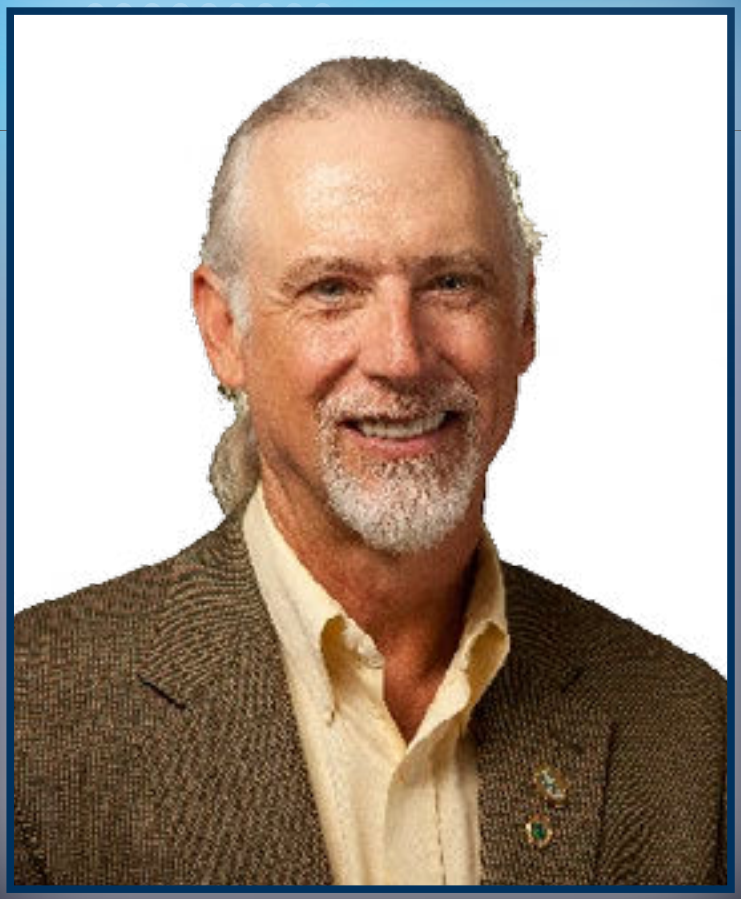
JIAMDI 2015

JOURNAL OF THE INTERNATIONAL ACADEMY OF MINI DENTAL IMPLANTS



Robert O. Caseldine, DDS

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integrity | compassion | education | research | fellowship

JIAMDI IAMDI

Journal of the
International Academy
of Mini Dental Implants

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ON THE COVER

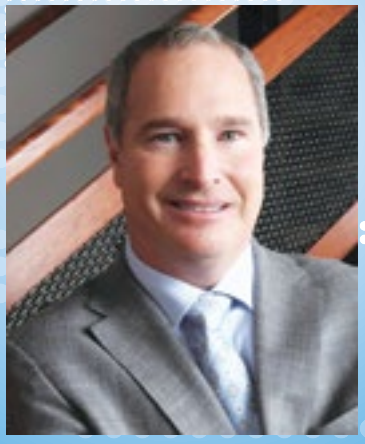
Dr. Robert O. Caseldine
President Emeritus

We would like to thank Dr. Caseldine for his dedicated service, as President, for the International Academy of Mini Dental Implants. His knowledge and respect for Mini Dental Implants, his encouragement to new dentists and his stress on education as editor of past journals, has motivated us all to be better dentists.

Dr. Caseldine said it best in his closing remarks for last years journal:
"I encourage you to ignore detractors, continue your implant education, record your successes, become active in the Mini Dental Implant Community, and reap the personal and financial rewards that come with restoring your patient's smiles and function with Mini Dental Implants."

Dr. Caseldine, you are a true professional and we thank you for your service!

Todd E. Shatkin, DDS



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 year's Journal of the International Academy of Mini Dental Implants. I would like to personally thank Dr. Robert Caseldine for blazing the trail with past issues and for his professional leadership as President over the last two years.
To Dr. Caseldine, his staff and the Editorial Board, we appreciate your service to the IAMDI.

This is an exciting time in Dentistry! With all of your help, Mini Dental Implants have revolutionized Dentistry making an implant procedure less invasive, less painful with less healing time, less visits to the dentist, and more affordable than conventional implants. We can replace a missing teeth in as little as one visit and stabilize dentures in as little as an hour. WOW!!!

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.

In conclusion, I invite you to send me your interesting cases in a way (word document with photos) that we can share your experiences with your IAM-

David Powers, DDS

David R. Powers, DDS President & Diplomat of the IAMDI

Dear Fellow Academy Members, Colleagues and Friends,
I am honored to be the new President of the IAMDI. Being involved with mini dental implant dentistry and the academy has not only changed my life, but the lives of other dentists and their patients. The impact of our members in the dental community is truly powerful and I hope to continue to educate and inspire dentists from all over the world to embrace the mini dental implant use in main stream dentistry. The IAMDI promotes comradery amongest dentists to improve the quality of dentistry performed in dental practices across the world and will continue to strive for excellence.
I look forward to serving this outstanding organization.

GUEST SPEAKER

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KEY NOTE SPEAKER
Dr. Thierry Giorno

Back by popular demand this year will be Dr. Thierry Giorno, President and Director of Research & Development for Intra-Lock® International.

He will be presenting scientific research and clinical documentation pertaining to the latest advances in both micro and macro implant design.

Dr. Thierry Giorno, an AAID Associate Fellow , currently serves as Intra-Lock® International Inc. s Director of Research and Development . He is a graduate of Nice University, School of Odontology where he received a Doctor of Dental Surgery degree. He completed his Post Graduate work in Implantology at Harvard School of Dental Medicine and the Maxi Course in Implantology at the Medical College of Georgia. Dr. Giorno had an active private practice in Monte Carlo, Principality of Monaco and Nice, France specializing in implantology. He has lectured extensively on the subjects of biomechanics, implant science and implant clinical applications at the University of Nice, University of Lyon, University of Paris, and numerous scientific societies in France, Italy, Spain, Korea, Thailand, China, Brazil, the United States and other venues throughout the world.

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Staged Full Mouth Rehabilitation

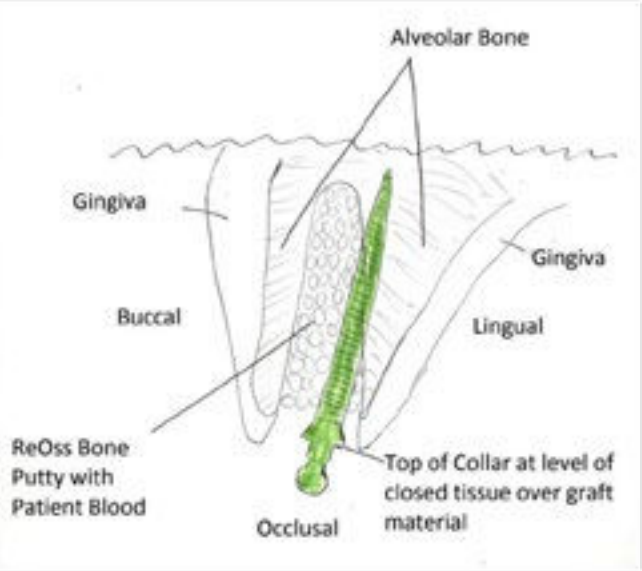
Act 1

Mary, a 63 year old former Dental Laboratory Technician and Mother of a Newly Graduated Dentist, presented for consultation regarding treatment for failing posterior long span Maxillary Fixed Bridges. A previous Consultation with a Conventional Implant provider resulted in a treatment plan which was costly beyond her ability to pay, was to take up to a year for completion, and required wearing a Temporary Partial, or a "Flipper" with which she was familiar, but had no desire to wear.

The Preoperative Panoramic film showed in fact bridges #2--6 and #11--15 to be non-restorable and non-replaceable as the damage to the Bridge Abutments was too severe. The only salvageable teeth in the Maxillary were #7, 8, 9, 10, and it was Mary's desire to retain her Natural Dentition if possible. The Mandibular Dentition was stable but in need of Rehabilitation in terms of Direct Restorations and future Crowns on the more Debilitated Teeth.

Mary had a strong desire to keep her own teeth and was committed to restoring the entire mouth, but due to financial limitations, would need to complete this in stages. Our Treatment plan was to Extract the Non Restorable Maxillary Teeth (#5, 6, 11, 13, 14 and 15), place Bone Grafts and Small Diameter Implants at time of extraction as well as Small Diameter Implants in the healed sites replaced currently by Bridge Pontics. The caries present or unacceptable fillings in teeth #7-10 and 20-29 were to be done, with planning to 1) Implant Retained Splints #3-6 and #11-14 2) Place Mini Implant Retained Crowns in place of missing #19 and #30 3) Probable Crowning of #7-10 as well as some Mandibular Teeth requiring crowns.

Temporary Acrylic Bridges would be fabricated from an alginate of the existing Bridges, one of which needed to be recemented to accomplish the impression. The Extractions, Implant Placement and Temporizations were done Unilaterally to preserve the existing Vertical Dimension of Occlusion and Centric Occlusion. The protocol is Temporization for 6 weeks post Extraction/Graft/Implant Placement healing time before Final Impression for the Implant Retained Splint, 3 weeks fabrication time of final restoration, for a Completion Time of 9 weeks total.



The Preliminary Dentistry was completed and the Right side Reconstruction started. Teeth #4 and #6 were extracted gently as to leave the bony crypt of the extracted teeth as intact as possible. To that end, a favorite instrument for Gentle Exodontia is the Hourigan Periosteal Elevator Hu-Freiedy PH2 (Designed by the Late Dr Matthias Hourigan, Oral Surgeon/Teacher Extraordinaire). 2.0 X 13mm Implants were placed in the extraction sockets as shown in the Diagram, and other implants were placed in the Pontic locations. Socket grafts utilizing ReOss Bone Putty by Intralock available through Shatkin First, Amherst NY were placed and the sockets were closed completely using multiple PGA (Polyglycolic Acid) resorbing sutures in a sunburst radial type closure. The ReOss Bone Putty requires no membrane as it utilizes a Biopolymer place holder which allows the Graft Material 12 weeks in which to act. The ReOss has the distinct advantage of being totally synthetic so that there is no disease transfer possibility as there exists with Cadaver, Bovine or Porcine Grafting and

Membrane materials, which patients are very happy to hear. Any gaps in the closure are filled with Hemostyp, available from Shatkin First Laboratory, Amherst, NY. The Temporary is then fabricated using the pre-op alginate of the existing Bridge.

Temporary Material used is Exacta Temp Automix, Exacta Dental, Clinton Township MI, filling the impression above the tissue level so as not to have voids at tissue level. The impression is rocked Buccal Lingual about half way through the set and removed just before total set. (It is easier finishing removed, but on occasions where the Temporary locked in it was just finished in place.) The temporary is adjusted for occlusion and polished in the usual fashion, then cemented solidly with Shatkin First Resin Cement Automix, Shatkin First Laboratory, Amherst, NY. The solid cementation during the healing phase has virtually eliminated failure of the implants to integrate. Any loose or hanging sutures are gently tucked under the Acrylic Temporary. The Patient is rechecked in the first 3 days postop to reevaluate occlusion and tissues. All Lateral forces must be eliminated and Centric contact managed. After 2 weeks healing, the patient should begin careful Oral Irrigation under the Temporary Bridge, cautioning that they should Immediately return to the Office if they should at any time notice the "Coarse Kosher Salt" appearance of the Graft material being flushed out.

At 6 weeks post extraction, a new alginate impression is taken to later replace the temporary which is now carefully cut off the Implants. The Implants are evaluated for stability and the tissue for healing. Although this is now an everyday procedure in our Office, it still is amazing how progressed the healing is and just how good the Surgical Site looks in that short time frame. The Shade Match, Final, Opposing and Bite Impressions are taken and the Temporary is replaced in the same method as before.

We allow 3 weeks interval for scheduling of the seating appointment. The Temporary is removed as at the Impression appointment as before, the Permanent Splint is tried in , adjusted as required and Cemented using Shatkin First Resin Automix Cement, filling the cavity in the splint and coating the ball and square of the Implant. Excess is removed and Occlusion once again reevaluated. A one week recheck is scheduled to check tissue and occlusion.

The same process was repeated for Mary's left side, extracting #11, 13 and 14, placing Implants, ReOss Bone Putty grafts, suturing and Hemostyp in extraction sites, Implants in pontic areas. The same Temporization, Final Impression, Retemporization and Seating protocol was followed as for #3-6.

Mary is thrilled with her final result, which was much less than half the cost of her Contemporary Treatment Plan quote, completed in less than 20% of the total treatment time quoted, no" Flipper" required, and she did not have to go one day without a Fixed Prosthesis in place.

Dr. Gordon Christensen has said that Dentistry needs to pursue Treatment that is Faster, Cheaper and Better. We accomplish that goal beautifully with Minimally Invasive, Small Diameter, Mini Implant Treatment such as this.

Change is Good,

Transformation is

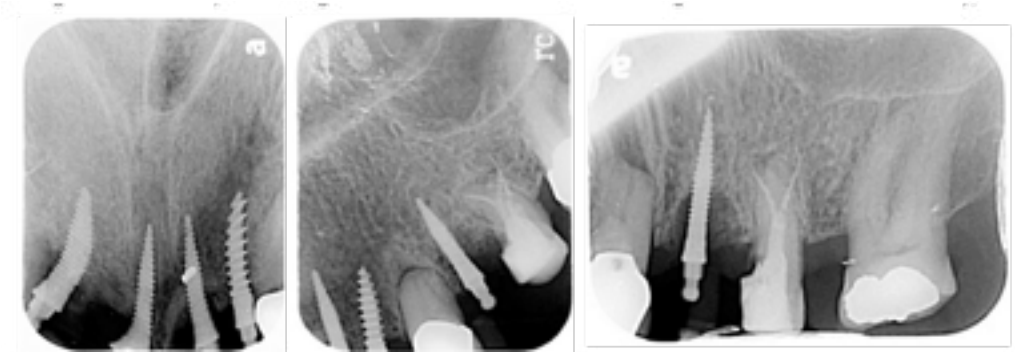
Even Better.

Staged Full Mouth Rehabilitation - Act 2

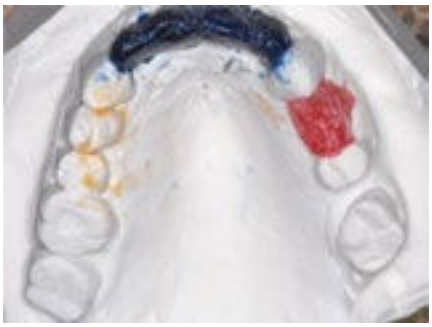
Anterior Implant Retained Fixed Reconstruction to Close an Existing Dental Open Bite

This article will detail the procedure used to replace mobile maxillary incisors due to root shortening from Orthodontic Treatment years prior which were in an Anterior Open Bite Occlusion. Tooth numbers 7, 8, and 9 had been periodontal splinted with orthodontic wire and composite for over 30 years.

After careful pretreatment planning in which a diagnostic waxing was done to confirm feasibility of closure of the existing Dental Open bite on mounted, articulated casts, the restoration chosen was a combination Implant/Natural tooth retained 7 unit Zirconium Oxide based porcelain splint spanning tooth numbers 6-12. Tooth numbers 7, 8, 9, 12 were extracted and 4 2.0x13 implants were placed in the extraction sites. Socket grafting utilizing ReOss Bone Putty, Shatkin First, Amherst NY, was performed by loosely filling the socket to the height of the bony crest and the gingival tissue was sutured as fully closed as possible. In the areas without complete soft tissue closure and full approximation of the gingival margins, Gel Foam cellulose surgical foam was placed to



give an immediate barrier covering over the ReOss Bone Putty, giving the gingiva time to obtain primary closure. Presently, Hemostyp, Shatkin First, Amherst, NY, dressing would be used in place of the Gel Foam, with better healing and results. The ReOss Putty contains a Biofoam polymer matrix consisting of polylactic acid and glycolic acid which acts as a "place holder" to assure that bony healing occurs in preference to soft tissue fill of the extraction socket. A temporary bridge/splint was fabricated using an alginate impression of the diagnostic wax up.



This temporary was cemented with temporary cement (Kerr Clear, Any Dental Supply) but current protocol would be solid cementation with Shatkin First Resin Cement, Shatkin First, Amherst, NY, for rigid fixation of the temporary and healing implants. This protocol has virtually eliminated failure to integrate of implants since implemented. A healing time of 9 weeks was observed at which time, the temporaries were removed and final impressions were made. Current protocol is to replace the temporaries by use of a pre-removal alginate before cutting off (and destroying) the initial temporary. Although a bit tedious, the noticeable near elimination of failures to integrate make it so worthwhile. 9 weeks seems to be a reliable, repeatable interval for soft tissue healing so that the Implant Crown/tissue interface and relationship stays put long term for anterior teeth. In posterior sites, 6 weeks seems to be the reliable healing time frame for final impressions. Shorter healing times in both Anterior and Posterior sites have been tested with good results in many sites, but some disappointment at others. 3 weeks are allowed between final impressions and seating with total healing times, extraction to final restoration, being 12 weeks for Anterior sites (first bicuspids, cuspids and incisors) and 9 weeks for posterior sites (2nd bicuspids and molars).

CASE STUDIES *continued.....*

The restoration, fabricated by Shatkin First Laboratory, Amherst, NY, was seated with minimal adjustment. Shatkin First Auto-Mix Resin Cement was used for the Implant Crowns and Rely-X (3M) Resin Modified Glass Ionomer Cement was used for Conventional Crowns. As is our protocol for all Implant Retained Crowns and Bridges, the occlusion was rechecked 1 week later to assure proper intensity of contact and strictly manage lateral forces.

Bob is very pleased with his results. He was unhappy with the appearance of his teeth for many years and was quite concerned about losing them. Closing the Dental Open Bite made this case a question at first as to whether 1.) It could be done feasibly and 2.) If the Aesthetics would be acceptable.

With imagination, preparation and diligent execution, we have the capability of doing complex Reconstructions that were not even imagined just a few years ago due to the extreme versatility of the Minimally Invasive Dental Implant.

"Imagination may be the only restraint in your Treatment Planning."

Alan F. Robinson DDS, PC

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Mini Dental Implant Practice

Alan F. Robinson, DDS, FAGD, FIAMDI, FICOI, MIAMDI, MICOI, DICOI

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Fellow, International Academy of Mini Dental Implants
Fellow, International Congress of Oral Implantologists
Master, International Academy of Mini Dental Implants
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- Henry Ford Hospital Consulting Staff
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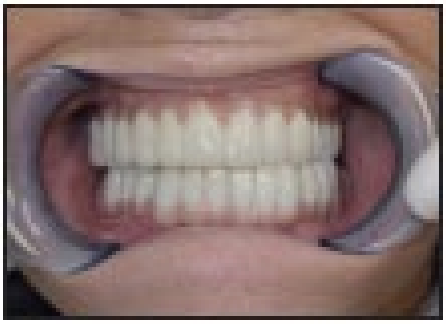

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DCLase is the perfect device for laser beginners as well as lasers experts.

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Weight: approx. 1.5 kg
Display: LCD Color Touch Screen
Wavelength: 980±10nm
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Operation modes: continuous wave (CW) or single pulse or pulse sequence
Pulse length: 50µs to 30s
Pulse Interval: 50µs to 30s
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SCHEDULE OF EVENTS

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International Academy of Mini Dental Implant Annual Meeting

October 21-22, 2016
Denver, Colorado
16 CE Credits, Meeting Cost $1,295

The annual meetingof 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 Intregrity. 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

November 21-22, 2015
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 12-13 2016
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 12-13 2016
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 2016 course schedule visit www.shatkinfirst.com

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- Dr. Todd E. Shatkin,
President of the International Academy of Mini Dental Implants

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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

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

  The website will take you directly to a simplified form to submit your clinical cases. You can easily cut and paste text or images in the preformatted template.

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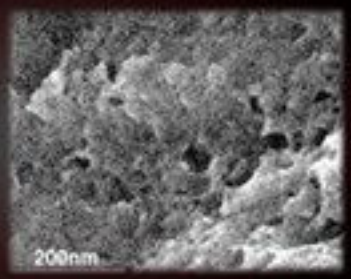

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- Dr. Todd E. Shatkin,
President of the International Academy of Mini Dental Implants

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- **A reliable and highly experienced dental laboratory with over 140,000 Mini Dental Implant restorations fabricated to date**
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