

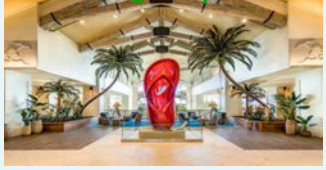


Instructor:  
Randolph R. Resnik, DMD, MDS

### UPCOMING COURSES

#### New Venue for Surgical Sessions

The Misch Orlando Surgical Sessions will be held at the new Margaritaville Resort Hotel in Orlando, Florida. This venue features four onsite restaurants and lounges, lagoon style pool and sand beach, 16-acre water park, a spa & wellness center. Within walking distance is the Sunset Walk, which is a fabulous outdoor district containing over 30+ retail and dining hot spots.



Margaritaville Resort Hotel  
Orlando Florida

#### Session 1

Patient Evaluation, Treatment Planning, & Implant Placement into Submandibular Bone

#### Session 2

September 25-26, 2020

Multiple Implant Placement and Treatment of the Edentulous Arch

#### CBCT BOOT CAMP

October 15, 2020

#### Session 3

October 16-17, 2020

Implant Placement & Bone Augmentation into Compromised Sites

#### Session 4

November 20-21 2020

Treatment of the Posterior Maxilla: Osteotome & Lateral Wall Technique

#### Session 5

January 8-9, 2021

Immediate Placement & Loading, Soft Tissue Considerations

### FLAP vs. FLAPLESS SURGERY: What Do The Latest Studies Say?

by Randolph R. Resnik, DMD, MDS

The conventional implant surgical approach involves flap elevation, which many in the literature have associated with an increased hard and soft tissue loss post-operatively. An alternative technique to alleviate the above issues involves the use of a flapless surgical protocol. This technique entails no reflection of the crestal soft tissue and placement of the implant through the osteotomy opening. The advantages of flapless surgery are: (1) decreased surgery invasiveness; (2) minimizes bleeding; (3) reduces inflammation and post-operative pain; (4) maintains vascular supply resulting in hard and soft tissue preservation, (5) no suturing, (6) faster surgery.

However, the flapless surgery technique does have inherent disadvantages that may be detrimental to the prognosis of dental implants. These include: (1) inability to assess the bone volume before or during the implant osteotomy and insertion; (2) inability to determine perforation of the cortical plates; (3) loss of keratinized tissue due to the use of tissue punches, (4) difficulty in visualizing the crestal bone area, resulting in position poor apico-coronal positioning; (5) possibility of overheating the bone and causing thermal damage, and (6) soft tissue entrapment into the osteotomy site, which may lead to a retrograde infection.

Until recently, there has been no general consensus regarding the difference between the flap and flapless surgical techniques with respect to the marginal bone loss and survival rates of dental implants. Recently, Cai et. al. reported on a systemic and meta-analysis long-term study of 8607 patients and 20,428 implants.

**Conclusion:** The results concluded that comparing the two techniques, there was no significant difference between the **implant survival rate, marginal bone loss, and complication rate**. Interestingly, the long time theory that flap elevation leads to bone loss was refuted in this study. In addition, guided or free-hand implant insertion does not significantly affect the long term prognosis when comparing flap vs. flapless technique. However, the surgeons experience along with surgical guide costs should be considered.

*Cai, He, et al. "Long-term clinical performance of flapless implant surgery compared to the conventional approach with flap elevation: A systematic review and meta-analysis." World Journal of Clinical Cases 8.6 (2020): 1087.*

## In Memorium



Jennifer Berg (1960-2020)

*It is with great sadness that we inform the dental community of the passing of Jennifer Berg. As many of you know, Jen was a mainstay at the Misch Institute for over 25 years as the membership director of the International Congress of Oral Implantologists (ICOI). Jen was a long-time favorite of the Misch Institute faculty, staff, and attendees. Jen is survived by two daughters, a son and two grandchildren. The Misch Institute offers our deepest condolences to her family during this difficult time.*



## SURGICAL SESSION 2: Treatment of the Edentulous Arches

September 25-26, 2020 Orlando, FL

### COURSE TOPICS:

- Edentulous Implant Treatment Planning
- Mandibular Implant Placement
- Maxillary Implant Placement
- Edentulous Treatment Planning Factors
- Pharmacological Protocol in Oral Implantology
- Post-Op / Incision Line Opening
- Mental Foramen Exposure Technique
- Avoiding Posterior Mandible Complications
- Alternative Anesthesia Techniques
- CBCT Dual Scan Technique
- Full -Arch Zirconia Prostheses
- CBCT Interactive Treatment Planning
- Previous Recorded Surgeries
- Practice Management - Integrating Implants In Your Practice
- **HANDS - ON LAB:**
- Aseptic Technique + Lab
- Split Finger Surgery Technique
- Bone Density / Osteotome
- AcellularDermis Grafting
- Reduction Guide/Bone Supported Template

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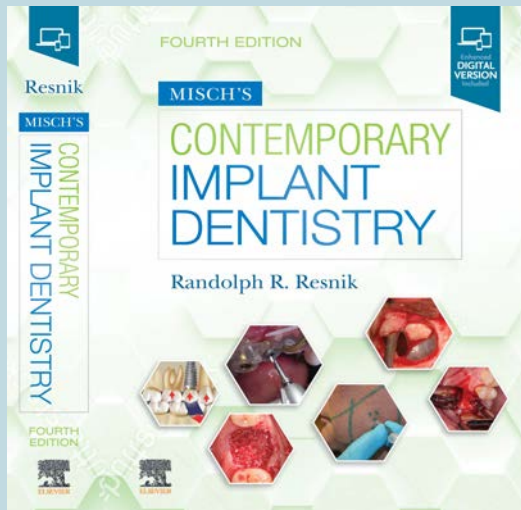
## NEW MEETING GUIDELINES DUE TO COVID-19

For all future Misch Institute meetings, social-distancing protocols will be implemented along with COVID-19 prevention supplies will be made available to all staff and attendees. In addition, the Misch Institute has integrated the following CDC recommended strategies;

- All lectures will be in an enlarged space (Main Ballroom)
- Lecture room seating has been rearranged to comply with social distancing
- One attendee per 6 foot table
- Enlarged Exhibitor space and tables
- Hand Sanitizer and trash baskets available
- Disposable Face Masks available to attendees
- Sanitation and disinfection of common and high-traffic areas

The Misch Institute along with the Margaritaville Resort and Hotel will continually monitor the latest CDC guidelines and implement new policies as necessary. We appreciate everyone's understanding and flexibility with this very difficult situation. If you have any questions, please contact Heidi at 248-642-3199.

Respectfully,  
Randolph R. Resnik, DMD, MDS  
Director – Misch Implant Institute



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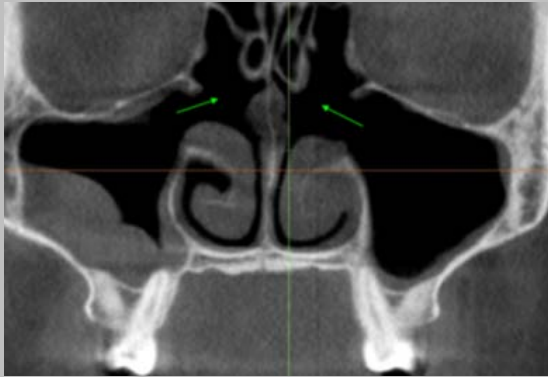
JOIN us for  
Dr. Resnik's next  
LIVE Webinar

"Literature-based Socket  
Grafting Protocol"

JUNE 26, 2020  
9:00am Pacific Time

[CLICK HERE TO REGISTER](#)

## QUESTIONS OF THE MONTH



### #1: CBCT ANATOMY QUESTION

The enclosed coronal CBCT image is bilaterally missing what anatomic structure (green arrows)? Why have these structures been removed?

### #2: IMPLANT STUDY OF THE MONTH:

In a recent 7-year prospective study, Pang et. al. evaluated the prevalence of proximal contact loss between implant-supported fixed prostheses and adjacent natural teeth (red arrow). It was concluded that the bone level and root configuration of the adjacent teeth, the proximal contact position and jaw position of the implant prostheses were statistically significant factors. What percent of patients in this study exhibited proximal contact loss within a seven year time frame?

Which of the following is correct?

- 20 %
- 40 %
- 60 %
- 80 %



*Pang, Nan-Sim, et al. "Prevalence of proximal contact loss between implant-supported fixed prostheses and adjacent natural teeth and its associated factors: a 7-year prospective study." Clinical oral implants research 28.12 (2017): 1501-1508.*

## ANSWERS

### CBCT Question # 1

**Answer:** Missing: Bilateral middle turbinates

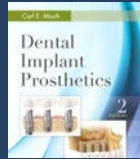
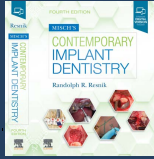
- These structures are most commonly removed for the treatment of chronic rhinosinusitis, which allows for maxillary ostium patency and ease of drainage of the maxillary sinus.

### Implant Study of the Month Question #2

**Answer:** C (60%)



Misch International  
Implant Institute



## TEXTBOOKS FROM MISCH INSTITUTE

[Contemporary Implant Dentistry Surgery - 4th Edition](#)  
[Misch's Avoiding Complications in Oral Implantology - 1st Edition](#)  
[Dental Implant Prosthetics - 2nd Edition](#)

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