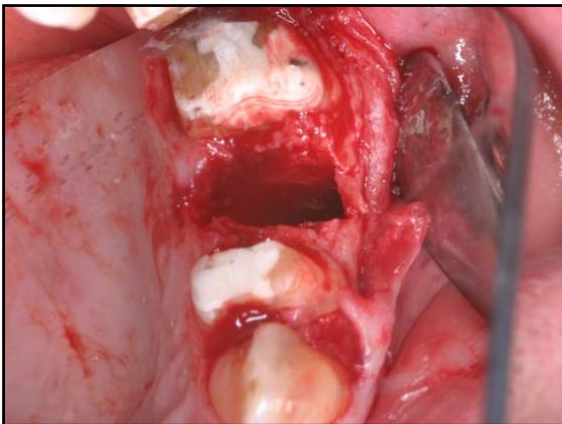


Demineralized bone fibers
BioHorizons

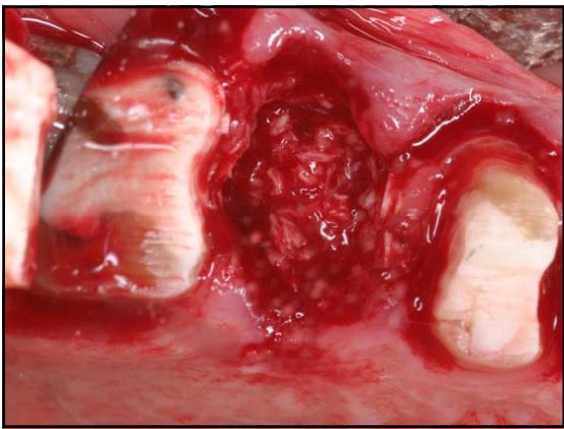


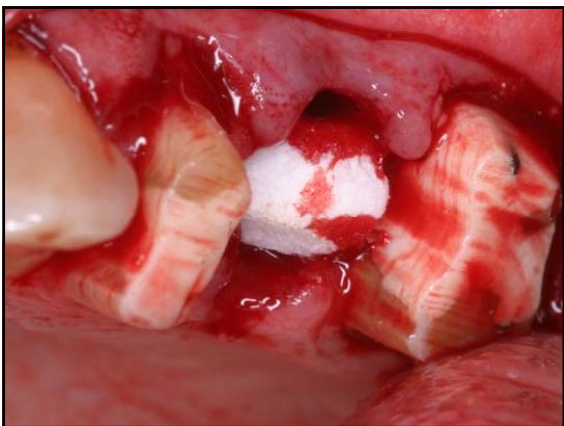
**Anorganic bovine bone matrix
Adds calcium phosphate minerals**



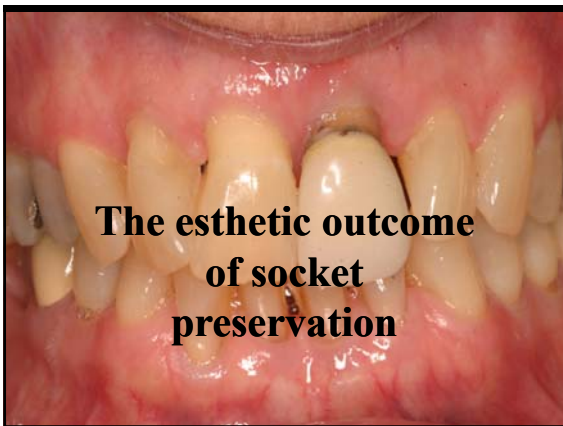






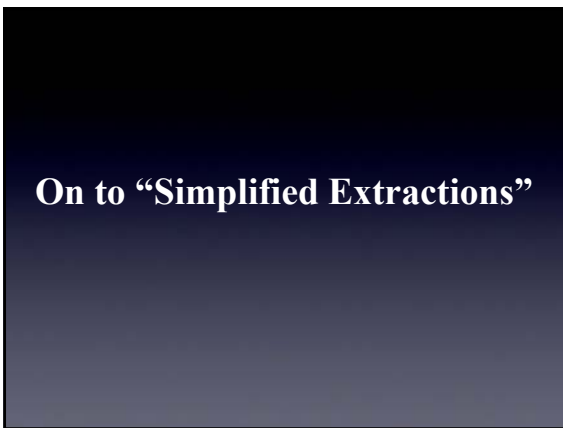






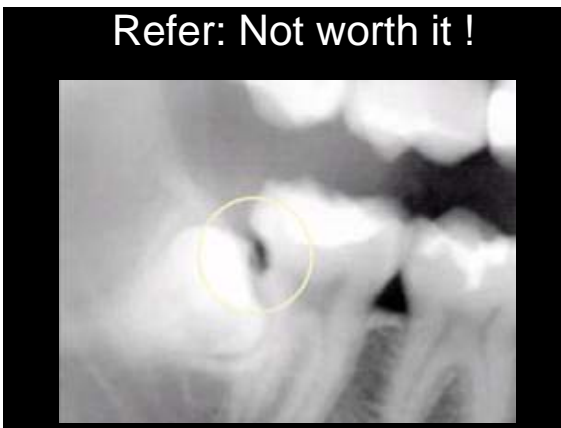






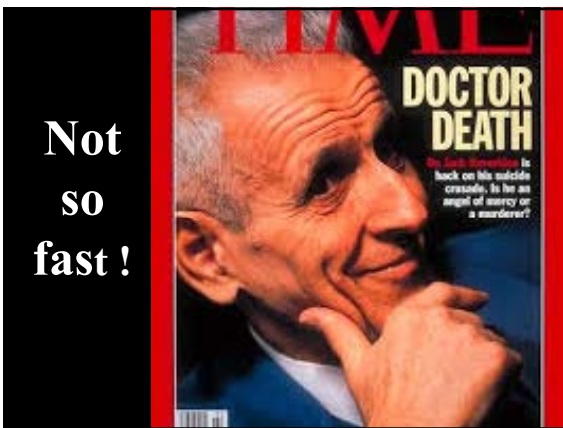






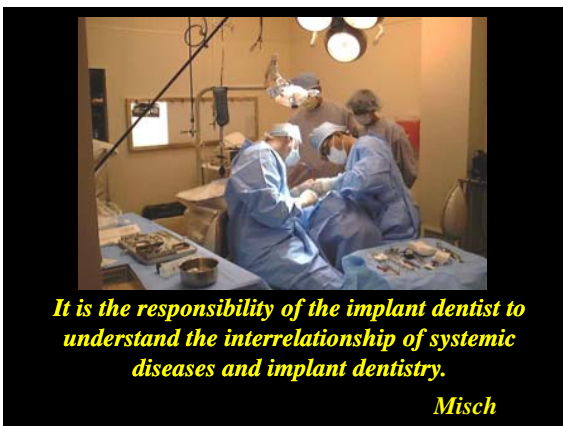












Mild Hypertension – up to 160/105 mm/hg

Use stress reducing protocol

Can tolerate “simple” implant procedures

These will be a common implant candidate

Moderate Hypertension – up to 190/125 mm/hg

Refer to physician for clearance

Should use oral sedation

Complications could include increased bleeding, more swelling, and discomfort

Beware of the orthostatic hypotension

History of MI

Postpone implant procedures for at least 12 months

Stress reduction protocol

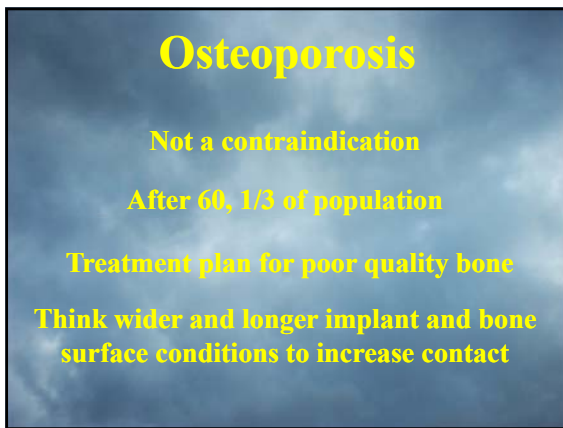
Diabetes

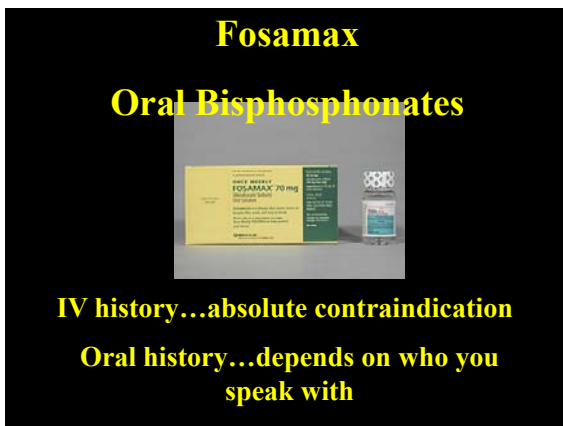
Will account for at least 50% of your patient population

Patients with glucose levels $\leq 200\text{mg / DL}$ treat with normal protocol

Stress reduction protocol, diet, evaluate pre & post surgery, and high risk infections

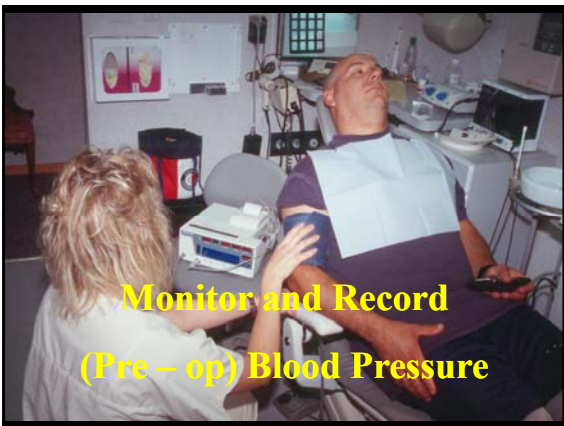






Absolute Contraindications

- Recent MI**
- Valvular prosthesis surgery**
- Immunosuppression**
- Active malignancy**
- IV bisphosphonate**



Monitor and Record
(Pre – op) Blood Pressure

CYA Rule:

**If you're not
certain get a
medical
clearance!**



Maxillary Molar Removal

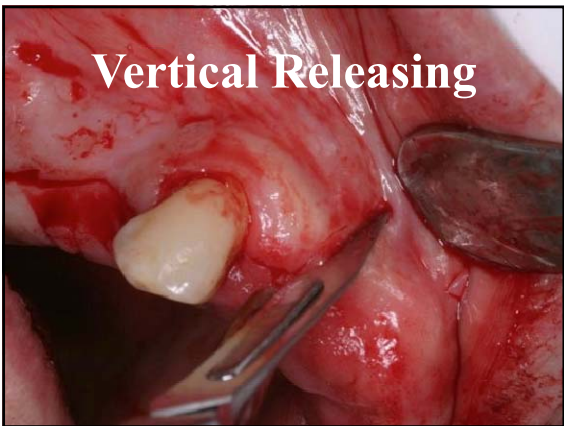
73



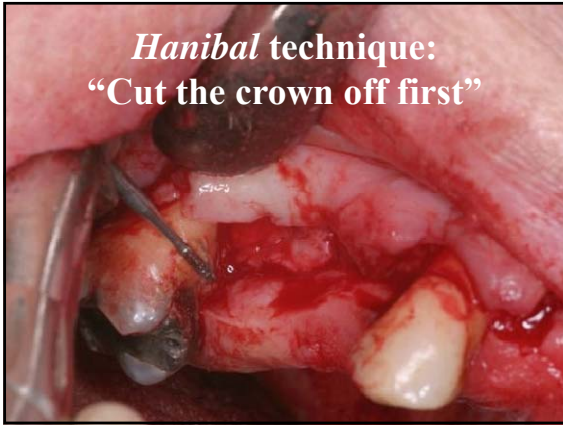


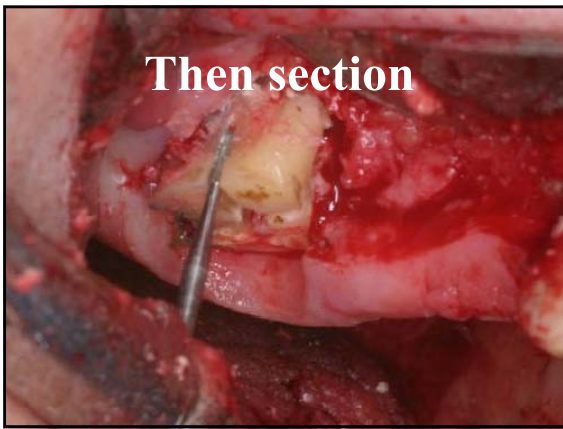
Sulcular Incision

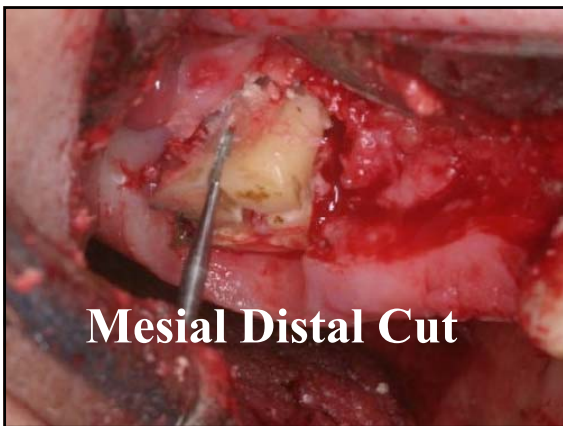


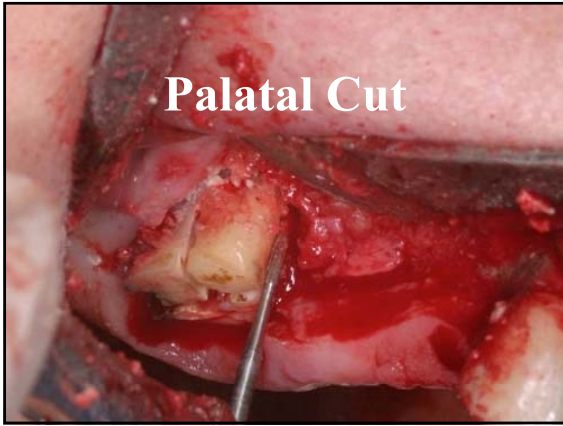


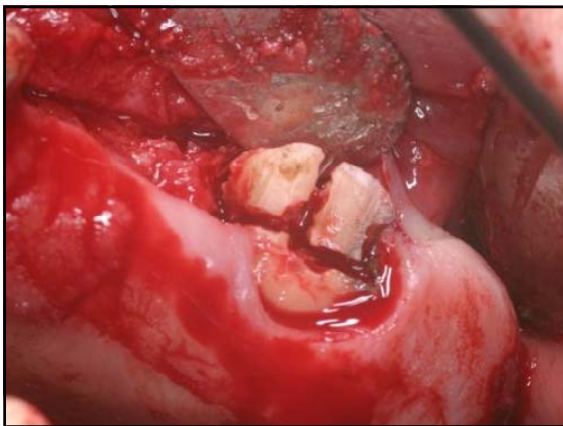


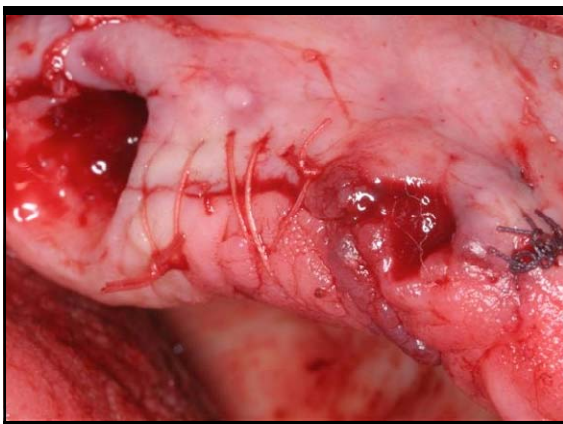






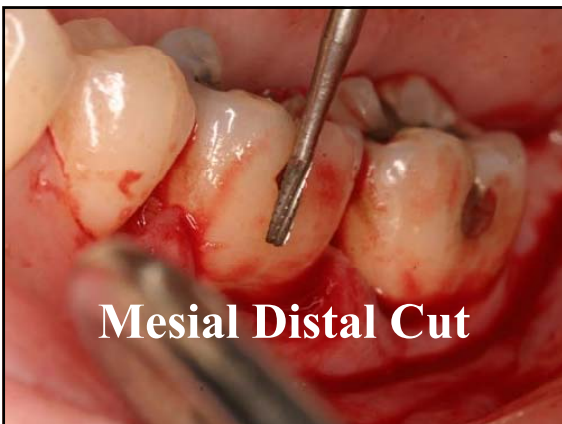






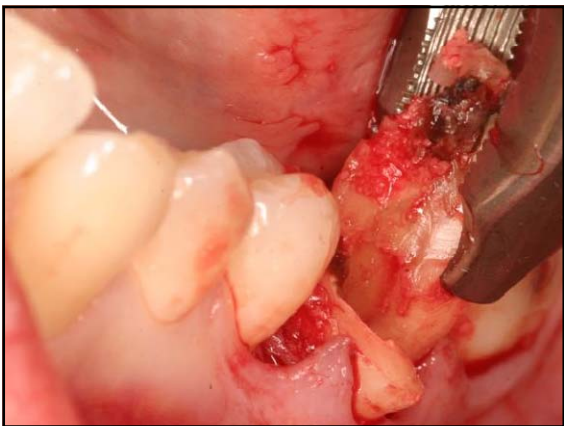
Mandibular Molar Removal (and implant)

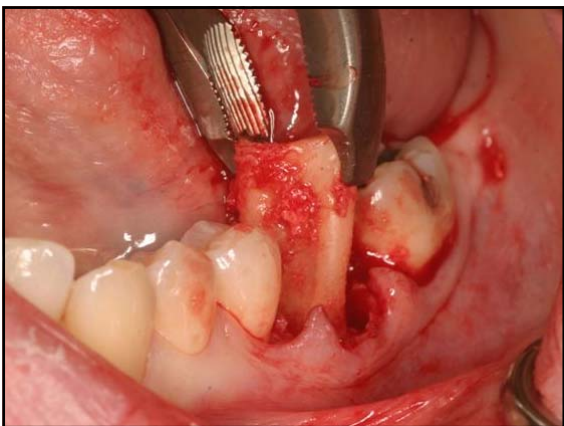
85



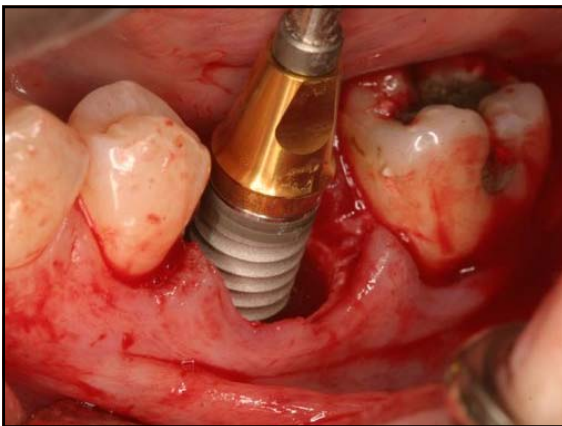
Mesial Distal Cut

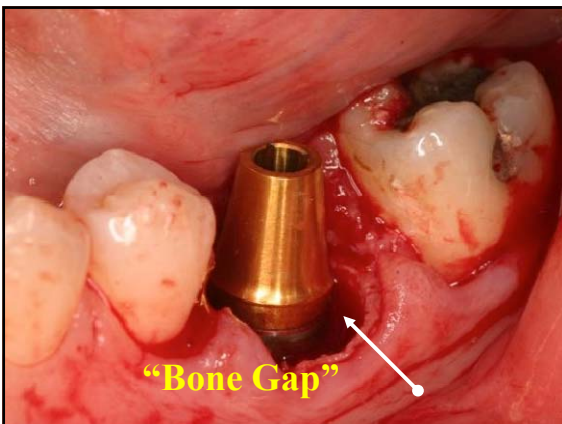






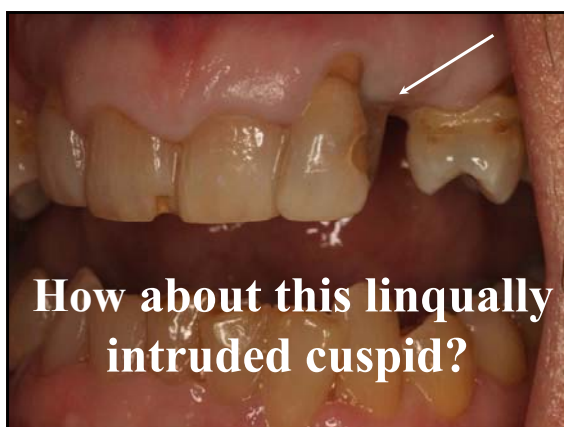




















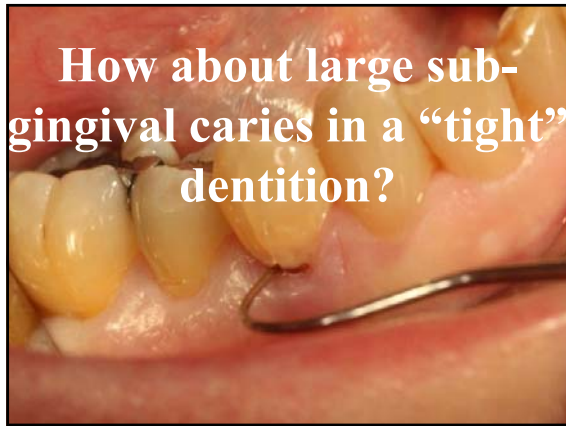
















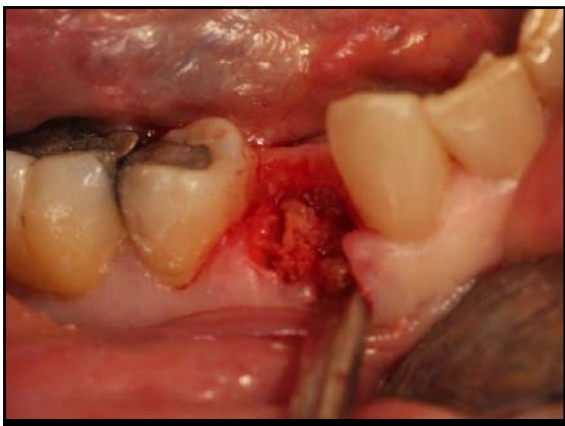




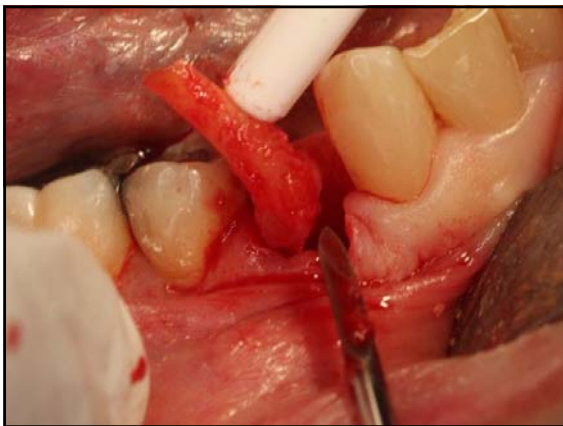


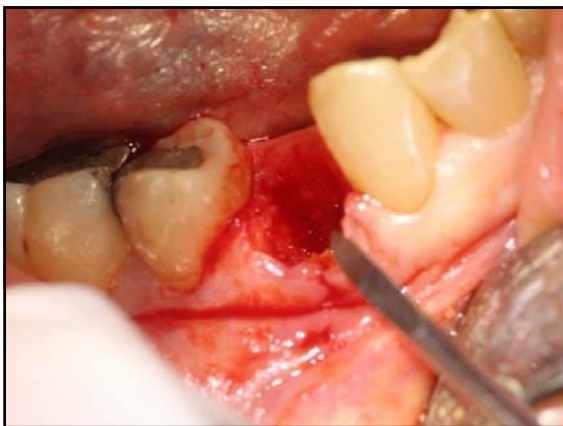


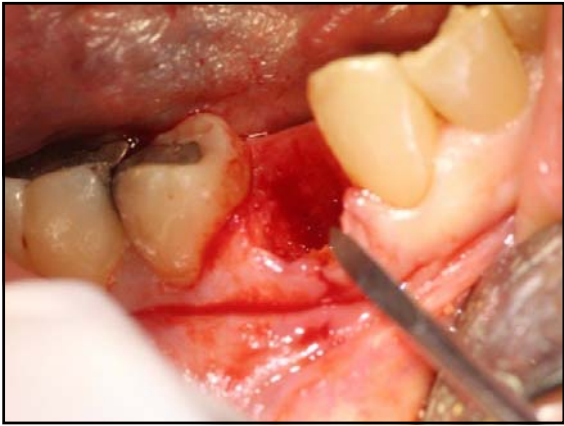


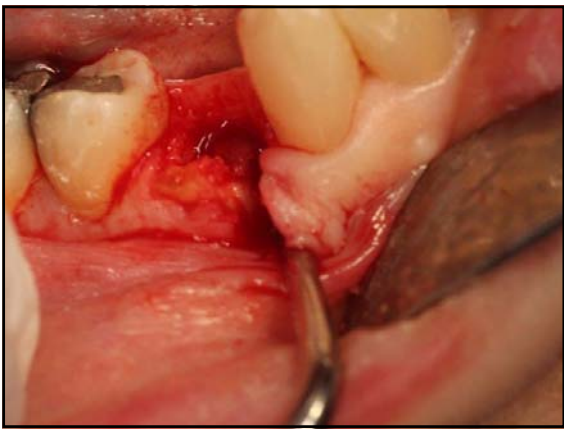


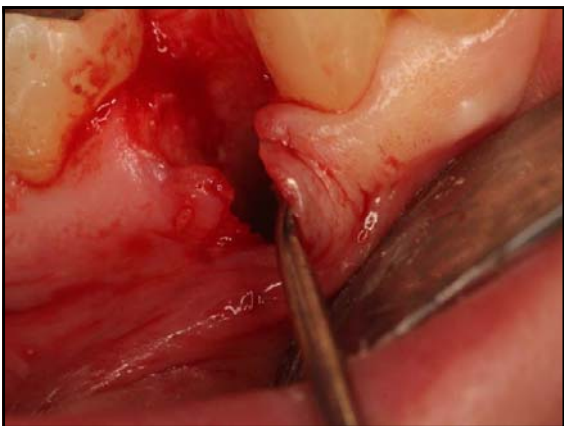




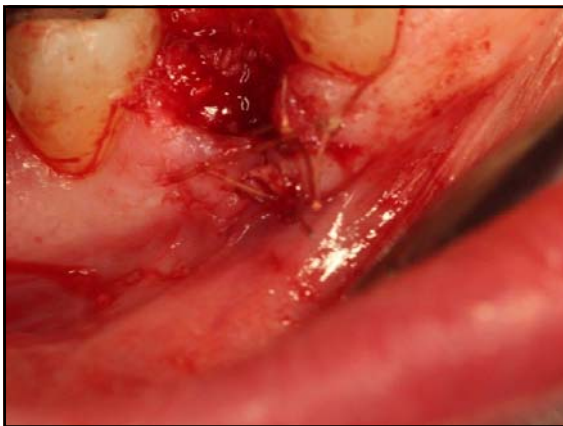










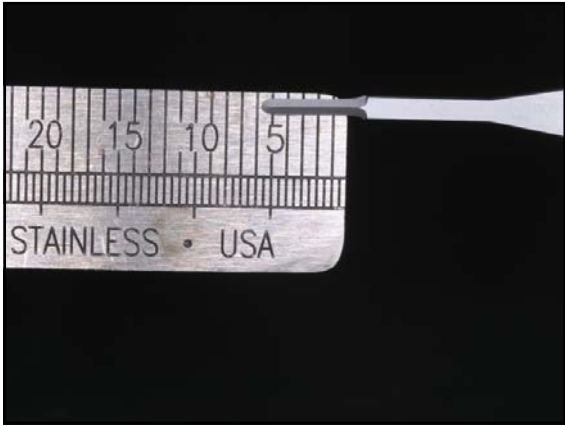






















Semi lunar Coronally Repositioned Flap
By Dennis Tarnow

J Clin Periodontol. 1986 Mar;13(3):182-5

The sub epithelial
connective tissue graft





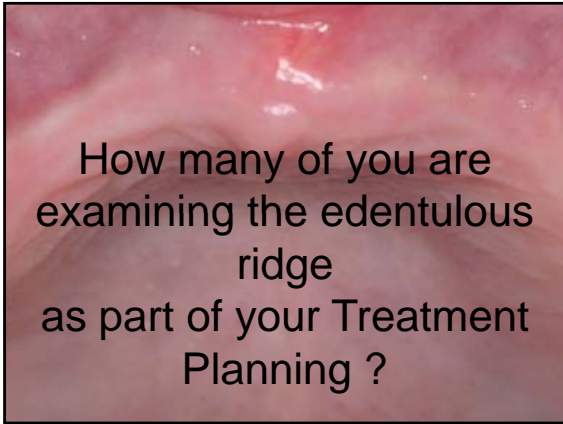
Perio Plastic Procedures





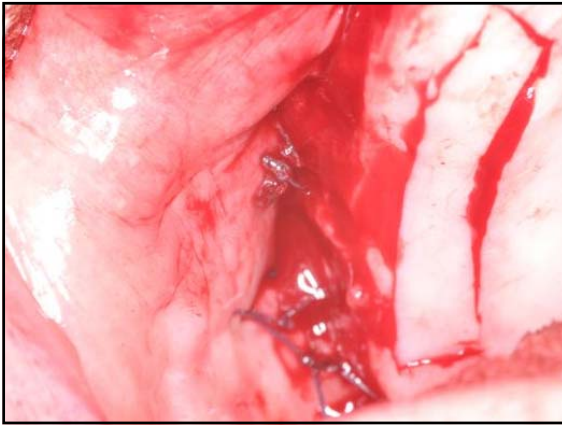
Augmenting edentulous areas

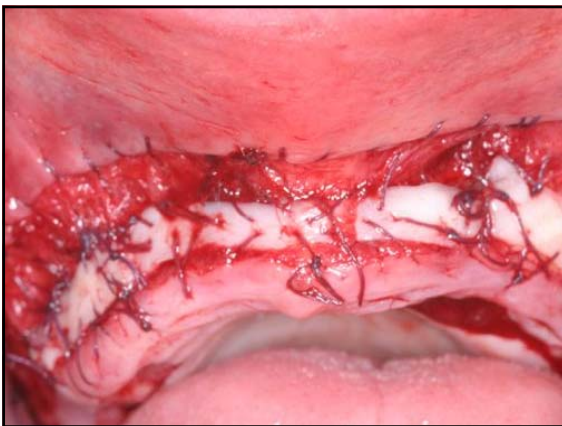




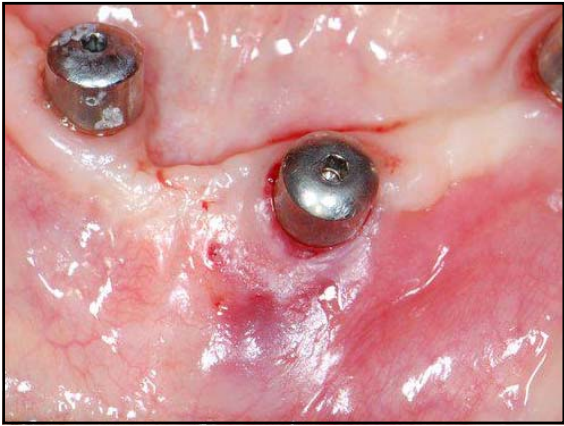


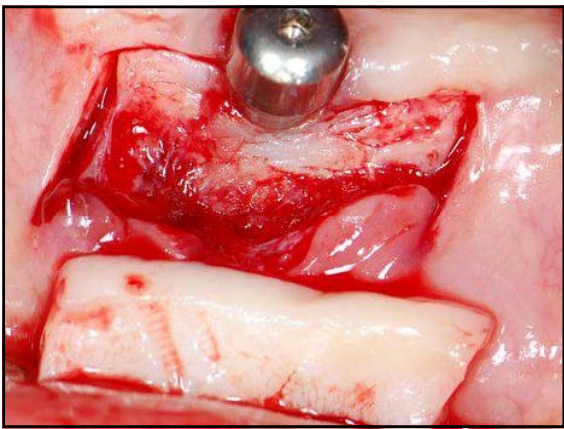


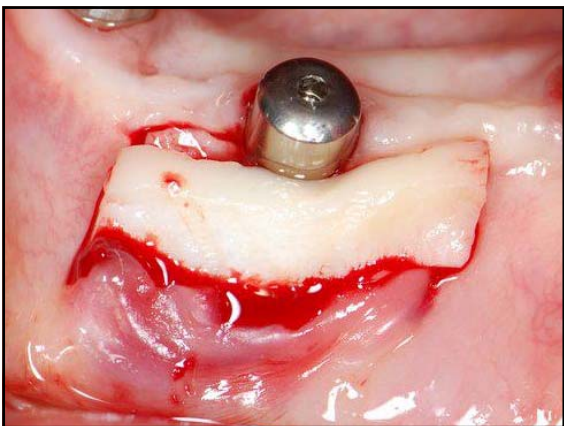


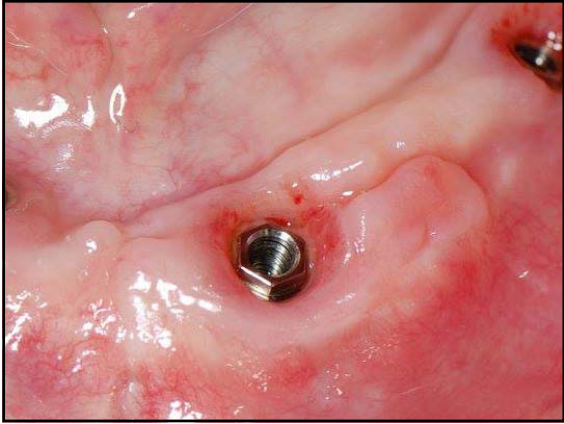








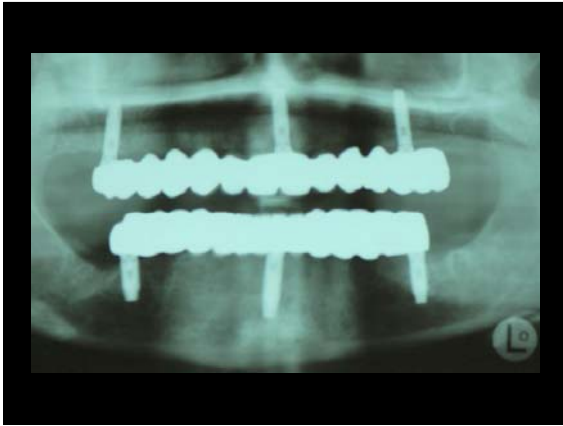






The Implant *Training* Protocol

*“Listen to no one.
Develop your own philosophy.”*







Don't be a "cowboy"

Dr. Carl E. Misch

- Author – Contemporary Implant Dentistry, 3rd Edition
- Author – Dental Implant Prosthetics
- Director and Founder Misch International Implant Institute






- 15 day Surgical Program
- 9 day Prosthetic Program
- 3 day Advanced Bone Grafting Program
- 3 day Soft Tissue Surgery Program

(248) 642-3199

16231 W. 14 Mile Rd., Beverly Hills, MI 48025



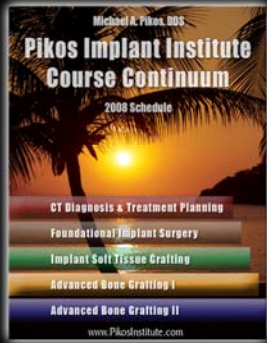
Pikos Implant Institute




Michael A. Pikos, DDS

- Hands-On Training
- Surgical Courses
Feature **LIVE** Surgery

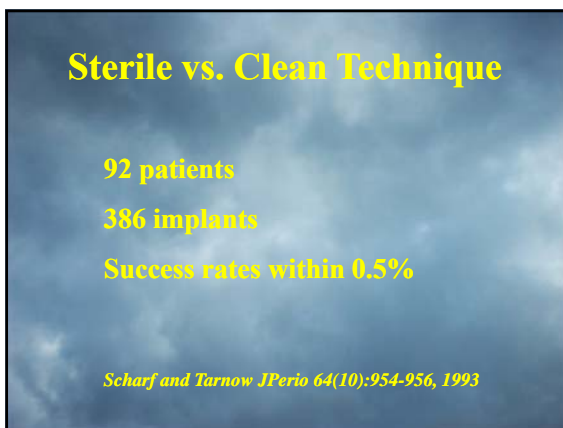
www.PikosInstitute.com
(727) 781-0491





Dr. Dennis Tarnow
Columbia Dental School
Chairman of Periodontology and Implant Dentistry











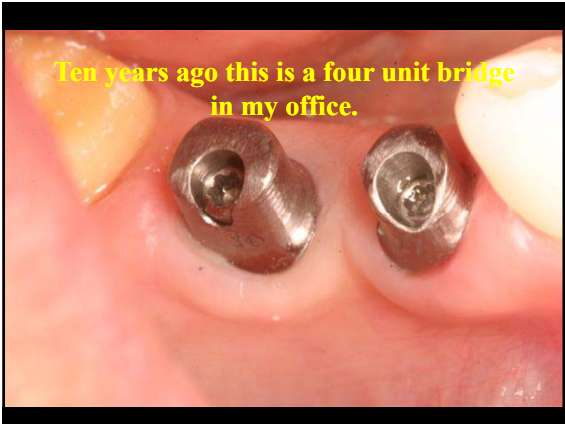


80% of abutments have no previous decay or have minor restorations

Priest GF: Int. J. Prosthodont 9:38-45, 1996

Common Applications

Ten years ago this is a four unit bridge in my office.

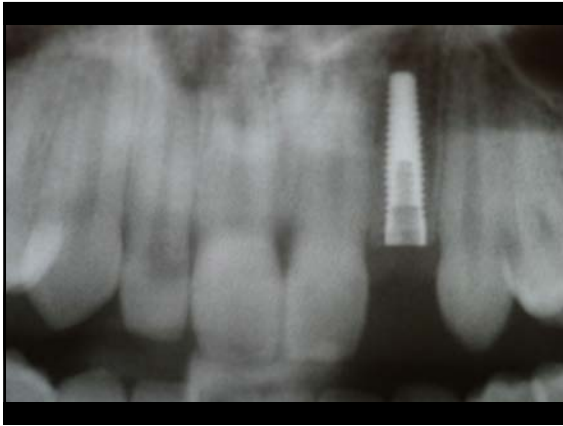






Replacing congenital missing teeth







Understanding the principle of
sacrificing teeth for the sake of a
prosthesis !



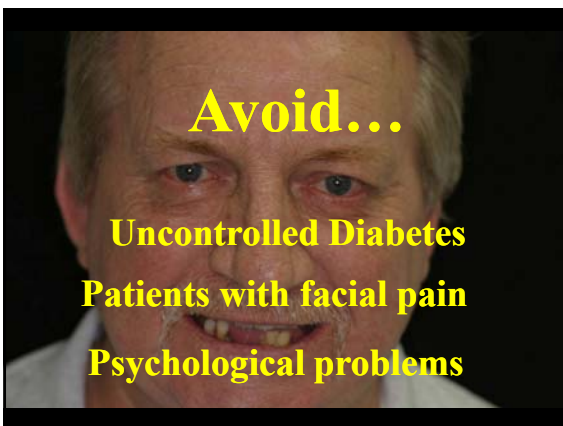






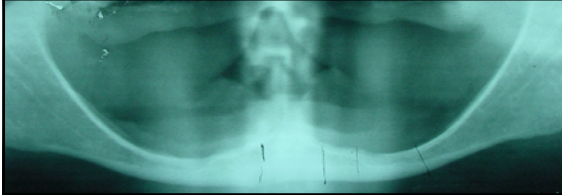


**Your major application
will be “saving” these
patients**



Avoid...
Uncontrolled Diabetes
Patients with facial pain
Psychological problems

This is not your first case!



How did we get here?



Patients wearing complete dentures:

29% eat only soft foods

17% claim eat better *without* prosthesis

28% take meds for GI disorders

Misch

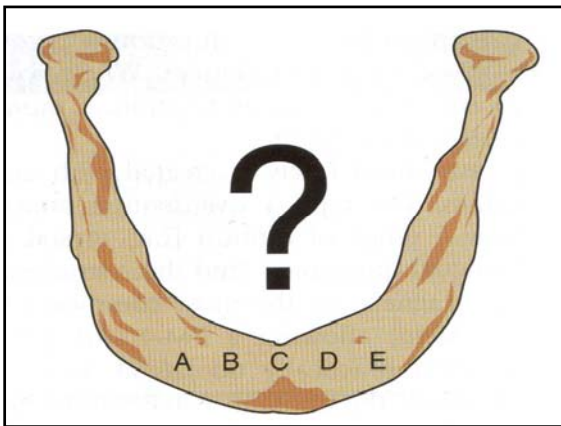
Mandibular Dentures:

88% claim speech difficulty

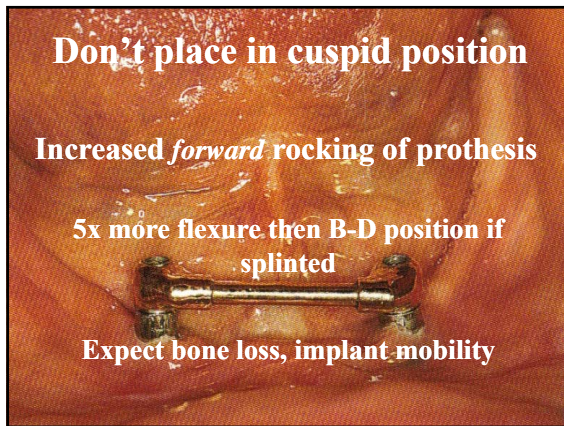
63.5% report discomfort

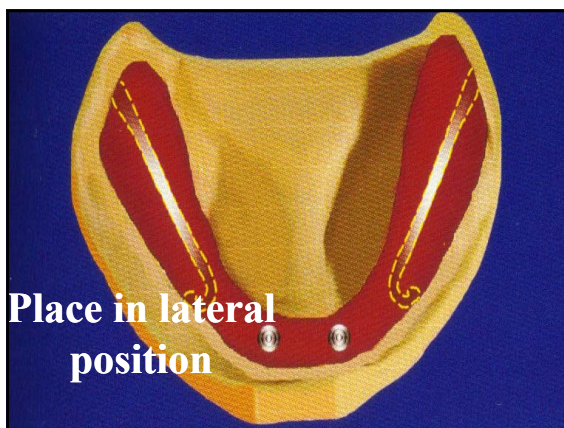
16.5% never wear them

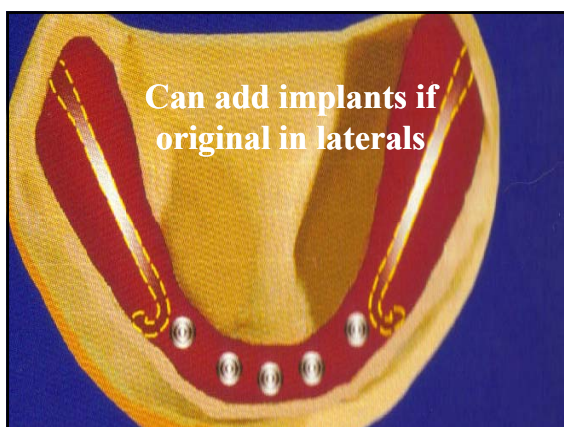
Misch





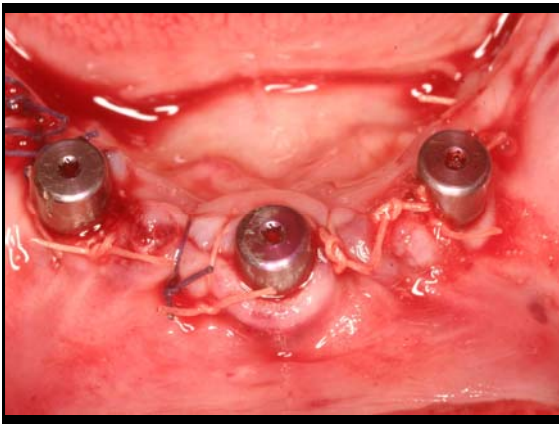






Three Implants



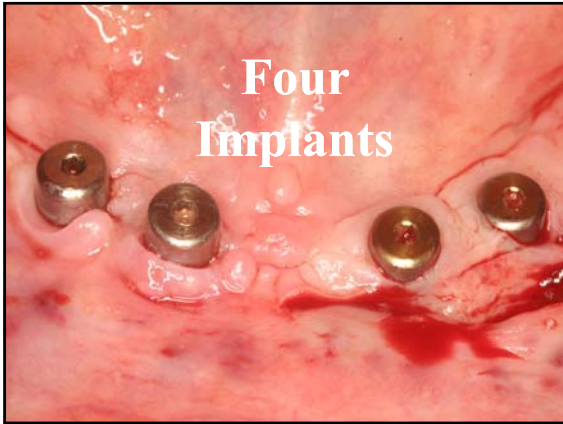


Will be your “go to” option

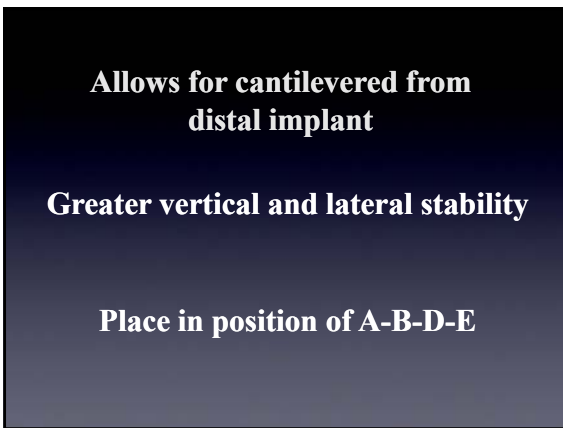
**Six times reduction of bar
flexure
(over two implants)**

Distribute stress efficiently

Minimize crestal bone loss



**Four
Implants**



**Allows for cantilevered from
distal implant**

Greater vertical and lateral stability

Place in position of A-B-D-E



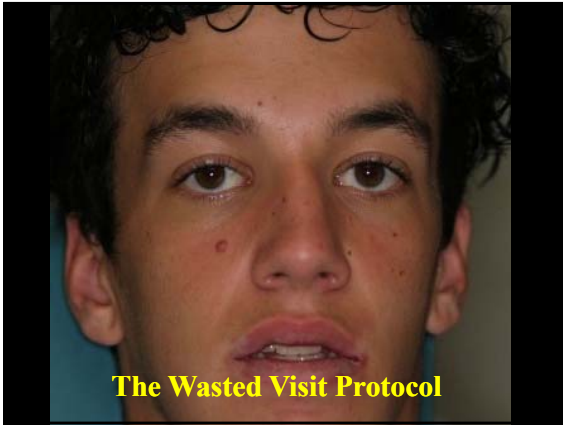
art
of the
close
realizing the dream

Getting patients to Yes
has much to do with who
you are attracting to the
office
and how *set up you are for*
yes



“If you know the
treatment plan and it’s
over \$5,000 you
need the decision
maker present.”

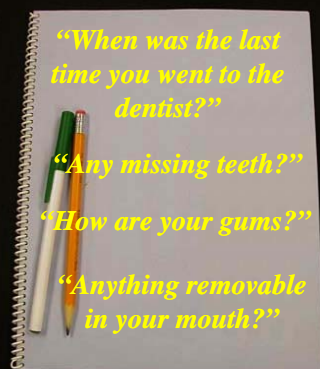
195



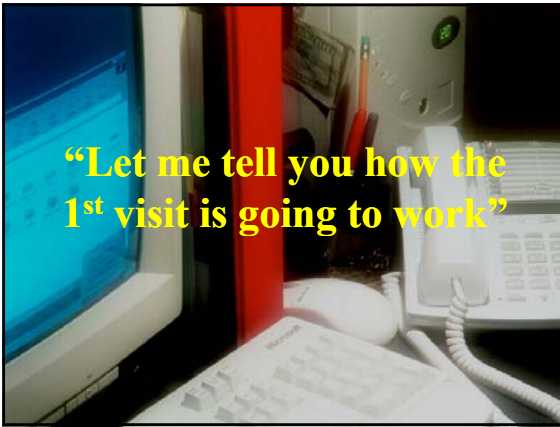


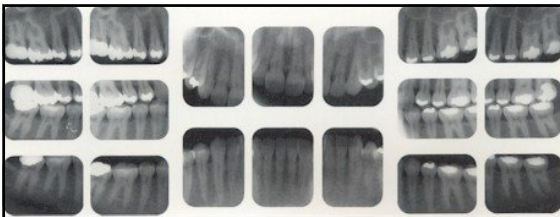


The Mini Dental History



**“Let me tell you how the
1st visit is going to work”**



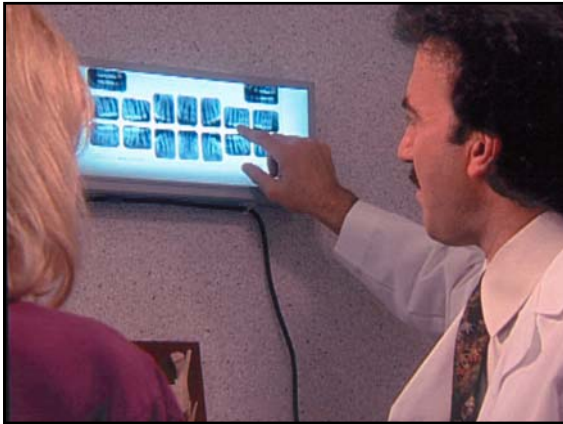


**“The doctor will take the
x-rays needed to provide
an accurate diagnosis”**

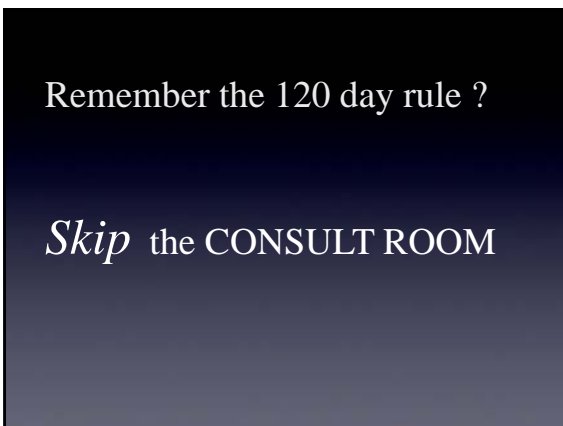






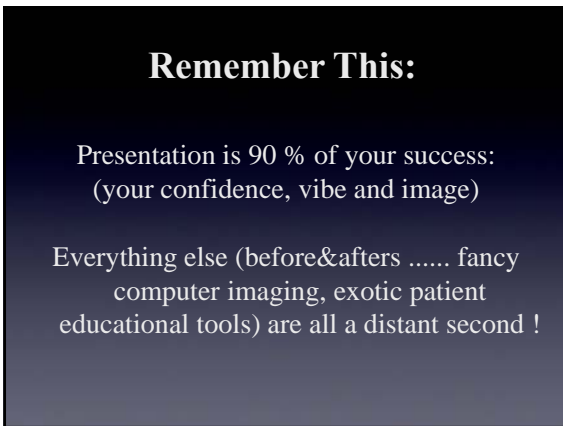












FORGET EVERYTHING ELSE :

Carefully Listen

Diagnose

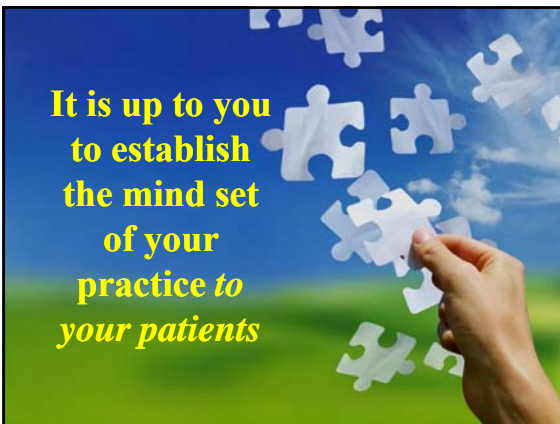
Recommend

211

**It's all about the 1st
appointment**



**It is up to you
to establish
the mind set
of your
practice to
your patients**



“If you know the *know* the treatment plan **Day One**: Then that is the day to present it.”



Concept of ...

“Coming up for air”

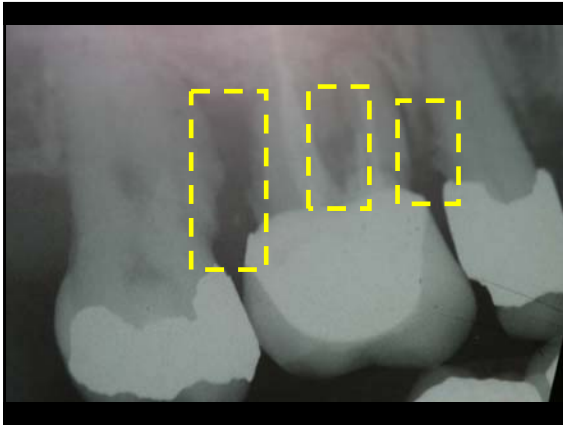


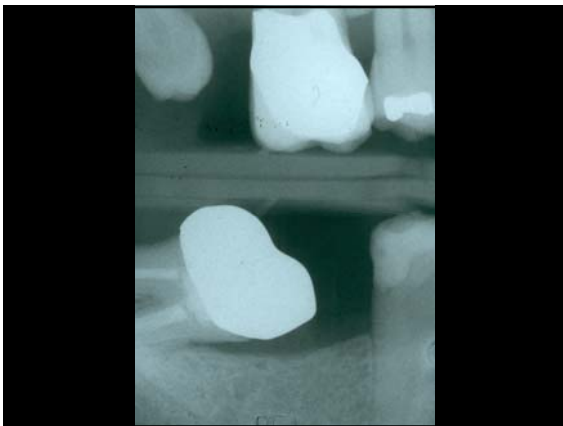
Don't hesitate to dissuade your patient if the “*right*” treatment plan isn't possible











Contact Information
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Realizingthedream.com
DrRasner@aol.com
