IMPLANT NINJA
POCKET GUIDE

"How to Place Implants like a Ninja"

TABLE OF CONTENT

PATIENT SELECTION

Selection is Key and you have to a system in place to ensure your treating the right patients.

"Deal Breakers" which lead us to automatically decide that we will not treat the patients. Then there are some "Red Flags"-- 2 red flags and we will also not treat the patient.

Deal Breakers:
Drug abuser
Involved in a Lawsuit
Complained to the Dental Board
IV Bisphosphonates
Patient wants implants in mandible, had Radiation with Dose to Bone at site above 55 Gy.

Red Flags:
Says the word "Perfect," as in "I want my teeth to be Perfect."
Smoker
Poor Health
Bad Vibe
Looking for the cheapest possible treatment
Depression
Got a refund from a previous dentist
Talks so much that they interrupt your explanation of treatment

Red Flag Medication Quick List

Bisphosphonates
FOSAMAX (Alendronate)
Zolendronic acid (Reclast or Zometa)
Didronel
Boniva
Aclasta
Atelvia
Actonel
Aredia
Binosto
Skelid

Antiresorptive agents:
Denosumab
Xgeva
Prolia

Antiangiogenic agent used in cancer chemotherapy
Sunitinib (Sutent)
Bevacizumab (Avastin)

Corticosteroids
Long-term Prednisone with fosamax

WHAT YOU NEED

Implant Ninja Basic Checklist

Here is a list of suggested items; things likeanesthetic or cotton tip applicators are not included on this list because I am assuming you already have the basic dental equipment for restorative procedures or pulling teeth.This is a fairly bare-bones list because it is most important to have these essentials stocked.

Restorative

1. Restorative Kit
2. Long bit and Short bit
3. Adjustable torque wrench
4. Impression copings for various implant platforms
5. Implant Analogs
6. Teflon tape to close access holes

Surgery

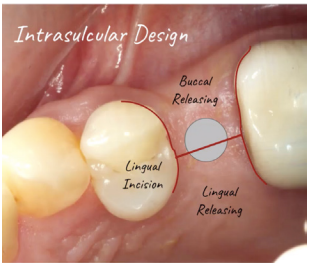
1. Implant Motor
2. Surgical Handpiece
3. Surgical Drill Kit
4. Drills
5. Screw taps
6. Parallel pins
7. Implant carrier
8. Torque wrench
9. Hand driver
10. Sterile surgical gloves (2 sets)
11. Metal Dish (2) for saline and for bone graft
12. Dental mirrors (2)
13. Cotton pliers (2)
14. Periodontal probe
15. Minnesota retractor (2)
16. #9 Molt Periosteal elevator
17. Woodson periosteal elevator

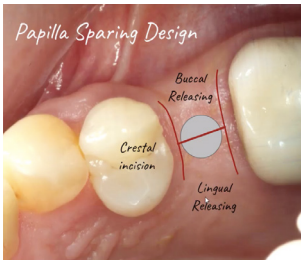
Surgery

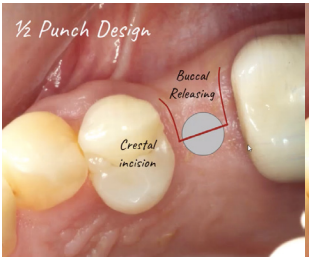
18. Tissue punch
19. Hemostats
20. Curved hemostat
21. Surgical scissors
22. Needle holder
23. Scalpel -15 blade and 12 blade
24. Adson tissue forceps
25. Sutures - Polypropylene - Catgut - PTFE
26. Sterile Saline
27. Chlorhexidine Gluconate (I have my patients swish for 2 minutes right before surgery,after brushing their teeth)
28. Implant Surgery Pack (sterile kit including drapes, gowns, suction tips, syringes, andbarriers for handpiece and suction)
29. Desired implant size
30. Back-up implant size (one size wider than the one above)
31. Healing abutment (having various sizes helps)
32. Cover screw (typically comes with the implant)
33. Bone graft (Mineralized Allograft cortico-cancellous mix)
34. Resorbable collagen membrane

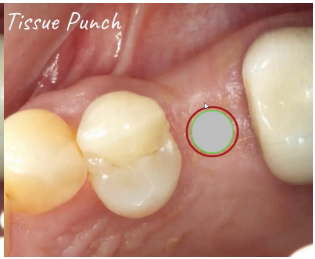
NOTES

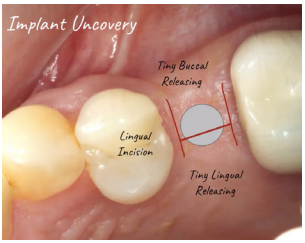
FLAP DESIGN











1. Easy way to presever keratinized tissue is to use a cover screw and allow the tissue to heal over the implant.

2. During the implant uncovery, use a lingually displaced crestal incision.

NOTES

Anatomical Considerations

Some of my comments on Mandibular Anatomy

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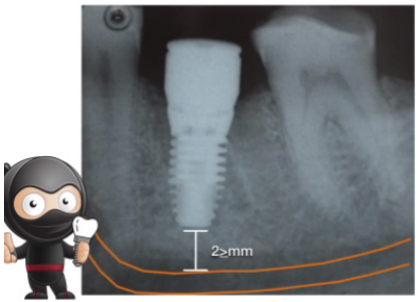
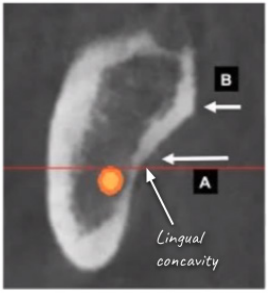
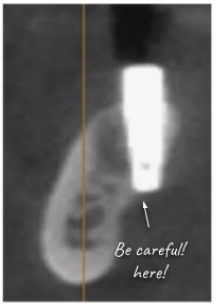
Keep at least **2mm safety distance away from the IA!** For implant placement at molar sites, I only use local infiltrations with septocaine w epi.

Always feel for the **"lingual concavity"** with your finger during your initial exam. You can clearly see it in a cone beam as well.

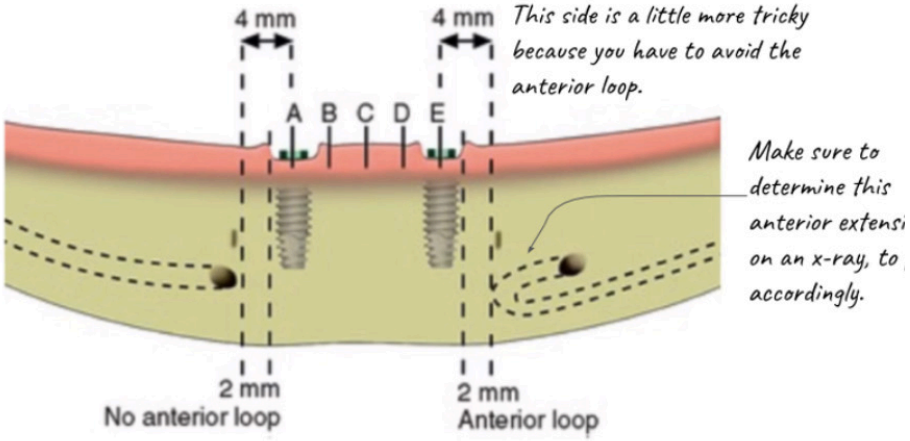
Sometimes we err on the side of placing the implant too lingual because the buccal bone slopes at an angle and makes us nervous. Be careful because you might traumatize vasculature at the apex.







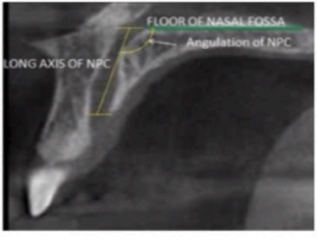
Carefully consider the anterior extension of the IA nerve when planning implants in this region.

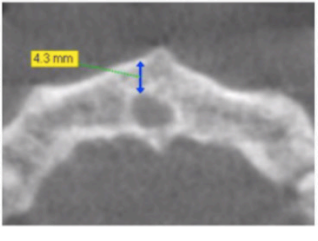


Some important considerations on Maxillary Anatomy

*When learning dental implant surgery, I would recommend taking on cases that have **at least 8mm** of height in the posterior maxilla. For your first few cases, I would recommend **no less than 10mm** of bone height, actually. That way you reduce any worries about sinus perforation.*

The nasopalatine foramen can often be larger than you expect. Measure it carefully prior to your surgery. Take care to keep a safety distance away from this nerve as well so you avoid any altered nerve sensations.





Tissue Biotypes:

Thick Biotype

- More resilient to inflammation/ trauma

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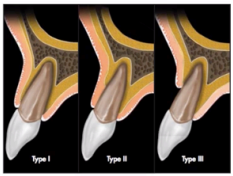
Thin Biotype

- More sensitive to inflammation/trauma
- More recession after EXT
- **Treat with caution, consider referring for tissue grafting**
- **Always warn about gum recession! Inform that it is often difficult to get a predictable gingival margin.**

SOCKET CLASSIFICATIONS

ANTERIOR SOCKET CLASSIFICATION

- Type 1 socket is favorable for immediate implant placement, while type II and III will need augmentation procedures.
- Type I sockets are the easiest and most predictable to treat. Most of the cases seen demonstrating excellent aesthetics with implants are Type I sockets. This is particularly true if the soft tissue profile is thick and flat as opposed to a highly scalloped, thin profile.
- Type III sockets, however, are very difficult to treat and require soft tissue augmentation with additional grafts of connective tissue, or connective tissue and bone, in a staged approach to rebuild lost tissue. These cases are associated with soft tissue recession and loss of the buccal plate on the tooth prior to extraction.



POSTERIOR SOCKET CLASSIFICATION

- Smith & Tarnow Socket Classification:
  - **Type A socket:** The socket has sufficient septal bone to surround the entire implant and primary stability is entirely supplied by the septum.
  - **Type B socket:** The septal bone will partially surround the implant, enough to achieve a minimal torque value, although sometimes the implant may need to be placed slightly apical (3–5 mm) in order to achieve primary stability *.
  - **Type C Socket:** In this type of socket, the shape is similar to an hourglass where the thickened area corresponds to the furcation. The problem in placing immediate implants in this type of site is engagement with the socket will require a wide body implant (7–9 mm) to achieve primary stability with the buccal and lingual walls. This type of socket may be better managed using a staged surgical approach, grafting the socket at extraction and placing the implant at a later date.

Type A socket. The coronal portion of the implant is completely contained within the septal bone

Type B socket. The implant is stabilized but not completely contained by the septal bone; a gap is present between the implant and the inner socket walls.

Type C socket. No septal bone is available for implant stabilization. A wide- diameter implant must engage the inner aspects of the socket walls and/or bone apical to the socket to be stable.

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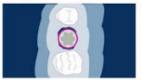
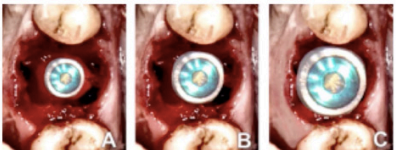


Type C socket. No septal bone is available for implant stabilization. A wide- diameter implant must engage the inner aspects of the socket walls and/or bone apical to the socket to be stable.



SOCKET TYPE A/B CASE

- **A typical type A/B socket in a lower molar site presents with adequate bone in the furcation area following extraction to achieve primary stability. Initial osteotomy preparation is created with a pilot drill into the center of the furcation bone.**
- **A round surgical bur may be used to create a pilot point to avoid the pilot drill from redirecting into one of the root spaces. The osteotomy may then be expanded with wider osteotomy drills, expanding to an adequate width for implant placement.**

SOCKET TYPE B/C CASE

NOTES

SELLING THE CASE

The word “Selling,” in healthcare is often seen as a taboo topic. If you truly believe that the treatment is in the best interest of the patient, then I personally feel there is nothing wrong with doing your best to present the treatment effectively.

Humans react instinctively to certain stimuli.

The following principles are from the Psychology of Persuation by Robert Caldini:

The contrast principle - People compare what you tell them to the last thing they referenced
The law of reciprocation - People want to repay favors
Commitment and Consistency - People want to be consistent with what they said they would do.
Social Proof - People want others to have tried it first and liked it.
Liking - People tend to agree with those who are similar to them and with whom they like.
Authority - People tend to listen to people who have badges of authority.
Scarcity - People want something more when it is scare.

By the way...
I never try to push a patient into accepting treatment. (This can lead to buyer’s remorse, and they can regret their decision. This will lead to unhappy patients, and as a result, an unhappy you.)

Implant Insurance Codes

D6010 Dental Implant Surgery

D6011 Second Stage Implant Uncovery

D6057 Custom Abutment

D6056 Prefabricated Abutment

D6059 Abutment Supported PFM (high noble)

D6065 Implant Supported Porcelain/Ceramic Crown

D6240 Implant Bridge Pontic

D6104 Bone Graft at time of Implant Placement

D7950 Ridge Augmentation

D7952 Sinus Lift (Vertical Approach)

D4270 Soft Tissue Graft

D4273 Connective Tissue Graft

D6013 Mini Implant

D6100 Dental Implant Removal

D5862 Overdenture Attachment

NOTES

Prescriptions Quick List

Antibiotics:

Amoxicillin:500mg tabs
Disp: 15 tabs
Take 2g 1 hour prior to procedure
Take 1g 6 hours after initial dose
Next day take 1 tab tid til gone

Clindamycin:(If allergic to amoxicillin)
300mg tabs
Disp: 12 tabs
Take 2 tabs 1 hour prior to procedure
Take 1 tab 6 hours after
Take 1 tab tid for 3 days

For infections:

Clindamycin:
300 milligram tabs
Disp:23 tabs
Take 2 tabs stat and then take 1 tab three times a day for 7 days

Antiseptic:

Chlorhexidine oral rinse 0.12%
Dis: 1 pint bottle
Sig: 15ml swish and spit 3 times per day for 2 weeks

For anxiety:

Valium 5mg
Disp: 1 (one) Sig: Take 1 tab a night before procedure at bed.
***No driving w/in 8 hours of taking Valium**

Prescriptions Quick List

For pain:

Tylenol #3 Tylenol (codeine + acetaminophen)
Disp: 12 tabs
Sig: Take 1 tab qh6 prn pain

If codeine allergy:
Maxigesic (500 mg acetaminophen + 150 mg ibuprofen)
Disp: 24
Sig: Take 2 tabs 1 hour prior to procedure then qh6 prn pain for up to 2 days

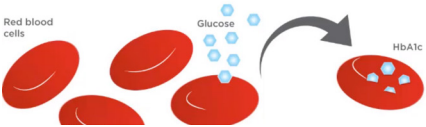
NOTES

Medical Screening

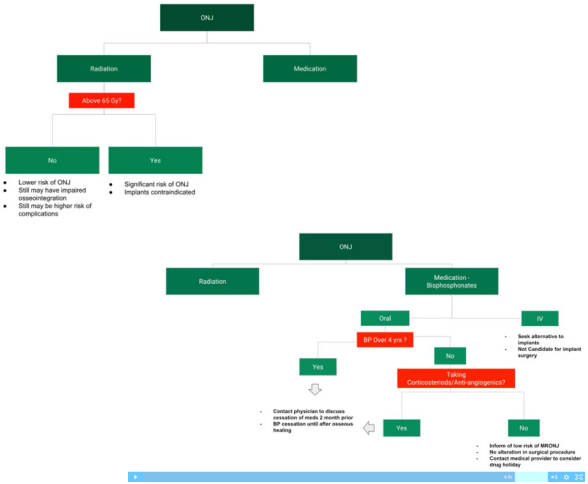
Diabetes

HBA1c

Risk	Mean Blood Glucose	HBA1c	Type 1	Type 2
Mild	<150	<7	+	+
Moderate	150-240	7-10	+	+
Severe	Uncontrolled, >240	>10	+	Postpone all elective procedures



Radiation



NOTES

Ninja Stars (HIGH YEILD)

Drill Speeds:

- 1300 RPM (MANDIBLE and ALVEO)
- 900 RPM (First Drill) and slowly decrease speed to 350 RPM for final Drill.
- Implant Placement: 45 Ncm
- Healing cap or abutment : 20 Ncm

Always assess bone quality with piolet drill

Always Mark your Starting Point

Implant Surrounding Bone and teeth

- 1.5mm of Bone on every side (at least)
- 1.5mm from adjacent teeth
- 3mm from adjacent implant
- 2mm from vital structures

Keep Your Surgery Sterlie

NOTES

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