Implant mentor program 2024
Session four

Dr. Ali Afshar
Dr. Bill Holden
Sunday March 24th, 2024

Course schedule for today:

SESSION 4

Sunday March 26th

9 a.m. to ?

Debrief from live surgery day

Implant maintenance and recall frequency

Ordering lists, setup, and implementation in your practice

Marketing

Fees and codes

Final exam

Handouts/USB docs, and the future



A few reminders on equipment processing and sterilisation...

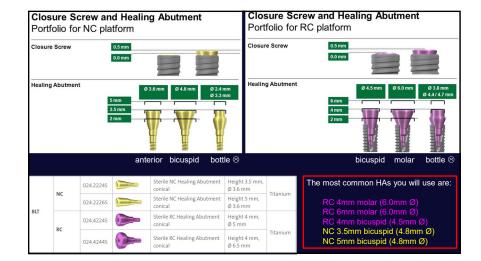
- Use rinsing tip to clean out internal irrigation drills
- Implant surg kit comes apart
- Torque wrench comes apart
- Extra dish of saline for bits n parts after use
- Some implant handpieces comes apart
- The implant motor and cord are autoclavable, note motor cap
- Reprocessing healing abutments, etc., if tried in

A few reminders on sterile technique and safety...

- Patient draping
- Scrub/gown mechanics for clean technique
- Tray and surg kit lids
- Use gravity when carrying implant on handpiece
- Beware the cookie cutter: take it out of the handpiece!
- · Where to place implant drill when not in use
- Trapping suture needles, care with scalpel blades

And a few more things we need to review...

- 850/30 protocol: benefits and risks, what about 1000 rpm?
- Importance of precise incisions and deliberate flap reflection
- Use Molt curet and use adjacent tooth as a fulcrum
- Set out your chosen drill sequence once you have settled on implant size
- Get in and get out—NO good comes of prolonged surgery
- Talk to your patients, they are nice people!





Review...healing times

How long until you can restore your lower implant?

12 weeks

And for an upper implant?

12 weeks minimum, often 16

And if poor initial stability or impaired healing?

6 months

remember these are all minimums

Evaluating an implant: what am I looking at?

- 1. PA at bitewing angle, to assess crestal bone
- 2. Tap implant (it should ring like a bell)
- 3. Check implant and adjacent teeth for mobility
- 4. Screw access sealed and not worn
- 5. Check occlusion with articulating paper
- 6. Check contacts with floss
- 7. Press on marginal gingiva from six aspects
- 8. Probe implant if any suspicious areas

Recall frequency...

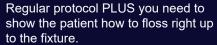
...pretend it's an endo.

- Follow up check and PA in ~6months
- Check crestal bone height on posterior implants w routine bitewings
- Check occlusion and contacts on implants at regular recalls

If an implant or implant restoration is going to have a problem, often it is in the first several months.

Homecare and implants

Single tooth implants: Regular protocol PLUS



If large embrasure spaces, consider Rx Soft Pics or similar.



Homecare and implants

Overdenture abutments:



Rotary toothbrush is pretty well mandatory 24 hour wear of overdentures is not desirable

Homecare and implants Bars and fixed hybrids: Most patients will have a WaterPik, Water

Flosser, or Hydro Floss
Floss threaders/Superfloss another option

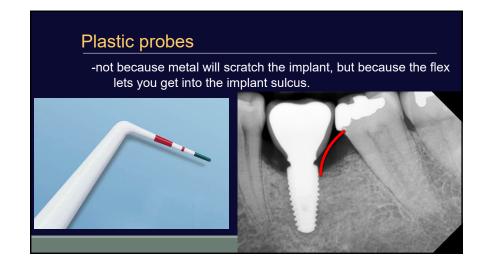
24 hour wear of overdentures is not desirable

We generally probe the peri-implant sulcus only when there is a reason, not as a random screening tool.

We DO, however, press on the peri-implant tissues with an instrument. Six aspects, MB B DB DL L ML.

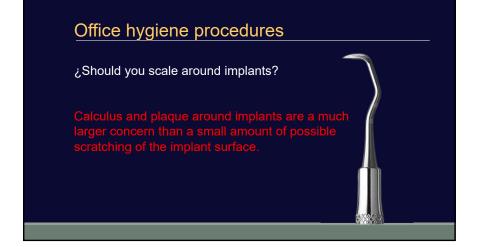
Remember, exudate = bad news.





Office hygiene procedures

- Scaling implants and prostheses
- Plastic scalers are worthless
- Graphite are almost worthless
- Titanium scalers are actually not that bad, we have a few sets
- Plastic Cavitron tips available for use on metal
- Some suggestion that plastic probes and Cavitron tips leave residue on the implant $\ensuremath{\mathfrak{S}}$



Irrigating inside/around implants...what to use?

- · Chlorhexidine?
- Hypochlorite (bleach)?
- Hydrogen peroxide?
- Betadine?
- Essential oils (Listerine, etc.)?
- Vodka?

Sadly there is no one great choice



Getting ready for your first patients in your own office

- · Get your staff on board
- · Choose good starting cases and BOOK them
- Use the implementation sheet to make sure you have everything you need
- Involve your rep early
- Keep good records
- Ask us for help, and share your first cases with the group

Get your staff on board...

- Make an official announcement to all of them
- Make it about the patients, not the \$\$
- Spend time with your front end reviewing fees, codes, appointment lengths, and typical appointment sequencing
- Spend time with your back end explaining the procedure and what to expect
- · Help at first with setup and takedown
- · Consider sending an assistant to our training course
- Say Thank You! A lot!

Set up for success

- · Where should you store your implant stuff?
- Which is the best operatory in your clinic?
- Where will the tray, drill unit, etc. go?
- Do you have an assistant who is better at surgery?
- What is the best time of day/week for implant placement appts?

Involve your rep early. A great rep will...

- · Make sure you have everything you need
- Unpack and setup surg kits and drill units
- Help your staff with operatory setup and infection control
- Be there to make sure everything goes smoothly
- · Loan you any obscure parts or equipment
- Possibly bring donuts

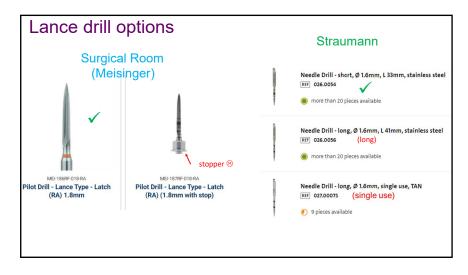


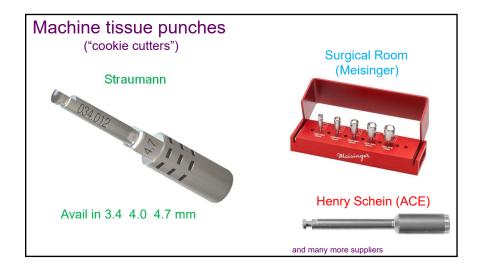


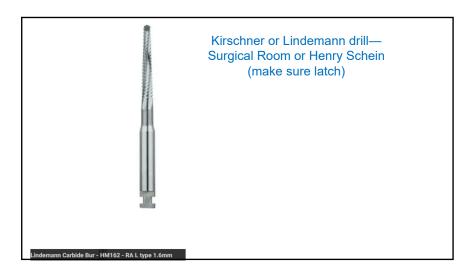
Suggested adjustments to the Straumman BLT surgical kit

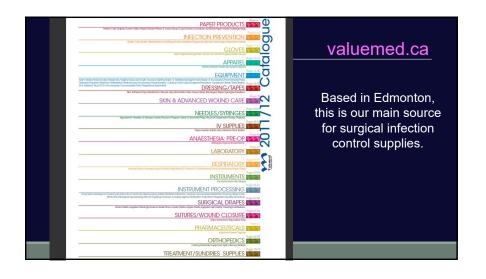
- · Add one Straumann short guide pin
- Add lance drill, Straumann calls it a needle drill 026.0054, or Meisinger from Surgical Room
- Buy 4.0 and 4.7mm (or similar) cookie cutters, but bag separately
- Optional: remove round burs and bag separately
- Add one Lindemann or Kirschner bur
- · Buy bone profiler size 2 with guides, bag separately











The best price on irrigation tubing is usually either the implant companies themselves, or Precision Dental Handpiece out of Vernon BC.

Our "Holden Implant Surgical Packs" are put together by The Surgical Room out of Markham ON. *Currently back-ordered*.

The Cadillac of implant stores is Salvin Dental Specialties in North Carolina. They have everything. Not cheap.

A Canadian grafting and instrument source is Citagenix, and they have a local rep. They were recently bought by Hansamed, the Canadian Geistlich reseller.

Improv implant cement is now discontinued.

Your dental supply company can supply

Most hand instruments Irrigation tubing (usually under parts) but expensive 8.5 x 15" sterilisation bags Surgical gloves Several sizes CSR wrap

Henry Schein sells ACE surgical supplies, incl RCM6 membranes, RCTape, RCPlug, and common instruments including tissue punches and Kirschner burs.

Bone

We often bring in our bone grafting materials in large orders. This is not practical for your offices. The good news is that the implant companies and The Surgical Room now re-sell the simple products you will require.

Straumann and The Surgical Room both sell LifeNet Oragraft Min Cort 0.5cc

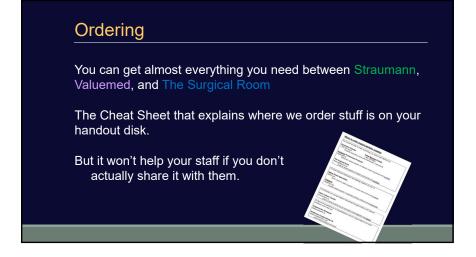
other sources are Community Tissue Svcs, Salvin, Citagenix, BioHorizons, Rocky Mtn, etc.

And the giant plastic organiser boxes that fit all the little sterilisation bags full of bits and parts...come from Practicor



Extra-tall 16 Compartment Tuff 'Tainer Box Unbreakable all-purpose divider boxes organize, store, protect and transport smaller supplies

The multi-purpose Extra-tall 16 Compartment Tuff "Tainer® Box stores, organizes and protects supplies from airborne contaminants." Lock-in" grooves with removable dividers allow for an infinite variety of compartment combinations and sizes. Hinged lid snaps tightly shut with two locking clasps. Made in USA of tough, translucent polypropylene plastic. Surface disinfect only. Features built-in handle and feet for upright storage. Measures 15 5/8"L x 9 1/2"W x 3 1/8"H. Individual compartments are 3 3/4"L x 2 1/8"W x 2 7/8"H.





Ten tips for selling this therapy

- 1. Use visual models of the arch
- 2. Show patients a dummy implant, and let them handle it.
- 3. Refer to quality of life, as opposed to clinical need.
- 4. Use flat fees to eliminate fear of the unknown.
- 5. Make sure everyone in your office is on board.
- 6. Be confident.
- 7. Use testimonials.
- 8. Use the eyeglass analogy (or other prosthesis).
- 9. Emphasize that it is the best from a range of options.
- 10. Plant the seed!



Surgical fee must cover:

- · Cost of implant fixture
- Cost of disposable products
- Over time, the cost of reusable products
- Over time, the cost of drill set, surg kit, etc.
- Over time, the cost of training
- Clinic overhead
- Some profit at the end to feed your family

Restorative fee must cover:

- Cost of abutment and laboratory charges
- · Cost of disposable products
- Over time, the cost of reusable products
- · Over time, the cost of restorative kit
- Over time, the cost of training
- Clinic overhead
- Some profit at the end to feed your family

Sample placement calculation:		Sample restorative calculation:	
 Implant 	\$485	Lab fee & parts	800
Healing abutment	65	Disposables & reusables	160
 Disposables 	100	Restorative kit	30
 Reusables 	80	Amortisation on IOS	50
 Drill set/surg kit 	160	1hr overhead	210
 Training 	100	• Profit	<u>750</u>
 2hrs overhead 	420		
 Profit 	<u>750</u>		
total	2160	total	2000

Our sample calculation:

Surgical fee would be \$2160

Restorative fee would be 2000

total 4160

Profit would be \$1500

Obviously this is just a sample exercise and your clinic's situation is unique.

What do Ali and Bill charge?

2024 typical fees...

• STI to completion \$4745

• STI to healing abutment \$2485

• Implant crown incl lab \$2260

incls CBCTs at pan fee, meds, minor grafting, radiographs, follow-up, witty banter

Basically implant + crown = approximately \$5K.



What if you are an Associate?

Figure things out with your Principal BEFORE you start.



- Who owns the surgical kit?
- Who owns the inventory?
- Are parts you supply part of "lab"?
- Is a different % of collections needed?

And remember: if you leave, a copy of the Implantable Device Record goes with you.

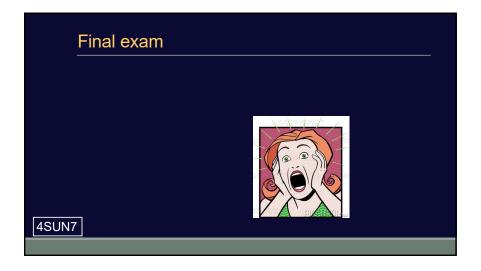
Dental insurance plans

Myth: "insurance won't touch implants"

- •More than 50% of dental plans cover some portion of the implant procedure
- •In some cases, alternate benefit clause applies
- •Note the GWL adjacent tooth rule
- •Note that some plans will not pay for the implant placement until the crown is in
- •And after 40 years, the annual maximum is *still* \$1500 [sigh]

Assignment of benefits Never a great idea to accept assignment Especially risky with implants Will put you in a bad position if there is a disagreement between pt and their carrier







What to do next?

Place some implants! Lots of implants!

You will get **much** more out of your next course if you already have a bunch of implants under your belt.

- -Grafting and anterior/aesthetic courses
- -Mini-residencies (we hate that term)
- -Cadaver courses
- -Study clubs
- -Our implant seminar series
- -Maxi-courses or similar



- 1. Get your staff on board.
- 2. Acquire a system, stock, and sundries.
- 3. Set fees, create paperwork.
- 4. Plan ideal appointment time, operatory, staff.
- 5. Book patients and treat them.
- 6. Repeat 5. above.

