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2018

JIAMDI

JOURNAL OF THE INTERNATIONAL ACADEMY OF MINI DENTAL IMPLANTS

WORLDWIDE GROWTH OF MINI'S

INSIDE THE JOURNAL

PALM SPRINGS, CA
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JIAMDI IAMDI

Journal of the International Academy of Mini Dental Implants

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PRESIDENT'S MESSAGE

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RANDY STAPLES, DDS

President & Diplomat of the IAMDI

Dear Fellow Academy Members, Colleagues and Friends,

It has been an honor to serve as your IAMDI President this year. I would like to take this opportunity to thank you for your continued participation in our organization and in advancing the interests and application of mini dental implants in the dental community.

Our goal remains to improve the quality of life for our patients and the personal and professional rewards for our doctors.

As I often relate, in my forty years of general practice I have never seen anything impact our profession like the mini dental implant. Since our meeting in Dallas in November 2017 over 3000 doctors and staff have attended mini implant courses sponsored by Shatkin F.I.R.S.T.®. We have added over 80 new members to our Academy bringing our total membership to over 400.

To further illustrate the growing interest and excitement surrounding mini dental implant applications, we have also added nine Mini Dental Implant Centers of America bringing the total number of Centers to seventy five. MDICA is now the largest organization of implant clinics in the world.

Yes, these are exciting times!

I pledge my continued efforts to inspire and assist other dentists to make the mini dental implant play a major role in their practices.

OUR PATIENTS CAN AFFORD TO SMILE AGAIN!

I would be remiss if I did not mention the recent passing of our highly regarded colleague and cherished friend, Dr Rodney Leibowitz.

Rodney served this past year as our Academy Secretary. He was very faithful to attend Shatkin F.I.R.S.T ® courses and IAMDI meetings. Rodney was always eager and anxious to relate to others just how his life had been impacted by his involvement with the Shatkin F.I.R.S.T.® family and the mini dental implant. Those of us who were privileged to get to know Rodney knew just how wonderful a person he was.

While we will miss his smiling face sitting in that front row seat just left of center aisle, he will not be forgotten.

MESSAGE FROM THE EDITOR

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Todd E. Shatkin, DDS

President Emeritus of the IAMDI

Dear Fellow Academy Members, Colleagues and Friends,

It was an honor to be your Editor of this years Journal.

We continue to present case studies, authored by some of our great members. I want to thank them and invite you to present an interesting case that our other members can benefit from. Please send them to Mark Ahrens at mahrens@shatkinfirst.com.

We are conquering Goliath! Each and every one of you had vision and became believers in the Mini Dental Implant. We have fought a great battle and are slowly moving forward thru the dwindling number of disbelievers and have seen an increased number of specialists attending our Shatkin F.I.R.S.T. courses. Believe me when I say it has not been a cake walk thru the years, the battle scars are still visible but healing. It is because of you, our Academy members, along with our other mini implant doctors world-wide, that we will continue to be successful and will have Minis embraced nationally and internationally. It is an exciting time in Dentistry!!!

Dr. Gordon Christensen, a diplomat and founding member of our Academy, stated on numerous occasions that every General Dentist should be offering mini dental implants in his or her practice. My Father, the late Samuel Shatkin, Sr. DDS, MD (also a founding member of the Academy), told me 15 years ago that mini dental implants gave him a reason to keep working into his 70's. I was very fortunate to have practiced with him by my side for over 20 years. He helped dentists from all over the world gain a better appreciation for Mini Dental Implants. He prepared me to do what I do today, providing Doctors with the knowledge and skills needed to grow their practices while providing an affordable, fast solution to loose dentures and missing teeth.

I invite you to send me your interesting cases in a way (word document with photos) that we can share your experiences with your IAMDI family. Let's grow together and grow our membership.

Sadly, as many of you know, we lost a great colleague this past year, Rodney Leibowitz DDS from Brooklyn.

Rodney was re-energized when he began placing Mini Dental Implants! He was a Mini Dental Implant Center of America and would do anything for any one of our doctors, to share his expertise and success.

We will miss Rodney, but he will remain in our hearts forever. God Bless You Rodney Leibowitz!

Rodney Leibowitz, DDS

Former Secretary of the IAMDI

GUEST SPEAKER

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CATHY JAMESON
Welcome

Cathy Jameson, PhD

is the founder of Jameson Management, Inc., an international management and marketing firm. The Jameson Method of Management, developed by Cathy, offers proven management and marketing systems for helping organizations improve their workflow and efficiency in a positive, forward thinking culture. Dr. Jameson earned a bachelor's degree in Education from the University of Nebraska at Omaha and then a Master's Degree in psychology from Goddard College; she received her doctorate from Walden University. Her doctoral research and dissertation focused on transformational leadership in today's workplace. She considers herself a lifelong learner and encourages those around her to be in a constant state of study, growth and action.

Dr. Jameson has been honored by being inducted into the College of Education Hall of Fame at Oklahoma State University. She was also inducted by the same university, her alma mater, as a Distinguished Alumna. She serves on the Board of Governors there and has served on the Board of Trustees for the OSU Foundation.

Cathy has been named one of the top 25 Women in Dentistry and has received a lifetime achievement award for the Excellence in Dentistry Organization, as well as the American Academy of Dental Office Managers. She was a finalist for the Stevie Award for outstanding entrepreneurial women. She has been a long-time member of the American Association of Female Executives, The National Speaker's Association, Academy of Dental Management Consultants, and the Chi Omega Women's Fraternity.

Dr. Cathy and her husband, Dr. John Jameson are honored members of the National Western Heritage and Cowboy Hall of Fame where John serves on the Board of Directors. Cathy and John live on a ranch in southern Oklahoma where they raised two wonderful children, Brett and Carrie and now love having their four grandchildren at the ranch as often as possible. They raise American Quarter Horses there and are lifetime members of the American Quarter Horse Association.

Dr. Cathy has lectured in every state in the US many times and has lectured in 28 countries. She has had over 1000 articles published in magazines and newsletters throughout the US and the world. She is the author of several books, including her latest title; Creating a Healthy Work Environment, which will be available late 2015.

For more information on Cathy's lecture or personal consulting services, contact her at cj@cathyjameson.com. For more information on the consulting services of The Jameson Management Group, contact www.info@jamesonmanagement.com.

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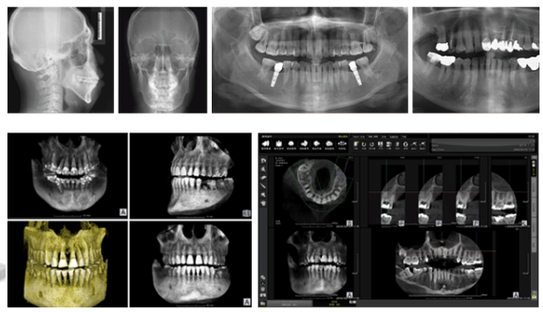

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JIAMDI PAGE 6

FIX On SIX® – A Mini Dental Implant Alternative to the All-on-4® Less Invasive, Less Time, Less Costly, and Less Discomfort

Todd Ellis Shatkin, D.D.S. –
Private dental practice Buffalo, NY, Owner Shatkin F.I.R.S.T., LLC
Alysa Brooke Sadkin –Dental student, University of Pittsburg Dental School

INTRODUCTION:

Aesthetic dentistry has evolved throughout the past few decades, specifically in the field of Implantology. Patients are preferring endosseous procedures over dentures and other removable prosthetics in order to increase stability, increase comfort and decrease pain.[1] Conventional implants require several procedures, multiple appointments and upwards of a year until completion, although some newer techniques promote a faster completion time. The All-on-4® technique is an immediate conventional implant procedure, in which four large diameter implants, two in the anterior and two in the posterior, are inserted at a forty five degree angle in order to take advantage of the available bone and reducing the need for bone augmentation and/or sinus lift.[2] According to the Nobel Biocare All-on-4® treatment concept manual, a minimum of 5 mm in bone width and 8 mm in bone height is necessary to begin the procedure.[3] Though the All-on-4® technique claims to eliminate the need for bone augmentations and sinus lifts, these procedures cannot always be eliminated if the bone quantity does not meet the requirements due to the large diameter of a conventional implant.1-2,4 While the All-on-4® technique offers acceptable support with four implants, the endosseous procedure is still invasive and time consuming compared to the immediate and early loading procedures used with mini dental implants. The All-on-4® often requires a minimum of four to six months before the final restoration is fully completed.[4] In addition, if one of the 4 implants fails to integrate or fails following placement of the restoration, the entire restorative procedure must be restarted, additional surgery performed and the restoration remade. Considering the average fee for All-on-4® is in the range of $30,000 - $40,000 per dental arch, this technique is not affordable to the vast majority of dental patients.

AMHERST, NY Mini Dental Implant Centers of America

Immediate and early loading endosseous procedures with mini dental implants are more desirable to patients in many instances because of the speed of completion, the affordable fee, the less invasive procedure and the reduced post-operative discomfort.4 The small size of the mini dental implants (available in several lengths and diameters) eliminates the need for bone augmentation and/or sinus lifts. This is due to the fact that the mini dental implant can be angled into available bone rather than augmenting the bone.4 The Shatkin F.I.R.S.T®Technique (Fabricated Implant Restoration and Surgical Technique) (Patent USPTO #7,108,511 B; September 2006), developed by Dr. Todd E. Shatkin DDS, provides for the mini dental implant(s) to be placed and the restoration(s) cemented in one patient visit.8 Dr. Shatkin's most recent innovation, FIX On SIX®, offers a combination of the Shatkin F.I.R.S.T.® Technique using 6 - 8 or 10 mini dental implants with a 12 unit fixed detachable zirconia full arch restoration with O-ring implant housings. The restoration is only removed at recall cleanings as the dentist is able to snap off the FIX On SIX® restoration. The hygienist will then completely clean the implants, the restoration and the surrounding tissue and easily reinsert the restoration without patient discomfort. This FIX On SIX® procedure is completed in a fraction of the patient's and the dentist's time as required by the All-on-4® technique. The success rates of the immediate loading mini dental implant endosseous procedures are competitive with the All-on-4® technique. If one of the mini dental implants were to fail with a FIX On SIX® restoration, the failed mini implant can be easily replaced with a new mini implant and O-ring housing, placed in the same or different location. In addition, the FIX On SIX® restorations are considerably more affordable than the All-on-4®, costing approximately a third to half of the cost. Consequently the FIX On SIX® restorations are more desirable to the patient due to their affordability, greater comfort, reduced treatment time and the less invasive nature of the procedure.

Fixed partial dentures are commonly supported by mini dental implants to provide a natural, aesthetic appearance for the patient. In recent years, Zirconium Dioxide (zirconia) frameworks have been used in dentistry for fixed restorations.[5] The introduction of zirconia has allowed for the production of metal free prosthetics, by means of Computer-Aided-Design/Computer-Aided-Manufacturing (CAD/CAM) technology. The result is improved aesthetics with increased success and reliability.[6] There is also evidence that zirconia attracts less plaque accumulation preventing gingival problems.[7] The architecture of these zirconia-based prosthetics enable superior strength and chewing resistance on the posterior teeth relative to other ceramics.[8-9] Due to its favorable chemical composition

and mechanical properties, clinicians have been eager to use zirconia in implant-supported restorations after its continued success in tooth-supported restorations.[10]
The following Case Study presents a clinical report of mini dental implants with the FIX On SIX® Technique. The use of 6 – 8 or 10 mini dental implants allows for the functional and aesthetically pleasing zirconia fixed prosthesis to be supported. Using CBCT technology, a zirconia prosthetic restoration was created and fixed over Shatkin F.I.R.S.T. (by Intra-Lock) mini dental implants using O-ring housings processed into the zirconia framework.

CASE STUDY:
A 56 year old male patient with an upper denture presented himself at a consult on 5/13/2016. He had come to me from our TV marketing campaign. At the consult our new patient had a CT scan (using our Shatkin F.I.R.S.T. CBCT machine for pre op and postop scans), treatment plan and impressions taken for a FIX ON SIX® detachable-removable bridge. To minimize the discomfort and to eliminate the existing issues with his old denture, a zirconia bridge was prescribed and designed to fit on the mini dental implants that would be placed. Zirconia was chosen as the fabrication material due to its strength and durability and resistance to plaque. A treatment plan for placing 10 IntraLock MDL's in the Maxillary arch using the Shatkin F.I.R.S.T.® Technique for mini dental implant placement was chosen. He was asked to return in 2 weeks for his procedure and placement of a temporary bridge.

6-22-17 The patient returns, signs the consent form and was administered Topical (2 carps of septo w/epi). A CT guided stent from Shatkin F.I.R.S.T. Lab was used and a Thompson marking pen was used to mark the position of the 10 implants using the CT guided stent. The Implants used were 9 Intra-Lock mini dental implants on the upper maxillary arch, size 25mm/15mm at #3,4,5,6,9,10,11,12,13 and one 25mm/11mm for #8. I used the CT guided stent through-out the procedure, removing it between final placement of each implant, using my patented F.I.R.S.T Technique (Fabricated Implant Restoration and Surgical Technique) (patent USPTO #7,108,511 B; September 2006). When finished placing all 10 implants using my Shatkin F.I.R.S.T. procedure I placed the housings and used A1 Luxatemp to create the Temporary Bridge. Patient liked the Temporary. Impressions were taken and sent to the Shatkin F.I.R.S.T. Lab. Two prescriptions (penicillin 500mg, Norco 51325) were sent to the patient's pharmacy and an appointment for two weeks was made for the delivery of the permanent "Fix on Six®" detachable removable bridge.

7-7-16 Patient returns, I removed the temporary and placed the "Fix on Six®" detachable -removable roundhouse restoration. The Fix on Six® restoration looked good, patient was happy. I provided the patient with a Shatkin Water Flosser and Sonicare toothbrush which I provide to all of my mini implant patients for hygiene. It has been a very successful tool in keeping tissue clean and free from food particles between checkups, when I remove the "Fix on Six®".

CONCLUSION:
This article presents an alternative to All-on-4® which is less expensive, less painful, less invasive, with faster results utilizing a superior dental material. FIX On SIX® offers patients a beautiful zirconia restoration which is removable by the dentist but provides the patients with the feel and aesthetics of a fixed prosthesis. Creating a fixed prosthesis which is able to withstand the occlusal forces applied, provide cosmetic appeal and patient satisfaction is an enduring task for all dentists.11 Today in dentistry, zirconia has traditionally been used in fixed partial dentures as tooth supported restorations.[9-10] With most cases that use zirconia as a fixed restoration, high success rates have been recorded, most above 95%.9 Zirconia's ability to increase the durability of a prosthesis by up to 30-40% has made it a good candidate for use in hybrid fixed cases.[11] The use of CT technology increases zirconia's stability in conjunction with decreasing failure rates of these restorations, due to the industrial processing.

In this case study, the patient was dissatisfied with his upper denture because of cracks in the acrylic along the palate, the dentures were not comfortable to wear and food would trap under the dentures. By designing a fixed zirconia bridge (FIX On SIX®) instead of acrylic dentures or a hybrid acrylic fixed bridge, the patient will no longer have these negative experiences. The use of zirconia instead of acrylic increases durability of the prosthesis while also offering the comfort of fixed restoration and healthier surrounding gingival tissues

*All-On-4® is a registered patent owned by Nobel Biocare® developed together with Paulo Malo, DDS, PhD, at MALO CLINIC.
** Fix-On-Six® is a registered trademark owned by Shatkin F.I.R.S.T. developed by Todd Ellis Shatkin, DDS.
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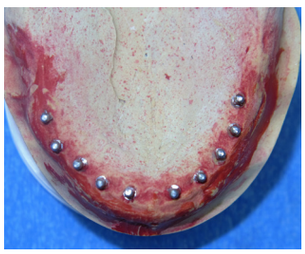


Figure 2. Dental model made using the impression taken at the consult appointment.

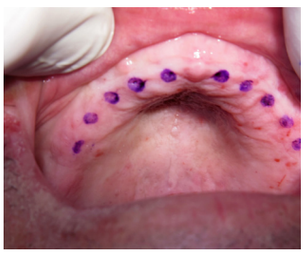


Figure 3. The tissue was marked using a Thompson marking pen through the surgical guide stent to get a visual for placement of the mini implants.

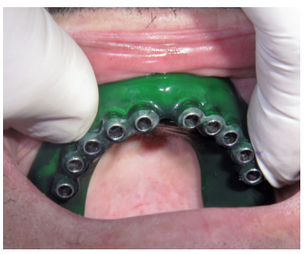


Figure 4. Holding the CT guided stent still in preparation of placing mini implants.

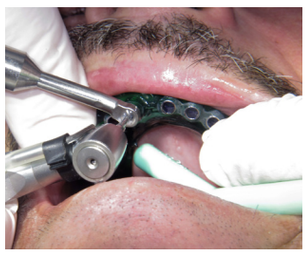


Figure 5. Using the Shatkin F.I.R.S.T. Pilot Drill Guide and 20:1 MDL Contra Angle Driver to make Pilot hole.

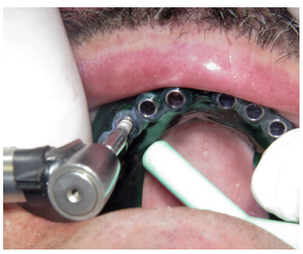


Figure 6. Placing mini dental implant through the CT guided stent with 20:1 handpiece.

Figure 7. Fully seating the mini dental implant after removing the surgical guide stent.

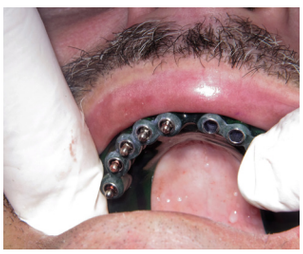


Figure 8. After placing the first 5 mini dental implants, the clinician checks for proper alignment.

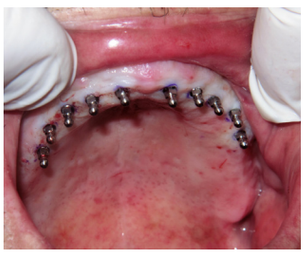


Figure 9. The 10 mini dental implants were placed in the maxilla. Notice the bottom of the square is level with the gingiva, and the ball and square are above tissue.

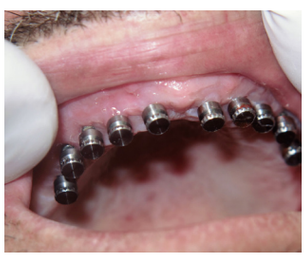


Figure 10. Placing all 10 micro metal housings on the mini dental implants.

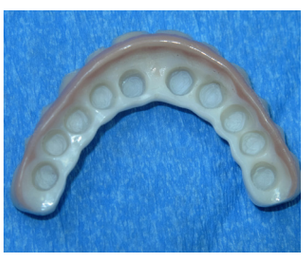


Figure 11. Final restoration before placement of o-rings.

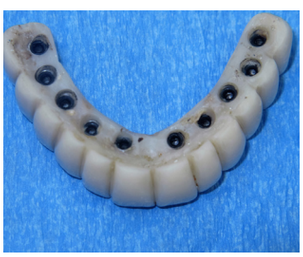


Figure 12. Fixed on 10 final restorations with o-rings placed in restoration.

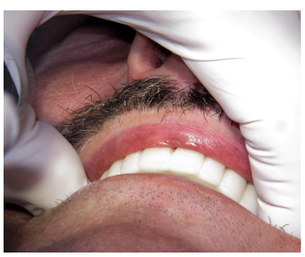


Figure 13. Verification of final zirconia restoration fit.

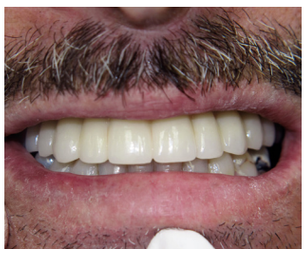


Figure 15. Final CBCT and panoramic radiograph.

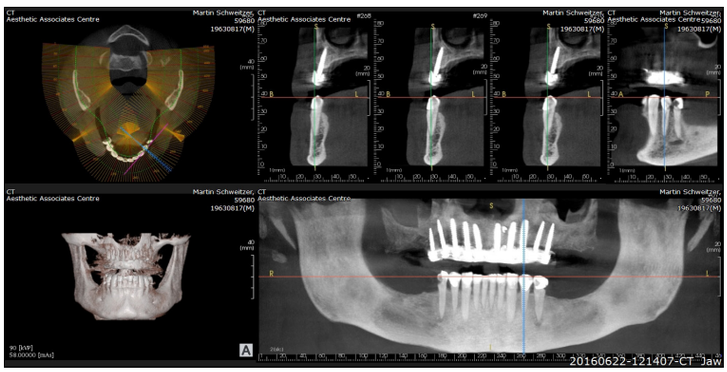


Figure 1. CBCT scan from consult.

MINI DENTAL IMPLANT CENTER-WINTER GARDEN

MATTHEW LASORSA, DMD

This is a long-term patient in his 70's with a healthy medical history that presented with "a filling that came out" in the maxillary anterior region. Upon examination and x-ray, it was determined that the severe decay, which extended subgingivally on tooth #9 would not be restorable. The patient has already had more than one root canal in the past that fractured at a later time and had to be replaced with a dental implant.

#9 was extracted nonsurgically, protecting the buccal plate. Notice the extremely large root in the mesial-distal dimension of #9, leaving a large socket in the aesthetic zone. A larger size One Piece implant was selected to replace #9, the size selected was a 4.0x11mm due to the large socket, heavy bite, and relatively limited vertical bone.

The osteotomy was placed in the lingual bone of socket #9, and the implant was anchored against the very dense bone of the nasal spine with 50Ncm of torque. The One Piece abutment is positioned to line up with the cingulum of the adjacent teeth for restorability and the implant must be placed deep enough to create a natural emergence profile with the temporary crown.

Once the placement of the implant was confirmed with an x-ray the remaining space in the socket was grafted with PRF Block, (a combination of L-PRF and the patient's plasma with freeze-dried bone).

A temporary crown was created for #9 using a One Piece healing cap. Composite is bonded onto the healing cap on a One Piece analog and contoured to mimic the natural tooth crown of #9 and create an ideal emergence profile in the gingiva and preserve the dental papilla. The grafting is sealed with an L-PRF membrane over the socket and implant secured with the modified healing cap. The temporary crown is taken out of occlusion during healing and bonded to the adjacent teeth for initial stability. Patients will often forget not to bite on it so bonding to the adjacent teeth prevents excessive lateral forces until the implant is fully integrated. The healing time is generally 3-4 months for the bone to mature against the implant in such a large socket.

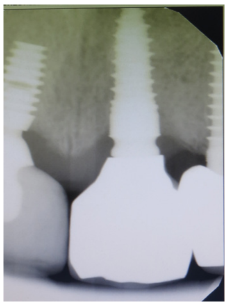
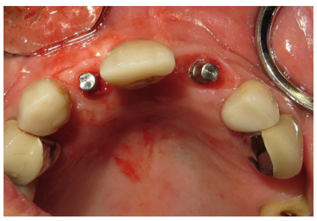
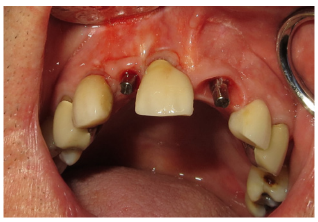
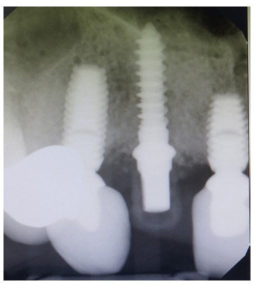
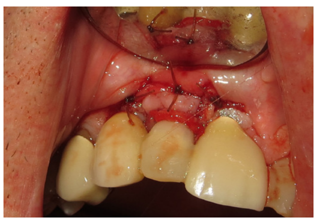
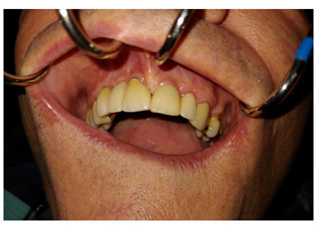
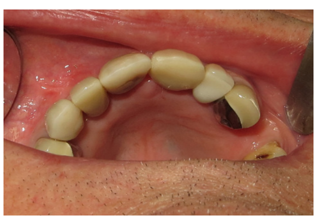
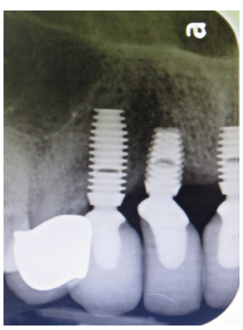
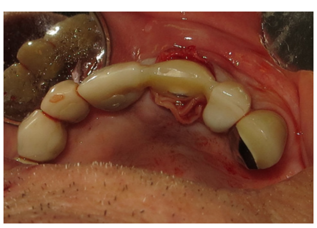
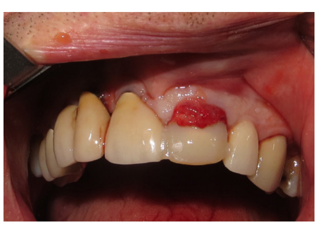
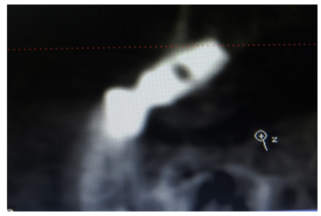
This patient had a dental history of conventional implants placed several years prior to teeth #6-8. The implant on #7 had been placed facially, making it difficult to restore. The patient had several episodes of the crown and abutment loosening, so the decision was made to do a revision of #7.

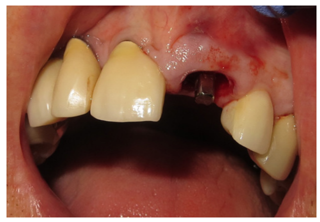
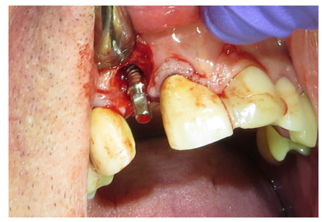
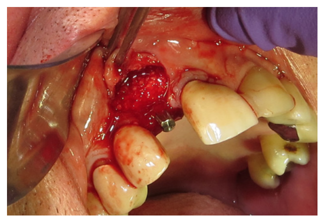
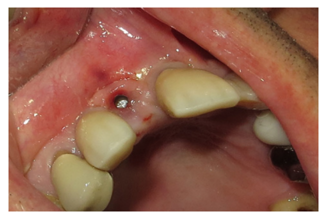
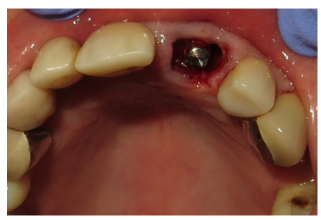
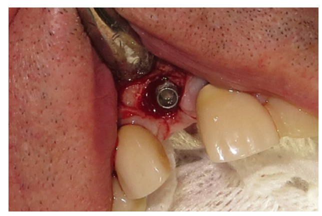
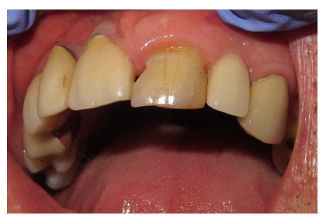
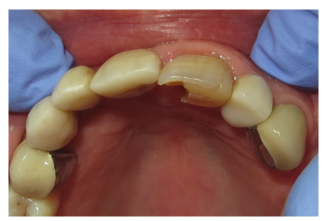
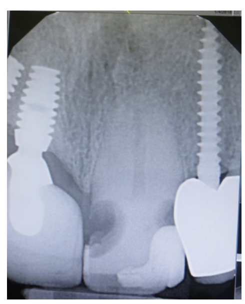
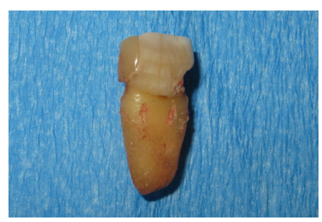
The conventional implant #7 was removed by troughing conservatively with a surgical hand piece with copious irrigation, then elevated out. A new osteotomy was placed lingual to the defect, a 3.0x13 One Piece was selected to replace #7 and inserted with 50Ncm of torque. The defect was grafted in a similar manner as the socket for #9, and #7 was temporized with a modified One Piece healing cap bonded with composite and contoured to create an emergence profile and preserve dental papilla.
After three months of additional healing, the healing caps were removed and a direct impression of #7 and #9 was taken with VPS. By using One Piece analogs the lab is able to make precision fit crowns. Since the crown margins are subgingival, care was taken to express excess cement on a One Piece analog prior to cementing the crowns to reduce any subgingival excess cement. Also, in this case, Ceramir cement was used as it has properties that reduce any chance of peri-implantitis from excess cement.

The patient is very happy with his new implant supported crowns and expressed his gratitude to the entire staff.

One Piece implants are a very good option to restore anterior teeth, especially in fresh extraction sockets. They are manufactured in a number of lengths and diameters. The preformed abutment is fairly long so there needs to be an adequate vertical dimension to replace a missing tooth with a One Piece. The One Piece abutment is preppable with copious irrigation, but the downside is the lab can't use the analog to restore unless a reduction coping is fabricated. One Piece implants can be challenging to place since they are immediately temporized and loaded but in most cases, the benefits outweigh the risks. The risks are the precision in which they must be placed and a torque of at least 30Ncm must be reached to be stable. In a fresh extraction site, the implant must be protected from occlusion until healing is complete. The benefits, however, are that there is no micromovement between the implant and abutment because it is all one piece, no fear of the abutment getting loose due to a loose retention screw, stripped screw, or broken screw. The patient has an immediate temporary rather than a removable flipper, and since it again is all one piece there is a reduced cost to the patient.

JIAMDI PAGE 8

CASE #1 - FULL MOUTH MAKEOVER INCORPORPORATING MINIMALLY INVASIVE IMPLANTOLOGY - ALAN F. ROBINSON, DDS, MAGD, DICOI, DIAMDI

Sharon, a lovely 50 Something Lady presented for Consultation regarding replacing a failed 4 unit fixed bridge , a precarious existing fixed bridge, a failing endodontically treated #19, an asymmetric space Mesial to #29 and numerous sound but unaesthetic crowns.

Sharon is meticulous about her oral care and had maintained her dentition well but most of her restorations were aged and needing replacement.

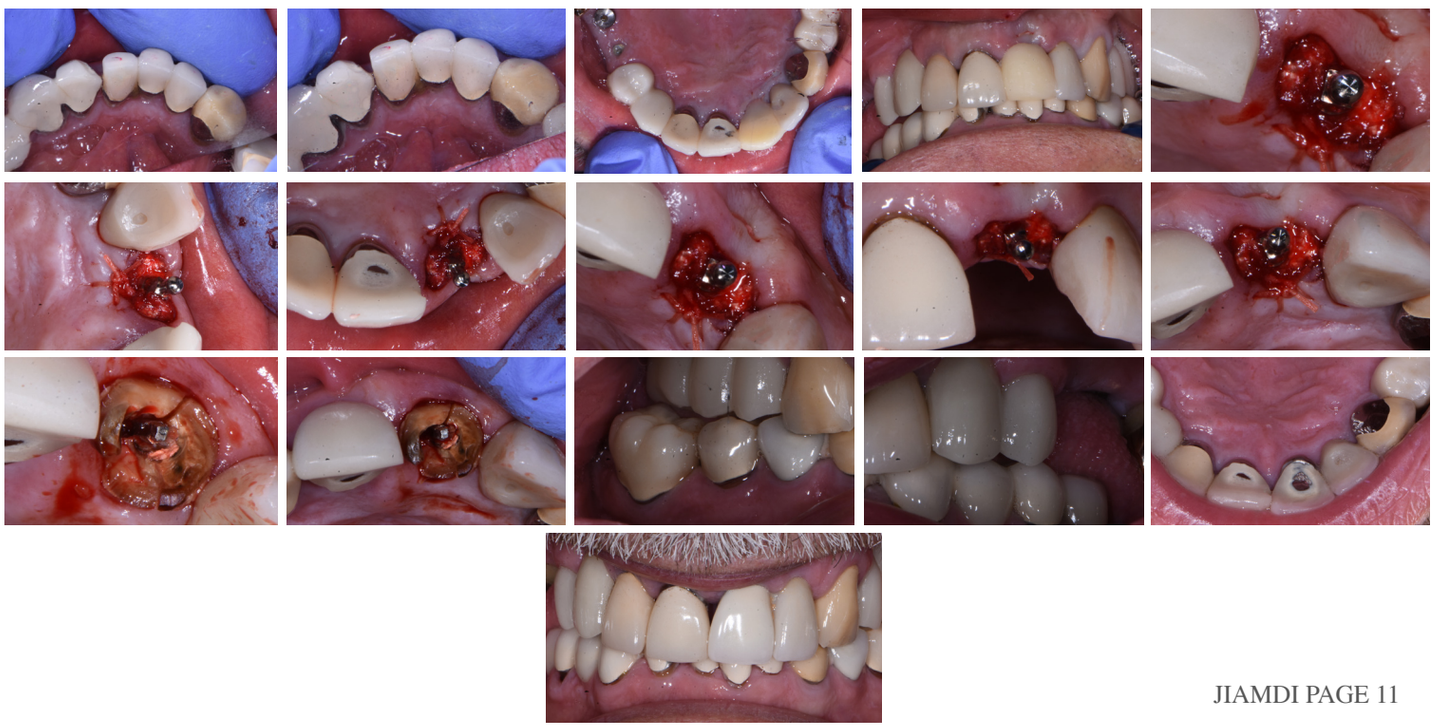
We discussed expectations and preferences in this involved plan , the advantages Minimally Invasive Mini Implants provide and contrasted Conventional Implant treatment in terms of cost, time and comfort. The Maxillary Left Molar(s) replacement posed a dilemma in that in the most optimistic and hopeful scenario, there was simply not enough bone to replace #14 and 15 without a full Lateral Approach Sinus Lift, and my protocol is a full year of graft healing time for a lateral sinus lift graft when placing Mini Implants. I have had success in cases with 6 months healing time, but have found less than 12 months healing time to yield unpredictable bone quality at other times. Conventional Implants are placed sooner but aren't loaded for 6 months after placement, which is 12 months post lift surgery in total.

A diagnostic Wax up was done to simulate results and to facilitate temporary fabrication for all of the phases of treatment.

The treatment plan was to Aesthetically place Emax porcelain crowns on all natural teeth needing crowns, bleach the sound dentition, replace the Pontic from the precarious bridge and the doomed #19 with Mini Implant Crowns, #19 Immediate with graft. The asymmetric space was closed by making #29 a "mini molar " while modifying #28 and #30 M-D width to get a result that is unnoticed unless you are looking for it. #14 and 15 were replaced with conventional implants (Zimmer Clones; 4.2X 8) with a flapless placement and a PRF Sinus bump and a 6 month healing period before restoration. At the time of this treatment, the parameters for Sinus Bump were a minimum of 4 mm of bone thickness below the sinus and a 4.0-4.5 ish implant diameter. Current parameters are bone thickness below Sinus of 1.5mm and an implant diameter of about 6.0 with a PRF Sinus bump graft (1.0-2.0cc of PRF graft) and 6 months healing.

Sharon was thrilled with her result. (We were pretty pleased too!) She has since referred her Husband, Mother, Brother in Law and Secretary.

Implant Treatment is of course our livelihood, but it is "all kinds of cool" to have our patients be so excited about what we can do for them in a method that is less expensive, quicker and more comfortable than any other alternative.



CASE #2 - EXTRACTION, GRAFTING & IMMEDIATE IMPLANT PLACEMENT: A METHOD AND REVIEW -

ALAN F. ROBINSON, DDS, MAGD, DICOI, DIAMDI

An ever present patient need is the Immediate Replacement of a doomed tooth, particularly one in the anterior. Almost more urgent than function is continued esthetics to that every day activities can go on without the embarrassment of a missing tooth in the smile.

The conventional treatment is the dreaded temporary "flipper" that is costly, (in my area $450 -750 and higher) ,often uncomfortable, removed when eating, interferes with speech and social interaction, only to be thrown away once the Conventional Implant Crown is placed. So a built in value builder in your Immediate Mini Implant Crown quotes isthe fact that a "flipper " is not required, so a significant cost savings and comfort and convenience bonus is present.

My patient Bill and his Wife were Southbound on US 10, returning home from their Cabin in Northern Michigan , when a Northbound car lost control , flew across the median ditch (no guardrail) and with no warning out of the dark crashed head on into their Ford Focus, totaling both the Focus and many of Bill's teeth including fracturing the root of endodontically treated and posted/cited/crowned #9.

This case was just operated the first Monday of October, so what I'll discuss is my current preferred Method for this type of treatment. This is what works best in my hands as of today.

After reviewing Medical History, Medications, Occlusion and Pretreatment Records, #9 was anesthetized using first topical, then infiltration buccally and palatally with about 1.5 carpules Septocaine. After about 3 minutes, anesthesia is tested and a slow, patient elevation is begun with Periotome of different sizes. Two points here: 1) patience, patience in the luxation process; it pays off 2) remember, you need that bone in the best condition possible, because in a few minutes, you'll be shopping for a place to place your implant:so again careful , patient luxation is the key (95% of the time I do not use forceps, my removal instrument after periotome luxation is my cotton plier; it's a kick!)

Once the Tooth is out lavage the socket clean, inspect for fragments and by visual inspection of the socket topography and radiographic clues, bone map your chosen site with an Endodontic Explorer. The bone must be the consistency of peanut brittle or harder to be a good site. If it's Soft like Carmel or Taffy due to infection or inflammation, look for a different site. I tell my patients this is my "Candy Equivalency"; they think I'm very funny! But they get what I'm telling them.

Once the site is chosen, which is usually the palatial wall within the 120* of the palatial aspect of the newly edentulous site, an angled pilot hole is performed with a high speed tapered diamond (#blah blah blah) with copious irrigation 6-10 mm deep depending on bone quality, less with poorer bone, deeper with very firm bone.

My go to Implant for Immediate placement in the socket is the Intralock 2.0X13 mm, with my goal being the ball and square in the center of the socket just above the soft tissue margin. (See diagram blah)

The Implant is gently threaded into the pilot hole with the thumb driver until either correct height of the ball and square of the abutment portion is achieved or torque dictates switching to the Surgical Handpiece Driver. If torque is inadequate, you must abandon that site and select another repeating the above steps.

Next step is placing the socket grafting material. PRF is a great material, but I find it to be a bother for a single socket. I'm a fan of Re Oss Bone Putty (Intralock), sectioning the "ball "of putty with a sterile cement spatula and using 1/4 of the .9cc ball at a time, following sterile technique. More recently I've been using Osteogen molar socket plugs we section into lengthwise quarters with sterile instruments and find that the quarters generally fill most sockets with a single piece.

Socket closure with 3-0 PGLA suture (AD Surgical) is next and I've started closing a new way which is my new favorite. I start at the Mesial or Distal of the socket, but from inside the socket to the buccal about 2 -2.5 below the tissue margin if possible. Then from the buccal back through the tissue of the same side of the Implant as the beginning and pass through the palatal tissue then from the palatal just on the other side of the implant through to the buccal, then on the far opposite side of the socket from the start , from the buccal through to the palatal, the finally from the palatal on the initial side of the socket just through the palatal tissue into the lumen of the socket next to the start and pigtail. Snug and tie. The result is a horizontal mattress suture with 4 distinct holds which give me the best closure I've yet found. Also the knot and tails end up under the temporary out of sight and away from the tongue. All that's

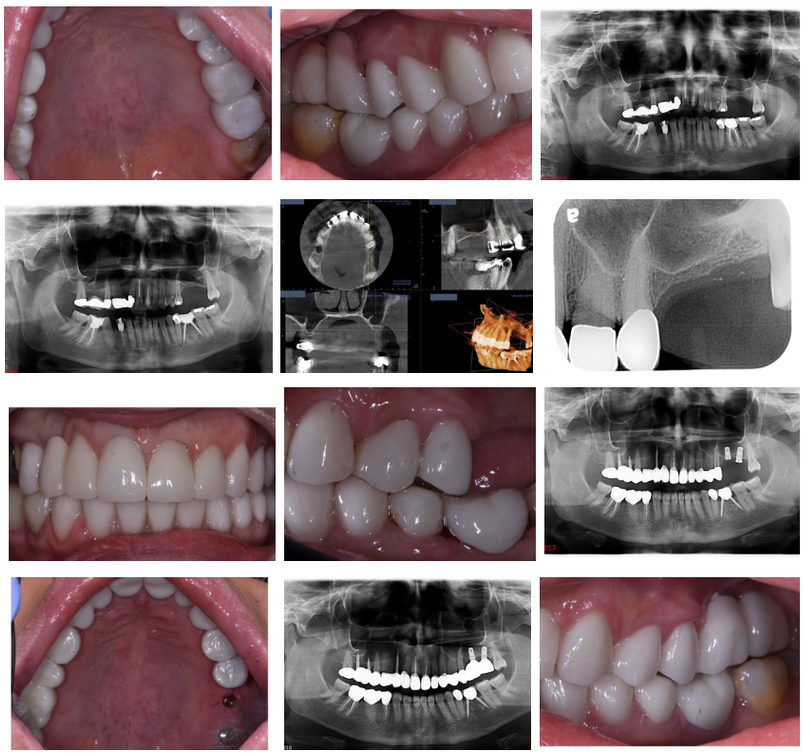
CASE #2 (CONTINUED)
EXTRACTION, GRAFTING & IMMEDIATE IMPLANT

visible are the horizontal loops buccal and lingual above the gingival crest about 2-2.5 mms .Into whatever isn't completely closed I tuck 3mm X 3mm pieces of Hemostyp hemostatic material (Shatkin First) to complete seal over the graft.

I Temporize in several ways , but most often but forming a conical "prep" over the ball and square with light cured flowable composite, then hand form a temporary with the appropriate shade light cured composite (my current low cost LC composite is Schein house brand). Clear any occlusal or excursive contacts , polish and you are done.

My healing protocol is i1st bicusid and anterior, 9 weeks healing before final impression ; 2nd bicuspid and posterior 6weeks healing before final impression. Retemporize and yes, you're cutting off the temporary twice.

The results are amazing to your patient , and is a very satisfying and profitable service for the Doctor to provide.



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YOU CAN AFFORD TO SMILE AGAIN

RANDY STAPLES, DDS

JACKSON, TN
Mini Dental Implant Centers of America

Just before lunch I walked into an exam room, sat down and said to this young man " Hello, I'm Dr. Staples. What can I do for you?" He quickly fired back, " I came here today to see if I can afford to smile again!"

He explained that he had fractured his two front teeth off to the gum line eight years earlier at work. He had been wearing a flipper to replace his missing teeth. After years of dealing with several removable appliances he wanted something that looked, felt and functioned more like natural teeth.

After visiting a periodontist's office earlier that week, a treatment plan was presented to him requiring buccal plate and ridge bone grafts, two conventional root form implants, abutments and crowns and at least three full thickness flap surgeries with an estimated minimum treatment time of one year (if the bone grafting was successful) and cost in excess of $9000. (The abutments and crowns would have to be placed by another dentist because the periodontist did not do crown and bridge.

After dinner that night after the implant consult, he and his wife sat down to look at their budget and plan a way for him to have these dental procedures.
He told his wife " I want to see if we can figure out a way so I can afford to smile again!"

She said " That's interesting that you just said that. I saw a billboard in town today that said that very phrase. 'YOU CAN AFFORD TO SMILE AGAIN! See Dr Randy Staples at the Mini Dental Implant Centers of America in Jackson.' Go see him before you make a decision."

Then he looked me in the eye and said " Well, here I am. What can you do for me?'

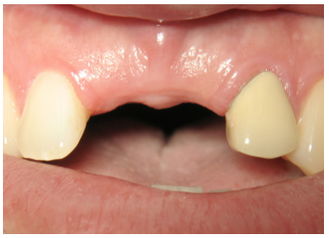
After a quick oral exam and review of his medical history we took a panoramic X-ray. I examined the film then turned to him, placed a model in his hands of what I had in store for him and gave him my treatment plan.

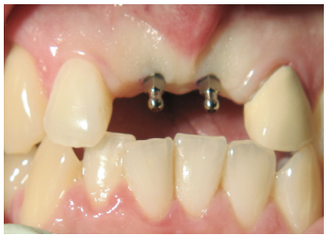
Two mini implant retained crowns at a cost of less $4000 with cash. Two appointments, no surgical flaps, no bone grafts, and a possible two to three week finish date.

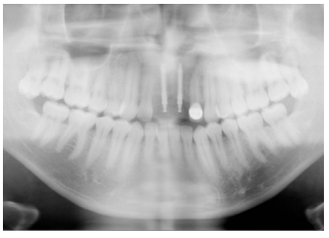
He actually reached into his back pocket and took out his checkbook while asking if we could start right now? You can guess what my response was! After taking his check we started!

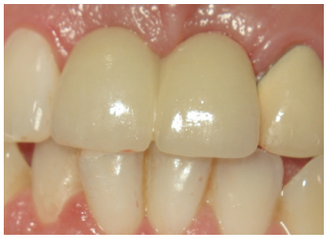
It was the lunch hour and I had some time so in less than twenty minutes we placed two mini implants and took impressions for his crowns. I made a modification to his flipper and sent him on his way.

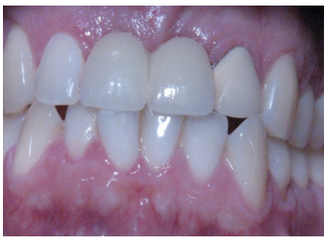
Two weeks later we seated his two unit bridge from FIRST Lab and he was one happy camper!











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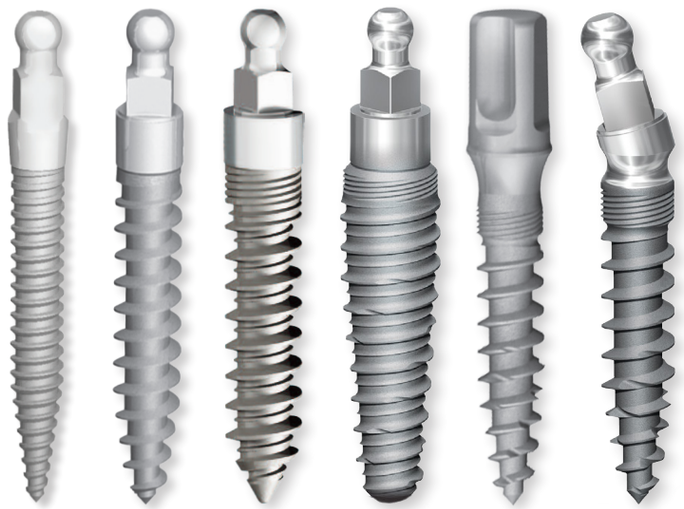

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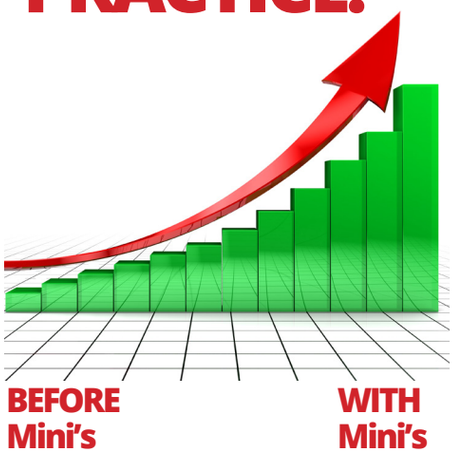

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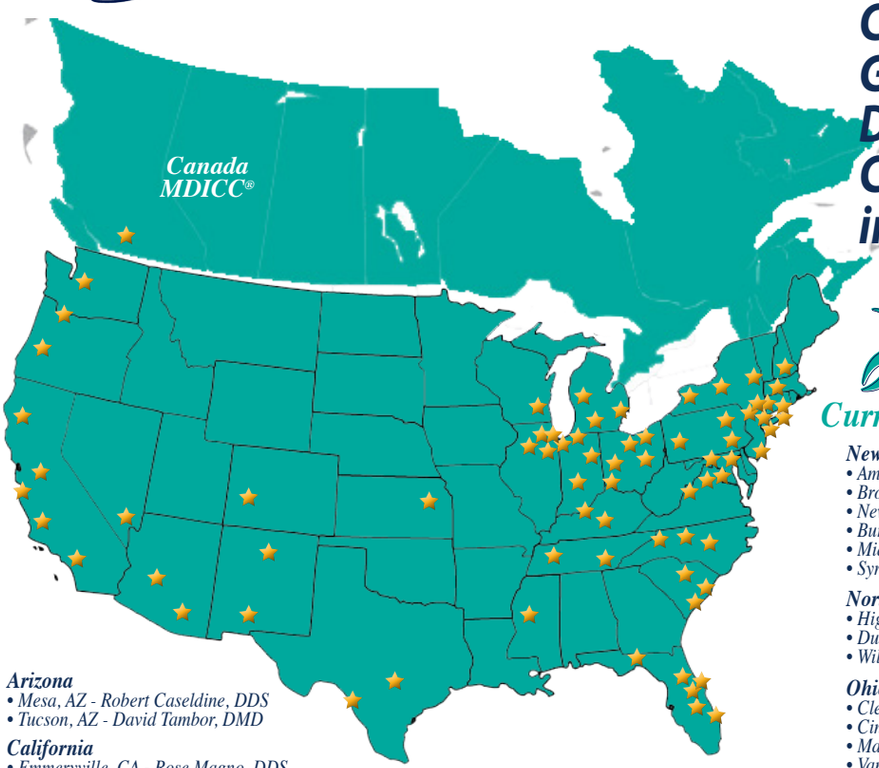

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- *Naperville, IL - Joseph Haselhorst, DDS*
- *Oak Lawn, IL - Harry & Nikol Haralampopoulos*
- *Sandwich, IL - Mark Weinhold, DDS*

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- *Hillsboro, KS - Loren Loewen, DDS*

Kentucky
- *Greensburg, KY - Robert L. Simmons, DMD*
- *Louisville, KY - Reagan Ackerman, DMD*

Maryland
- *Nottingham, MD - Raymond Mack, DDS*
- *Hagerstown, MD - Everett Eklund, DDS*

Massachusetts
- *Springfield, MA - David Hirsh, DMD*

Michigan
- *Clinton Township, MI - Alan Robinson, DDS*
- *Hillside, MI - Todd Ryan, DDS*
- *Stanton, MI - David L. Dockham, DDS*

Mississippi
- *Greenwood, MS - John A. Smith, DDS*

Nevada
- *Las Vegas, NV - Harvey Chin, DDS*

New Jersey
- *Tuckerton, NJ -Ronald Petrosky, DDS*
- *Union City, NJ -Diana Rodriguez, DMD*

New Hampshire
- *Amherst, NH -Bernard Ang, DDS*

New Mexico
- *Las Cruces, NM -Harvey Reiter, DMD*
- *Toas, NM - Kellis Harris, DDS & Kayci Harris, DMD*

New York
- *Amherst, NY - Todd E. Shatkin, DDS*
- *Brooklyn, NY - Rodney Leibowitz, DDS*
- *New York, NY - Sandra Low, DMD*
- *Burnt Hills, NY - Laurie DeLucia, DDS*
- *Middletown, NY - Eric Waldman, DMD*
- *Syracuse, NY - Brent A. Bradford, DDS*

North Carolina
- *High Point, NC - Charles Brandenburg III, DDS*
- *Dunn, NC - J. Michael Williams, DDS*
- *Wilkesboro, NC - Stephen Wessels, DMD*

Ohio
- *Cleveland Heights, OH - Leonard Russell, DDS*
- *Cinncinnati, OH - Timothy Richter, DDS*
- *Mansfield, OH Dennis J. Custer, DDS*
- *Vandalia, OH - Thomas C. Volck, DDS*
- *Zanesville, OH - Charles Hawkins, Jr., DDS*

Oregon
- *Corvallis, OR - Linda D. Selby, DMD*

Pennsylvania
- *Butler, PA - Donald B. Brockley, DMD*
- *New Holland, PA - Daniel C. West, DMD*
- *Scranton, PA - Albert A. Hazzouri Jr. DDS MS*

South Carolina
- *Charleston, SC - Joe Gillespie, DDS*
- *Murrells Inlet, SC - Joel Johnston, DMD*
- *Florence, SC - Joseph Griffin, DMD*

Tennessee
- *Jackson, TN - Randall Staples, DDS*
- *Cleveland, TN - Brian & Kenneth Beard, DDS*

Texas
- *Converse, TX - Oluwadayo Oluwadara, DDS*
- *Laredo, TX - Salvator Munoz, DDS*

Virginia
- *Harrisonburg, VA - Douglas Wright, DDS*
- *Herndon, VA - Amar Patel, DMD*

Washington
- *Seattle, WA - Mark Caggiano, DDS*
- *Vancouver, WA - David Keller, DDS*

Washington, DC
- *Washington, DC - Cheryle Baptiste, DDS*

Wisconsin
- *Hartland, WI - Grant Lemke, DDS*

SHEDULE of EVENTS

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International Academy of Mini Dental Implant Annual Meeting

To Be Announced.....
16 CE Credits, Meeting Cost $1,295

The annual meeting of the International Academy of Mini Dental Implants is the premier annual event for Dentists who are currently placing Mini Dental Implants. The core values of the Academy include Fellowship, Education, Research, Compassion, and Integrity. Members and Non-Members are welcome to attend this dynamic meeting of like minded professionals. Full agenda available at www.iamdi.org

Upcoming Mini Dental Implant Course with LIVE SURGERY

January 24-25, 2019
Buffalo, New York
16 CE Credits, Meeting Cost $995

Dr. Shatkin's Two Day Mini Dental Implant Training at the Shatkin Mini Dental Implant Training Centre. Course includes Mini Dental Implant Treatment Planning, Case Selection Placement Procedure, Single and Multiple Unit Fixed Restorations in Less Than One Hour using Dr. Shatkin's F.I.R.S.T. technique®, Marketing Mini Implants in your practice, Case Presentations and LIVE SURGERY. Learn Helpful Tips from guest speakers of the faculty of the International Academy of Mini Dental Implants.

Mini Dental Implant 2 Day Course in Las Vegas

Febuary 8-9, 2019
Las Vegas, NV
16 CE Credits, Meeting Cost $1,295

Dr. Shatkin's Two Day Mini Dental Implant Training Course in Las Vegas includes Mini Dental Implant Treatment Planning, Case Selection Placement Procedure, Single and Multiple Unit Fixed Restorations in Less Than One Hour using Dr. Shatkin's F.I.R.S.T. technique®, Marketing Mini Implants in your practice, Case Presentations and Helpful Tips from guest speakers of the faculty of the International Academy of Mini Dental Implants.

Mini Dental Implant 2 Day Course in Disney, Orlando

August 2-3, 2019
Orlando, Florida
16 CE Credits, Meeting Cost $1,295

Dr. Shatkin's Two Day Mini Dental Implant Training at the Disney Yacht and Beach Club includes Mini Dental Implant Treatment Planning, Case Selection Placement Procedure, Single and Multiple Unit Fixed Restorations in Less Than One Hour using Dr. Shatkin's F.I.R.S.T. technique®, Marketing Mini Implants in your practice, Case Presentations and Helpful Tips from guest speakers of the faculty of the International Academy of Mini Dental Implants.

For our 2019 FULL COURSE SCHEDULE
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Academy Membership Enrollment

- **Log on to www.iamdi.org**

  You can find the online enrollment from under the dentist page, just click on the membership page to find the online application form.

Journal Submittals

- **Mark Ahrens**
  Director of Marketing
  Send to mahrens@shatkinfirst.com
  1-888-4-SHATKIN

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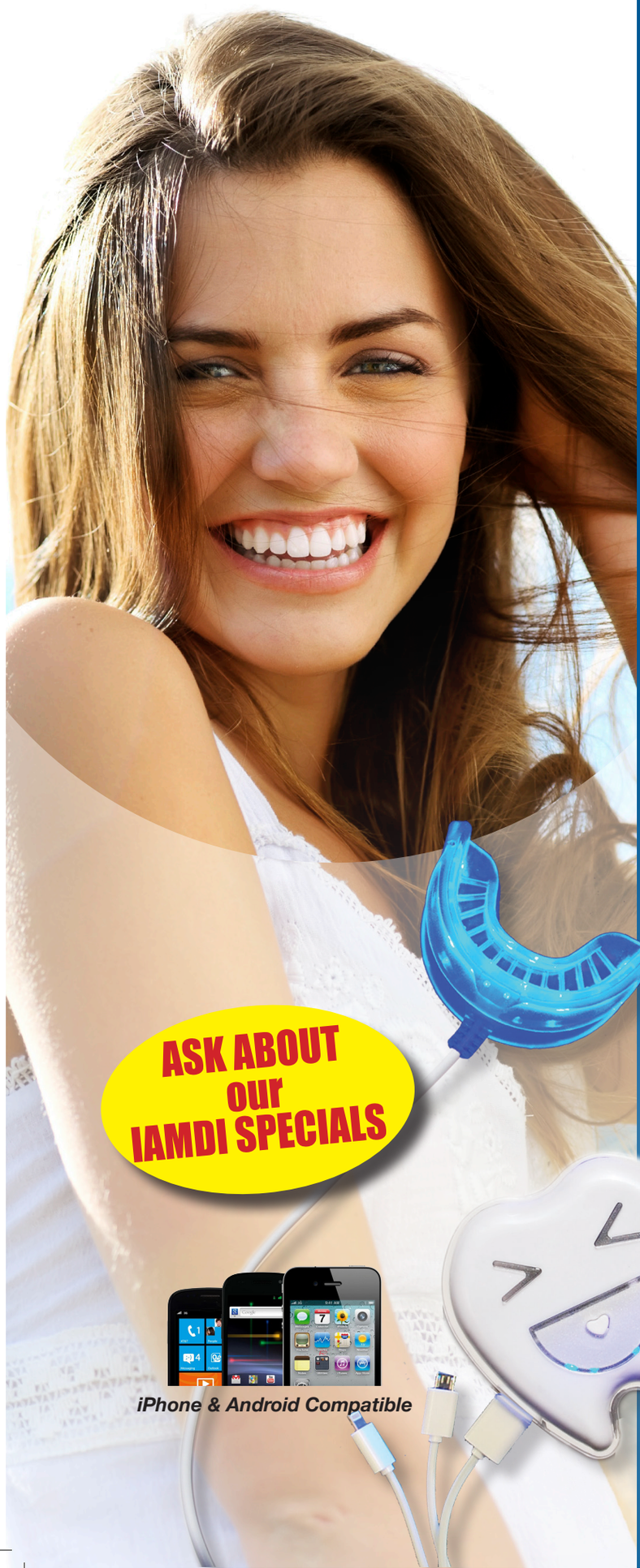

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