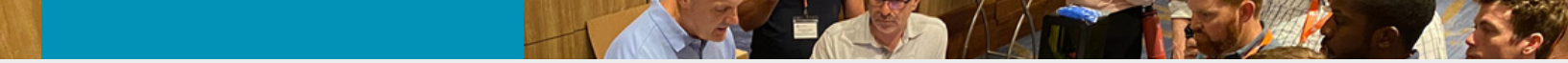

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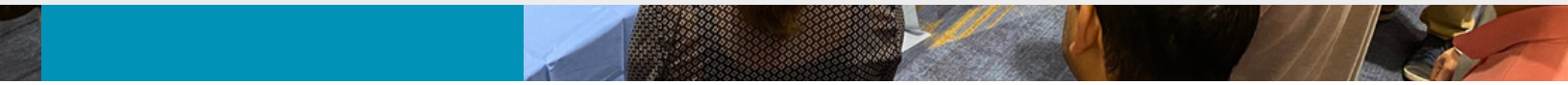
NEWSLETTER

July 2023 / Vol 21



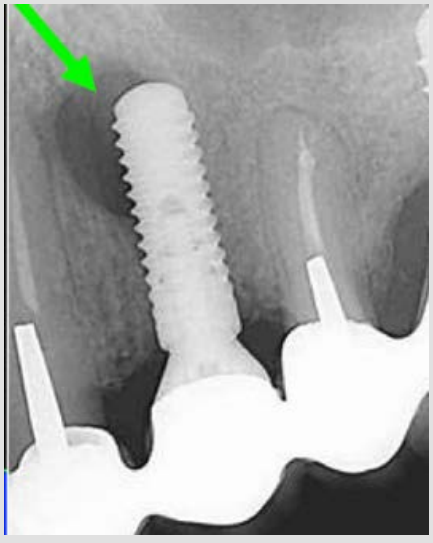
POST-OPERATIVE PERIAPICAL PATHOLOGY AROUND DENTAL IMPLANTS

by Randolph R. Resnik DMD, MDS

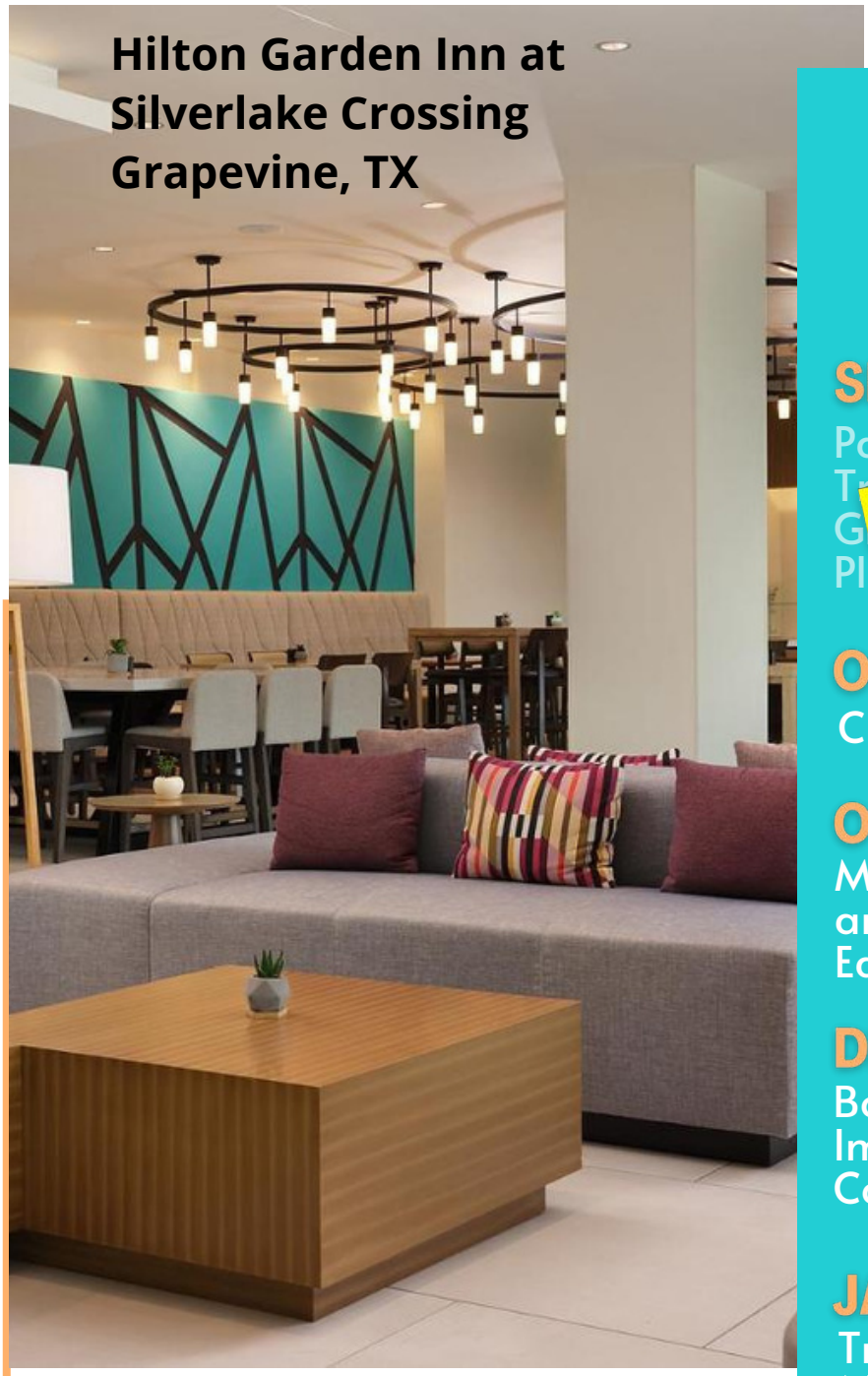
Following implant placement and recall examinations, case reports have shown the genesis of periapical lesions (radiolucency) at the implant apex, which may suggest a possible precursor to failure of the endosseous implant. In most cases, a periapical lesion is present while the coronal portion of the implant remains free of bone loss. These periapical lesions have been termed apical peri-implantitis or retrograde periimplantitis. The prevalence of these lesions has been shown to be less than 1%, however when the implant site is near an adjacent root canaled tooth, the prevalence has been shown to increase to approximately 8%.

Because of the multifactorial etiology of periapical lesions around dental implants, there is no accepted general consensus on the treatment. The treatment regimen is defined by subjective and objective symptoms.

Asymptomatic. A clinically asymptomatic periapical radiolucency is considered to be inactive when radiographically there exists evidence of bone destruction with no clinical symptoms. This may result from placing an implant into a site in which the osteotomy was prepared deeper than the implant length, resulting in an apical space. Also, when implants are placed adjacent to a tooth with an apical scar or endodontic pathology, this may result in a radiolucency. Usually, treatment will include close observation and if bony changes do occur, surgical intervention is recommended.



Symptomatic. A clinically symptomatic lesion is most commonly caused by bacterial contamination during implant placement. This may occur when an implant is placed into a preexisting area with bacteria (existing infection, cyst, granuloma, or abscess). When lesions are initiated at the apex, they may spread coronally or facially. Treatment for a symptomatic lesion involves exposure, debridement, surface decontamination, allograft + membrane.



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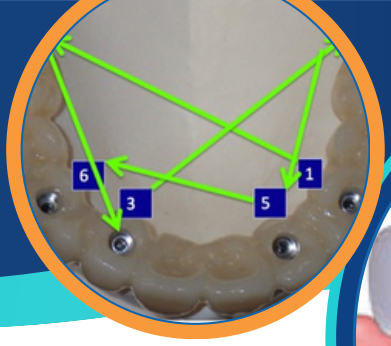

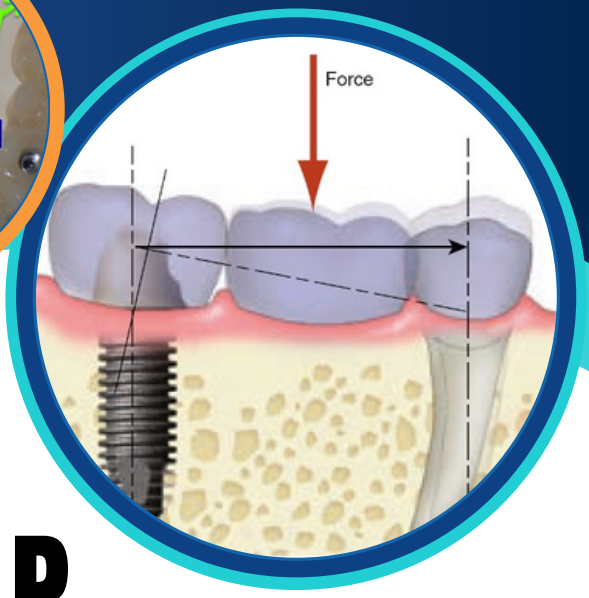

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Randolph R. Resnik
DMD, MDS
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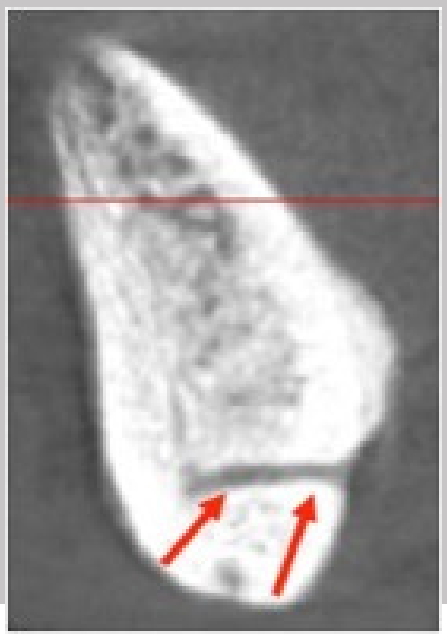
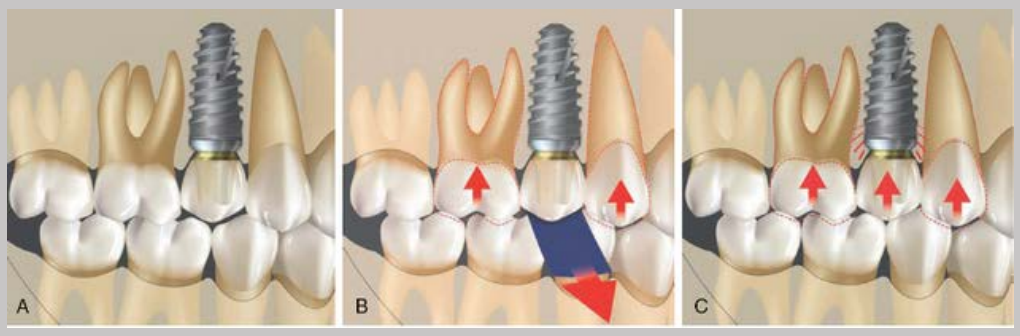
CBCT QUESTION OF THE MONTH

In the midline of the mandible, this radiolucent canal (red arrows) is often seen on cross-sectional images. What is this radiolucent canal called? What possible complication may arise from placing an implant in this area?



PROSTHO QUESTION OF THE MONTH

When inserting a dental implant crown with adjacent natural teeth, ideally a “timed occlusal” scheme should be utilized. What exactly is “timed occlusion”?



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MASTERING THE BUSINESS OF DENTISTRY

ROGER P. LEVIN DDS

Hello Readers,

I am very excited to provide the latest installment of "Mastering the Business of Dentistry" in the Resnik Institute newsletter. I have great respect for the educational importance of the Institute, and I sincerely hope that I will be able to contribute ideas on the business of dentistry and increasing practice production that will benefit all students and alumni. My own career as CEO of Levin Group began with this one question that I am still asking 38 years later: How do you increase production in a dental practice while reducing stress? Based on this critical question, I look forward to providing more practical recommendations that can be implemented quickly to benefit all your practices.

All the best, Roger

THE SIMPLE SECRET TO THE HIGHLY SUCCESSFUL PRACTICE

There are three things that make practices highly successful. Levin Group is still conducting a 30-year ongoing study of top 10% performing practices and we have identified 17 principles that these practices generally have in common. Although this article will not directly go into all of the 17 principles, there are 3 general concepts based on this study that any practice can use to improve practice production and performance. These concepts are structure, systems, and customer service.

1 UNDERSTANDING STRUCTURE

The structure of the practice refers to the physical facility and, most importantly, staffing. Many practices are operating at lower efficiency which can lead to flat or lower production. It can also lead to challenges in increasing implant numbers, simply due to not having the right staffing structure. Consider how the following positions can help increase efficiency:

- **Sterilization assistant.** This position has two main objectives. The first objective is to handle all routine lower-level clinical tasks to help free up the higher skilled assistants so they can spend more time talking to patients, encouraging case acceptance, and developing more positive relationships. The second objective is for the terilization assistant to assist the other assistants so that they can work faster and better.

  This simple addition to the practice can immediately increase efficiency; therefore, increased production will automatically follow.

- **Office manager.** Unfortunately, 96% of all dental office managers have no management training, education, experience, or background for the job. Therefore, many dentists feel stressed or burned out because they are doing a great deal of the office manager job even if they have an office manager. The good news is that with effective training an office manager can move up and accept many more responsibilities, allowing the dentist to spend more time focused on patients and clinical care.

  Every dentist should have a list of all items that they can delegate to the office manager or that get delegated by the office manager to another team member. An excellent office manager will be able to identify the right team member to accept the delegation, train them in the systematic approach to the task, and monitor the results. We recommend that dentists spend 95% of the time completely focused on clinical care and 5% on strategically evaluating next steps to improve the practice and take it to the next level.

2 UNDERSTANDING SYSTEMS

Every dentist has heard about systems. Systems are the background of everything we focus on at Levin Group in practice management and performance. When I founded our consulting firm, I met with three experts in top international consulting firms that work with Fortune 500 companies. I had the opportunity to gain their input and insight and recognized immediately that the best type of consulting firm is one that is "systems based." As one of the experts said, "Systems work, people don't." What he meant was that people cannot always automatically figure out the best way to handle their job description. However, if you give them systems and they are self-motivated, they will excel, and you do not have to manage them. With excellently designed systems that are followed intensely by every team member, you can transition from the day-to-day monitoring and micromanagement of the team. The best practices do this and have the best results. *(cont'd pg 6)*

The best practices not only have the best systems, but they are fanatically focused on following those systems and carrying them out every day. They don't make excuses and they have a low tolerance for team members that are not cooperative and will not follow the systems. We suggest that the doctor give every team member two or three numbers that they are responsible for, post them in the staff room, and go through each number monthly with the entire team. Team members must understand this is not a negative experience. Keeping the whole team organized and cooperative means that everyone knows what needs to be focused on going forward and can contribute to how that can be achieved.

As one team member said to us, "When I miss my numbers, I am not happy, but I look at it as an opportunity for growth and improvement. I recently missed a number by 20% due to a factor beyond our control. When I expressed exactly how I was going to make up the difference I received applause from the rest of the team and the next day the doctor gave me a $20 Starbucks gift card for great motivation and innovation. I would never leave this practice as I love working here."

3 UNDERSTANDING TEAMWORK AND CUSTOMER SERVICE

Teamwork is not just having a nice attitude or "pitching in" sometimes. The real essence of teamwork is for every team member to understand that the most important job is to help the practice to be successful and contribute to positive patient experiences. There is no such thing in top practices as the words "It's not my job." Every team member should be indoctrinated into a culture of teamwork, where helping another team member is not seen as doing someone else's job but helping to make the practice successful and creating a positive patient experience.

One principle that we did find amongst the 17 we identified in the top 10% performing practices is that they have a higher level of customer service and a strong desire for every patient to have a wonderful experience. However, achieving excellent customer service is not automatic or easy. It's based on teamwork. So how are you doing? Consider the following:

1. **Does the team greet every patient with over-the-top enthusiasm?**
2. **Does the team tell every patient how glad the practice is to see them?**
3. **Does the practice run on time?**
4. **Does the front desk apologize if the practice is running late and offer a token apology gift like a $5 coffee gift card?**
5. **Do the assistants have two or three preprepared questions to help build relationships with patients?**
6. **Does the team learn one new thing about every patient at every visit demonstrating caring, concern, and compassion and building toward powerful relationships?**
7. **Does the assistant keep the patient updated during treatment, focus on how well everything is going, and highlight the excellent result that will be achieved?**
8. **Does the front desk tell every patient at the end of the visit how much they are appreciated and thank them for being at the practice?**
9. **When a patient comes up to the front desk following clinical care does the front desk person ask the question "How was your visit today?"**
10. **Do you use the word "convenience" at least two or three times when scheduling appointments in order to create the image that you're going to make everything as easy as possible for the patients?**

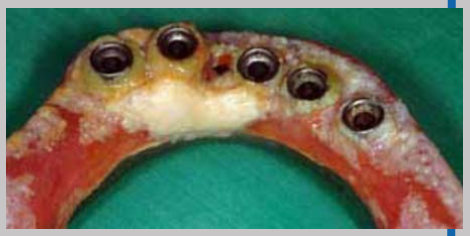
These are just a few of the examples of what should be considered when building an effective customer service system. We believe that customer service is the foundation of all other systems and the practices that have 5-star customer service will often have higher production and referrals. They will also have higher implant case acceptance and higher case acceptance for all elective and higher fee procedures. People are willing to develop a higher level of trust in environments where they are treated better. Customer service is not just about being nice. It is how the practice develops relationships with patients, how clinical care is judged, and the system that needs to be followed intensely by the entire team every day.

This is even more important in a practice that is offering implants, as they are a higher expense service where patients must decide about investing in implants versus other choices. Many of the Misch Resnick students have put in extensive time and investment to increase implant production in their practices. At Levin Group, we are big believers in return on investment. Yet we see many practices with great skills and education but not performing at a commensurate level. One of the main reasons could be the focus on teamwork which includes the customer service system.

IMPLANT STUDY OF THE MONTH

In evaluating the biofilm (plaque) that accumulates on various implant materials, a study compared two common implant restorative materials (porcelain and zirconia) on the;

1. Percent of the material that coated with biofilm
2. The thickness of the biofilm



Which material was shown to be superior in preventing biofilm accumulation?

ANSWERS

1.) The radiolucent canal in the mandibular midline is termed the lingual vascular canal (LVC) or mandibular vascular canal and contains the right and left sublingual arteries. In theory, implant osteotomy preparation in this area may lead to significant intraosseous bleeding episodes which may be controlled by placing a direction indicator, surgical drill, or the implant into the osteotomy site to allow for the clotting process.

2.) A.) In light occlusion, no contact should exist on the implant prosthesis as thin articulating paper or shimstock (approximately 10 μ m) is easily pulled through.

B.) On heavy occlusion(clenching), the teeth will move apically (periodontal ligament), and the implant crown will have light contact (i.e., shimstock having resistance when pulled through).

C.) If implant prosthesis and natural teeth occlude evenly with light occlusion, the implant will be in hyperocclusion and subject to biomechanical overload.

3.) The lowest surface coating (19.0%) and biofilm thickness (1.9 μm) were determined with zirconia while the highest mean values were identified with porcelain ceramics (46.8%, 12.6 μm)

Bremer, Felicia, et al. "In vivo biofilm formation on different dentalceramics." Quintessence International 42.7 (2011).

One way to look at the customer service system is to think of the patient as an egg. If you were holding an egg, you're going to be incredibly careful not to drop it and if you must hand that egg to another person, you're both going to be careful once again to make sure the egg doesn't drop. When you design your customer service system, work through it on a flip chart or whiteboard thinking of the patient as an egg. When it arrives at the office, the front desk staff must hold the egg. They have to make sure the egg is okay until they hand it off to an assistant who has to take care of the egg until he or she hands it off to a doctor who has to take care of the egg until they hand it back to an assistant who has to take care of the egg until it is escorted to the front desk and handed off to front desk staff. Then the front desk staff must complete the visit carefully until the egg exits the office. This may sound funny but if you think of it this way you will make excellent customer service plans for your customer service system.

SUMMARY

If any practice can master the three key elements discussed in this article, which are structure, systems, and teamwork/customer service, it will have increased production and profit and higher implant case acceptance. The goal is to increase production every year. We've found that even in a challenging economy, 25% of practices are able to reach this milestone and maintain elevated levels of success. Keep in mind that dentists and office managers should always be looking for declines in these three areas and then fortifying them as quickly as possible.

ROGER P. LEVIN, DD
Roger P. Levin, DDS is the CEO and Founder of Levin Group, a leading practice management consulting firm that has worked with over 30,000 practices to increase production. A recognized expert on dental practice management and marketing, he has written 67 books and over 4,000 articles and regularly presents seminars in the U.S. and around the world.
To contact Dr. Levin or to join the 30,000 dental professionals who receive his Practice Production Tip of the Day, visit www.levingroup.com or email rlevin@levingroup.com.

Mark's Corner

by Mark Romano
CEO of NOW MEDIA

Dental Social Media Marketing

How Improve your Engagement

We have seen how a strong and consistent social media strategy can benefit your dental practice. However, simply posting on your feed isn't enough.

Producing exciting and creative content encourages engagement.

Engagement is any interaction on your post by a follower - a click, share, comment, or emoji. Reach and engagement go hand-in-hand.

Engagement increases your organic reach through social media algorithms which suggest your content content in viewers' news feeds.

The best content that you can post is unique, personable, shows off your practice culture, highlights a team member to your community, or shows off a great case.

Really try to show off the "why" vs. the "what" in your office. Oftentimes this means that the posts are more about the people in your office than about dentistry.

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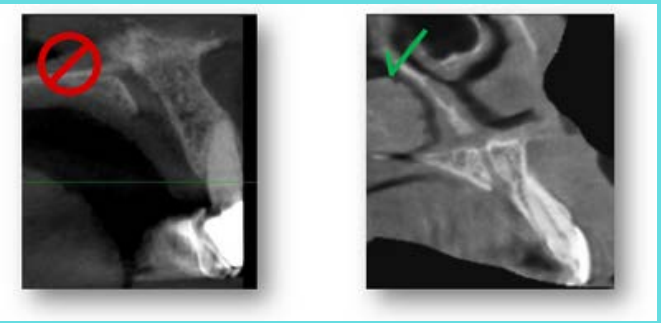
ITXPROS

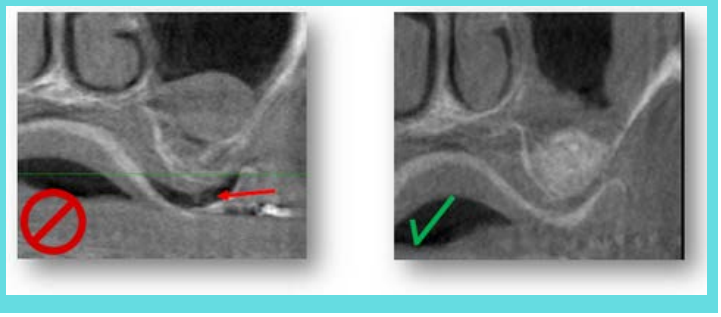
TIP #1

When taking CBCT scans for maxillary cases with possible lateral sinus lifting procedure, the anatomy of maxillary sinus, nasal cavity, and lower third of the orbit must be included in the scan to check for sinus drainage.



TIP #2

When scanning patients with missing opposing posterior/anterior teeth, pivot points may be created. It is recommended to double check that the denture is in full contact with the soft tissue to ensure the accuracy of the CBCT.



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NEMER'S WORDS OF *Wisdom*

By Nemer Hussein, CDT
Lab Technician to The Stars!!

DIY Multi-Unit Abutment Handle Holder

Problem: For immediate load cases, almost all titanium abutments (chimneys) will require modification prior to PMMA prosthesis fixation (Figure # 1). When cutting the abutments, significant heat will be generated. Unfortunately, no implant companies manufacture MUA holders.

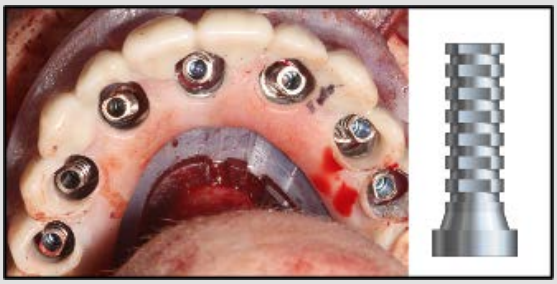

Figure 1: PMMA Prosthesis & Titanium Abutments

Solution: The following is a fast and economical technique to make a DIY holder.

Step 1: Cut the ends off of a sharpie marker and remove all ink (Figure 2)

Figure 2: Hollow Sharpie Marker

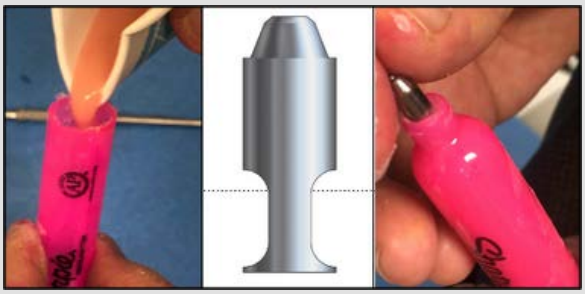

Figure 3: Fixation of MUA Analog

Step 2: Fill empty sharpie with self-cure repair acrylic, place MUA analog into top of sharpie and allow the acrylic to cure, thus securing the analog (Figure 3)

Step 3: The sharpie marker is now a MUA holder. The Titanium abutment is secured to the analog and the abutment is modified with a separating disc. (Figure 4)

Figure 4: MUA holder and Abutment Modification

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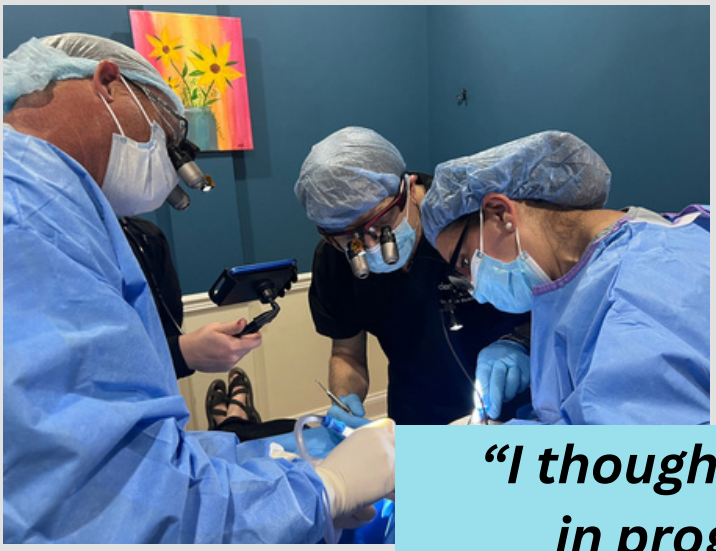

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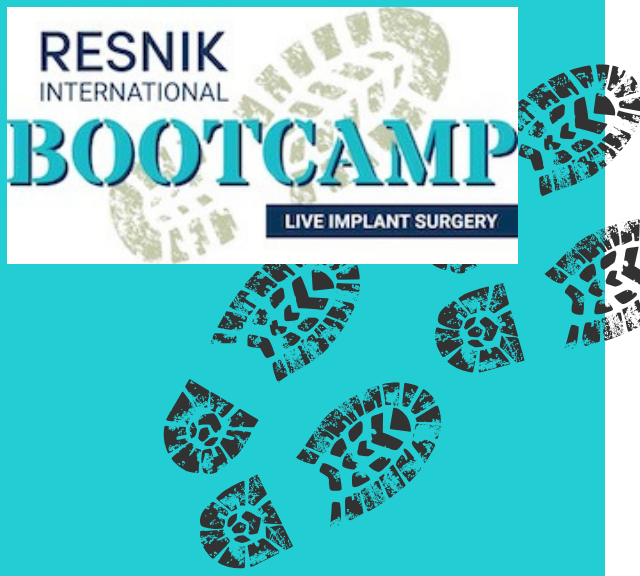

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See what past graduates are saying...

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The course gives you the confidence you need to place dental implants and allows you to meet like minded colleagues and instructors. \ Dr. Resnik is a great lecturer, keeps things interesting and presence scientific research to back up his claims. Most importantly the course will provide you with cook book instructions and protocols for everything you will encounter during your implant journey, from placement, to suture line opening to dealing with infections, consent form templates, medical clearance templates...etc. \. Strongly recommend! **-- *Dr. J Chen***

This course gives you a comprehensive introduction to placing single, multi, and full arch implants mostly using guided techniques. This course if for anyone at any level. The audience is made up of beginners who have never placed an implant (like myself) to the well seasoned general dentists/ OMFS who has had years of experience placing implants. Best money I have spent to forward my career. **-- Dr. *Natalie Sigwart***

I finished the 5-course curriculum just this past year. Dr. Resnik and the faculty are hands down the best in the business. The Resnik program gives you the education, tools, and the confidence to be proficient at implant dentistry. This curriculum gives you the knowledge and the skills to take your practice to the next level! **-- *Dr Michael Buck***

Many thanks to Dr. Resnik and the Resnik Institute for their excellence and the quality of the surgical and prosthetic implant courses. I have gone through most of the courses a second time to my advantage, because they are always updated with new labs and lectures. THANK YOU! **-- *Dr. Barb Leadbeater***

After 30 years of practicing dentistry, my only regret is that I did not get involved with implant dentistry earlier in my career, specifically with the Resnik Institute. I never realized how rewarding and exciting for both me and my practice this could be. Dr. Randy Resnik and his entire staff are a major factor in this testimony! **-- *Dr. Douglas Adel***

Dr. Resnik has an amazing depth of scientific based knowledge concerning his subject. He builds a very large zone of safety. If one stays within this zone the success rate will be maximized and complications will be extremely rare. **-- *Dr. Terry Rigdon***

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