

“Doctor, When Can I Drink Alcohol After Dental Implant Surgery” ?

by Randolph R. Resnik, DMD, MDS



**IMPLANT + ALCOHOL = INFECTION
POOR HEALING**

A question that patients often ask clinicians is when can alcohol be consumed after dental implant or bone graft surgery. Although there are no systemic reviews or meta-analyses evaluating the direct effects of alcohol on implants or bone grafts, there exists numerous invitro and invivo studies in the literature.

Therefore, it is imperative that implant clinicians understand the potential morbidity associated with patients use of alcohol in the post-operative time period. The following is a summary of the associated consequences of alcohol use post-operatively:

(See Box 1)

(cont'd. pg 2)

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Box 1: Detrimental Effects of Alcohol on Dental Implant & Bone Grafting Procedures

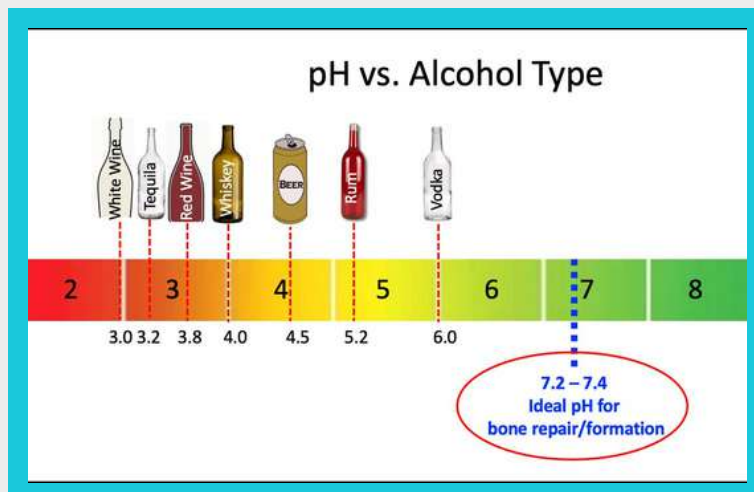
1. **IMPAIRED OSSEOINTEGRATION:** decreased osteoblast proliferation, reduces alkaline phosphatase, & decreased bone morphogenic protein [1] [2] [3] [4]
2. **EXCESSIVE BLEEDING:** interference with coagulation via decreased platelet production and function, diminished fibrinolysis [5]
3. **INCREASED INFECTION RATES:** alters cell-mediated immunity, alteration of neutrophil adherence & mobility, and phagocytic activity [6]
4. **COMPROMISED WOUND HEALING:** wound angiogenesis is decreased by 61% & reduction (acidic) pH of the surgical site [2] [7]
5. **INCREASED MARGINAL BONE LOSS:** decreased bone metabolism & increased parathyroid hormone secretion [8] [9] [10]
6. **INCREASED POST-OPERATIVE PAIN:** [2] [11] [12]: influences systemic inflammatory cytokine levels, reduced efficacy of local anesthetics
7. **INCREASED PERI-IMPLANT DISEASE:** poorer hygiene [3] [9] [13]:

In the literature, the detrimental effects of alcohol are clearly evident, particularly in interfering with the osseointegration process and bone repair. Interestingly, long-term alcohol use, especially with a history of abuse, has been shown to irreversibly alter the cellular mechanisms of the bone formation and remodeling process. [14] In addition, in the post-prosthetic phase, the use of increased alcohol use has been associated with , a threefold increase in peri-implant disease when patients exhibited heavy alcohol use. [15]

Prevention of Complications

INFORMED CONSENT: Patients must be well- informed about the potential consequences of alcohol use, particularly immediately after implant surgery. This information should be detailed in both verbal and written informed consent, along with being included in the post-operative instructions. (See *Resnik Implant Institute Consent Forms and Post-Op Instructions at resnikimplantinstitute.com*)

NO ALCOHOL USE: Abstaining from alcohol can minimize the deleterious effects on post-surgical healing. Patients should be instructed on possible cessation programs through their physician if indicated. Ideally, patients should be educated to refrain from using alcohol for a minimum of 2-3 weeks post-operatively or until complete incision line closure occurs.



Summary:

The detrimental impact of alcohol exposure on tissue and bone healing via impairing normal cellular function is well established. The consumption of alcohol has been associated with diverse surgical and dental implant-related issues, thereby increasing the likelihood of complications during the intra-operative, post-operative, and maintenance phases of dental implant therapy. Clinicians must possess a clear understanding of the pathogenic impact of alcohol on all facets of dental implant treatment, placing particular emphasis on patient education.

(cont'd. pg 5)

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Just Released... **ORLANDO**
2024
SCHEDULE

APRIL 19-20, 2024

CBCT Treatment Planning,
Socket Grafting, and
Implant Placement

MAY 30, 2024

CBCT BOOTCAMP

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Multiple Implant Placement
and the Treatment of the
Edentulous Ridge

JULY 26-27, 2024

Bone Augmentation and
Implant Placement into
Compromised Sites

SEPT 13-14, 2024

Treatment of the Posterior
Maxilla: Osteotome and
Lateral Wall Technique

OCT 25-26, 2024

Immediate Placement and
Loading, Treatment of Peri-
Implant Disease

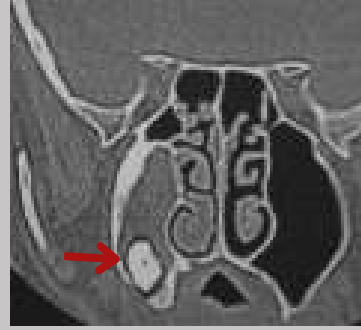
*"98% of our
graduates are
placing Implants."*

CBCT QUESTION OF THE MONTH

Upon CBCT radiographic assessment, a radiopaque foreign body, identified as an antrolith, was discovered in the maxillary right sinus.

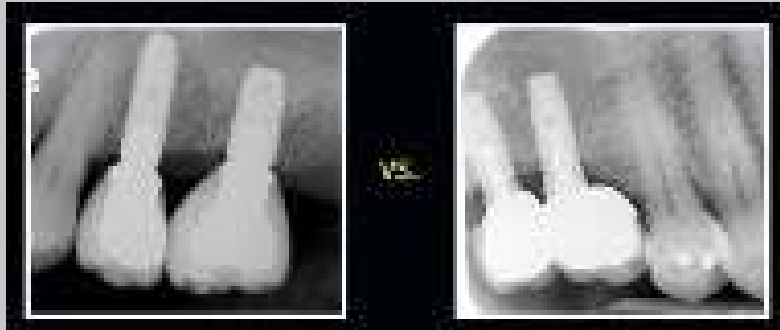
What is this foreign body?

Hint: Patient had full mouth extractions with placement of an interim prosthesis.



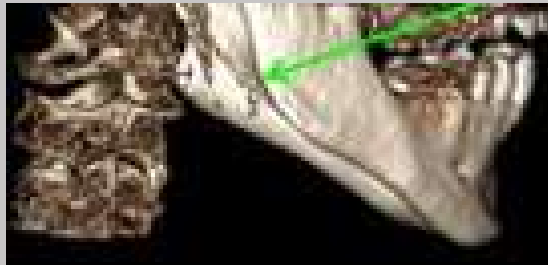
PROSTHETIC QUESTION OF THE MONTH

A recent systemic review and meta-analysis study evaluated the implant failure rate of splinting vs. non-splinted implant prostheses. Did splinted or non-splinted prosthesis have a greater implant failure rate?



PATHOLOGY STUDY OF THE MONTH

According to a University Of Connecticut School Of Dental Medicine study, what percentage of patients seeking dental implant treatment were diagnosed with carotid calcifications as seen on CBCT examinations?



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**“Doctor, When Can I Drink Alcohol After
Dental Implant Surgery” ?** *cont'd*

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*Mark's
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by Mark Romano
CEO of NOW MEDIA

The trusted team at NMG has compiled a list of some of the top marketing strategies you can implement to maximize your online presence in 2024.

UPDATE YOUR BRANDING WITH A CUSTOM WEBSITE.

- Your website is a window into your practice. You would like patients and prospective patients to navigate your site and obtain the necessary information easily. Additionally, this time is ideal to reevaluate the content and images on your website to ensure it is up to date.

USE PAID SEARCH ADS ON GOOGLE.

- You should have a strong presence on Google, which is the top search engine. A great way to diversify your digital marketing strategy is by using targeted keyword advertising with pay-per-click (PPC) and paid search ads.

IMPLEMENT STRONG SEO AND CONTENT MARKETING.

- Search engine optimization (SEO) and content marketing are two key strategies for enhancing visibility and exposure. With blogs, videos, and fresh content, you can educate patients on your practice and specific dental procedures, as well as answer questions they have.

COULD YOU ADVERTISE ON INSTAGRAM?

- Instagram is a great way to increase patient engagement and brand awareness. Organic social media posts only have a certain amount of visibility, so don't be afraid to branch out into targeted social media ads for more visibility.

Having a robust digital marketing portfolio is important, and you shouldn't want to rely on just one strategy to help you achieve your goals. We would be happy to run a complete audit of your online performance along with a ranking report and competitor analysis. For this complimentary service, please call 858-352-8474 or email mark@nowmediagroup.tv.

Happy Holidays and Happy New Year!

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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 Implant 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 one question that I am still asking 39 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*

INCREASING PRACTICE PRODUCTION WITH IMPLANT DENTISTRY

One of the top ways to increase practice production is to add a new service. Most readers of this newsletter are already involved in implant dentistry, but to what degree? After years of observing thousands of dental practices from a consulting standpoint, we have found that many dental services are highly underutilized. In a survey, dentists indicated that they are involved in implant dentistry; however, the survey did not ask how many cases per year. Still, from what we know, the number of cases in which many practices participate is relatively low. This article will focus on increasing the number of implant cases provided each year for the benefit of the practice and patients.

START WITH THE CULTURE

The first step is to change the culture in the minds of the dentist and the team members. I personally believe that dental implants are one of the finest ways to improve the quality of life of a dental patient

who has a specific need. All dentists should have this belief so that they can become excited about implants, identify more cases, and help more patients. It is important for dentists to have an implant focus and the best way to achieve this is to set a goal. Do you want to participate in 10 cases per year... 30...50...or more? Once there is a goal, it begins to galvanize and focus staff of identifying cases, educating patients, and increasing case acceptance.

Next get your team focused. They need to learn about dental implants, understand how they work, and be able to convey what the benefits are to a patient. There are many opportunities for having conversations with patients at the front desk, or with assistants or dental hygienists. This is why it is essential that you build a culture around implants within your team. It will provide the entire overview for conversations in which the team engages.

EDUCATING PATIENTS

Every patient who comes to the practice should learn about dental implants. It is true that most patients will not need them, at least not at this time. However, patients have friends and family. An implant-educated patient help to educate other potential patients. In fact, we have seen practices significantly increase the number of implant cases in which they participate annually when there is some type of education program for every patient regardless of why they came to the office.

Examples of implant education for patients can include reminders during each new patient phone call that the practice offers implant services, staff members chatting about dental implants while patients are in the practice, information on the website that is prominent, and positive reviews from implant patients. The more implants are

(cont'd. pg 8)

Just a Few
Seats
Left!



AVOIDING SURGICAL IMPLANT COMPLICATIONS

February 16-17, 2024

Caesar's Palace

Las Vegas, NV



Add'l Guest Speakers

Randolph R. Resnik, DMD MDS

PERIODONTIST:

Jon Suzuki, DMD, PhD, MBA

OTOLARYNGOLOGIST:

Alex Murphey, MD

INTERNAL MEDICINE:

Robert Resnik, MD, MBA

OPHTHALMOLOGIST:

Allison Resnik, MD

Topics Include...

- Systemic Disease Complications
- Medication Related Complications
- Implant Placement Complications
- Bone Grafting Complications
- Guided Surgery Complications
- Implant Detoxification Protocols
- Peri-Implant Disease
- Bleeding Complications
- Incision Line Opening
- Nerve Injury Protocols
- All-On-X Complications
- Sinus Grafting Complications
- Sinus Pathology
- Ideal Antibiotic Usage
- Post-Operative Complications
- Incision Line Opening
- Intraoperative Complications
- Safe Removal of Implants
- Fractured Screw Removal
- Soft Tissue Related Complications
- Zygomatic/Pterygoid Plate Implants
- Component Aspiration
- Reducing Medical-Legal Exposure
- + + many, many more..... 18 CE



EDUCATING PATIENTS (cont'd)

talked about, the more patients become aware not only for themselves but for others. Remember, many of your 45-year-old patients have older parents that may not have optimal dental health.

ENSURING PATIENT SATISFACTION

Following each implant case there should be at least two follow-up contacts. One can be in the office to reinforce the benefit of the implant treatment. The other should be a personal phone call from the doctor to see how the patient is doing after treatment and if the patient is completely satisfied. I cannot overstate the benefit of this type of outreach. Patients find it so surprising and delightful that they end up being overly satisfied, communicating with others, and writing positive reviews.

POSITIVE REVIEWS FOR IMPLANT DENTISTRY

After years of advising practices on the implementation of management systems, including how to generate positive reviews, we have documentation and data showing that the simple technique of engaging with patients by thanking them for being a patient, giving them a simple review card, and asking them to leave a review will generate hundreds of reviews in just a few short years. It is essential to ask every satisfied implant patient to write a review for the practice. Many

implant patients are older, so you'll want to give them a card with simple instructions on how to leave a review. Some elderly patients may not know how to leave reviews, but they are also loyal and committed and if they say they are going to do it, they will do it. You can even highlight some of these reviews on the website. Reviews are a powerful way to create trust and confidence, help potential implant patients understand how dental implants can improve their quality of life, and show that there are many satisfied patients from this practice.

SUMMARY

Dental implants are clinically superior, but they are also superior in increasing practice production. These recommendations and other strategies can allow a practice to increase production often without the involvement of dental insurance companies and lower reimbursements.

ROGER P. LEVIN, DDS

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.



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ANSWERS

CBCT QUESTION OF THE MONTH

Answer: Tissue Conditioner: Following full-mouth extractions with the placement of an interim prosthesis, tissue conditioner was utilized for relining purposes. Due to an undiagnosed communication with the maxillary sinus post-extraction, the reline material, mixed with a low viscosity, extruded into the maxillary sinus. It's worth noting that over 40% of maxillary molars have at least one root that extends into the maxillary sinus (i.e., commonly results in communication with maxillary sinus after extractions).

PROSTHETIC QUESTION OF THE MONTH

Answer: Non-Splinted Implant Prosthesis was associated with a higher implant failure rate.

De Souza Batista, Victor E., et al. "Should the restoration of adjacent implants be splinted or nonsplinted? A systematic review and meta-analysis." The Journal of prosthetic dentistry(2018).

PATHOLOGY STUDY OF THE MONTH

Answer: After evaluation of 1000 CBCT scans of patients seeking dental implant patients, 38% were diagnosed with carotid calcifications.

Note: Patients with Carotid Calcifications should be referred to their physicians for evaluation and treatment if indicated.

Mutalik, S., & Tadinada, A. (2019). association Between Internal And External Carotid Artery Calcifications In Patients Undergoing Dental Implant Therapy. Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology, 127(1), e41



Hilton Garden Inn at
Silverlake Crossing
Grapevine, TX



DALLAS 2023-2024 SCHEDULE

SEPT 8-9, 2023

Patient Evaluation, CBCT
Treatment Planning, Socket
Grafting, and Implant
Placement

SOLD OUT

OCT 19, 2023

CBCT DICAMP

SOLD OUT

OCT 20-21, 2023

Multiple Implant Placement
and the treatment of the
Edentulous Ridge

SOLD OUT

DEC 1-2, 2023

Bone Augmentation and
Implant Placement into
Compromised Sites

SOLD OUT

JAN 26-27, 2024

Treatment of the Posterior
Maxilla: Osteotome and
Lateral Wall Technique

**FEW SEATS
LEFT**

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Immediate Placement and
Loading, Treatment of Peri-
Implant Disease

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BREAKING NEWS

2 New COURSES JUST ADDED for 2024

Orlando, FL
Thursday - October 24, 2024
(day before Surgical Session 5)

DIGITAL WORKFLOW FULL-ARCH PROTOCOLS

Topics

- Workflows utilizing the latest in digital technology including scanning,
- 3D Printing,
- Photogrammetry
- Prosthetic Design.....



ALL - ON- X FOR LAB TECHNICIANS

Course specifically designed for Lab Technicians

Topics

- Full-Arch Procedures (Maxillo-Mandibular Relationships)
- Prosthesis Design
- Conversion Techniques
- Workflow Protocols for Lab Technicians



ITXPROS – TIP of the Month

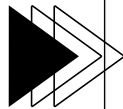
by *Ethar ElShennawy, BDS, MSc*
Radiology Research and Development Specialist

VOXEL SIZE IN IMPLANT DENTISTRY

Tips and Tricks for Voxel Size in Implant Dentistry:

Voxel size, representing the size of each pixel in a 3D image, plays a crucial role in implant dentistry. Choosing the appropriate voxel size can significantly impact diagnosis, treatment planning, and surgical accuracy. Here are some tips and tricks to keep in mind:

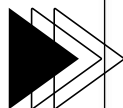
**SMALL
VOXEL
SIZE**



Pros	Cons
<ul style="list-style-type: none"> Offers higher resolution and finer details, crucial for visualizing delicate structures like nerves and blood vessels. (Image of CBCT scan with high resolution) Enables accurate planning of implant placement, leading to better outcomes and reduced risk of complications. Allows for more precise assessment of bone quality and density. 	<ul style="list-style-type: none"> Requires longer scan times and higher radiation dose. Increases file size, potentially requiring more storage space and powerful processing capabilities. May not be necessary for all cases, especially routine implants in areas with good bone quality.

vs.

**LARGE
VOXEL
SIZE**



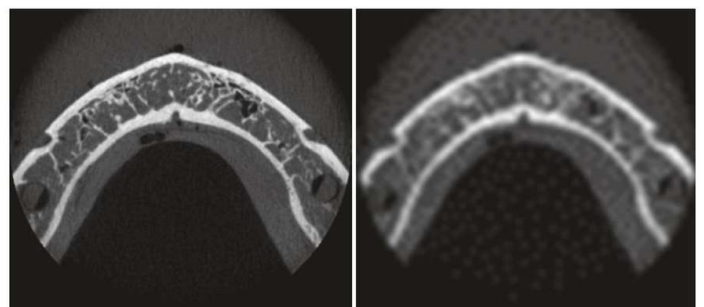
Large Voxel Size	
Pros	Cons
<ul style="list-style-type: none"> Reduces scan time and radiation dose. Smaller file size, requiring less storage space and processing power. May be sufficient for straightforward implant cases with clear anatomy and minimal risk factors. 	<ul style="list-style-type: none"> Lower resolution and less detail, potentially obscuring critical anatomical features. May lead to inaccurate implant placement, increasing the risk of complications. Limited ability to assess bone quality accurately.

Tailoring Voxel Size to Specific Applications:

- General Implant Planning: Voxel sizes between (0.25-0.4mm) provide a good balance between image resolution and scan time, suitable for most routine implant cases.
- Advanced Procedures: For complex cases like sinus lift or nerve transposition, a smaller voxel size (0.15-0.2mm) might be necessary for optimal visualization of delicate structures.

Left: small voxel size with higher resolution.

Right: larger voxel size with worsened resolution and noise.



Left

Right

By Dr. Christopher Resnik



NEW TECHNIQUE FOR DIGITAL FULL-ARCH IMPLANT IMPRESSIONS

PROBLEM:

Unfortunately, there are still inherent inaccuracies associated with conventional intraoral scanning of edentulous arches for full-arch implants. The accuracy of the scan can be influenced by factors such as blood, saliva, soft tissue, implant spacing, and implant angulation. Photogrammetry, up to this point, remains the sole validated and accurate method for digitally recording implant positioning.

SOLUTION / NEW METHOD:

Optisplint, by Digital Arches (<https://digitalarches.com>), has helped eliminate many of the drawbacks and inaccuracies associated with traditional scan bodies and edentulous arches.

Advantages:

1. Increased Accuracy

The Optisplint system improves accuracy by individually inserting scan bodies on each multi-unit abutment and then splinting them together using acrylic or composite through a central "honeycomb" system. This results in a single, splinted object, eliminating complications associated with individual scan bodies.

2. Extra-Oral Scanning

Optisplint allows for extraoral scanning, eliminating patient-factors such as blood, saliva, and soft tissue.

3. Verification Jig

The Optisplint can be scannable for a digital workflow and poured in dental stone to facilitate the fabrication of an accurate master cast.

4. Reduced Cost

Optisplint is more cost-effective compared to the photogrammetry technique, involving less chair time and overall expense.

SUMMARY:

The Optisplint is a new and exciting technique which allows clinicians unparalleled accuracy in scanning full-arch implant positioning and the ability to delivery a 3D-printed or milled prosthesis with reduced costs and greater time efficiency.

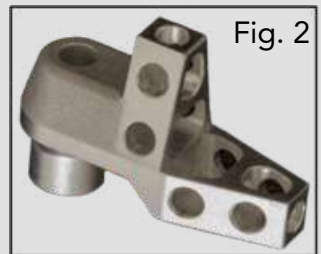
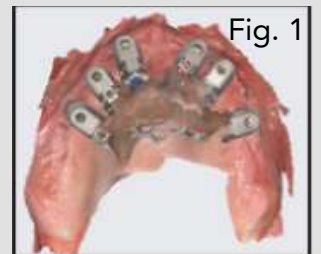


Fig 1 / Fig 2: Intraoral scan of Optisplint

Fig 3: Optisplint secured in dental stone and may serve as a verification jig

Fig 4/ Fig 5/ Fig 6: Results in an accurate 3D-Printed Chairside Prosthesis

Fig. 6



First Ever!!

AVOIDING PROSTHETIC COMPLICATIONS

Conventional and Implant Prosthetics

November 15-16, 2024
Caesar's Palace
Las Vegas, NV



Faculty

- Randolph R. Resnik DMD, MDS
- Jon Suzuki, DDS, PhD, MBA
- Gordon Christensen, DMD, MDS, PhD
- John Nosti, DDS

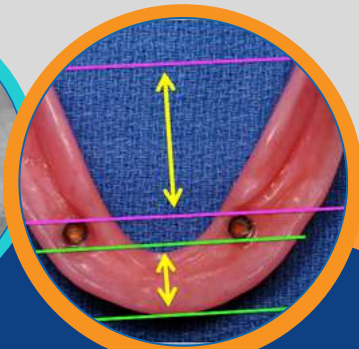
Topics:

Conventional Prosthetics

- Restorative Materials
- Crown Preps
- Impressions (analog vs. digital)
- Scanning Protocols
- Cement Selection
- In-Office Milling
- Fixed Prosthesis Repairs

Implant Prosthetics

- Implant Prosthesis Fracture
- Screw Loosening
- Prosthetic Design
- Full-Arch Materials
- Intra-Operative Complications
- Overdenture Attachment Troubleshooting
- Peri-Implant Disease Repair





Surgical Session 3 Class
Orlando, FL 2023

2023-2024

RESNIK IMPLANT INSTITUTE COURSE SCHEDULE

"The Most Comprehensive Implant Continuum in Our Field"

Surgical Course Continuum

Dallas, TX

Orlando, FL

1	Patient Evaluation, CBCT Treatment Planning, Socket Grafting, and Implant Placement	Sold Out Sept 13-14, 2023	April 19-20, 2024
2	Multiple Implant Placement and the Treatment of the Edentulous Ridge	Sold Out Oct 20-21, 2023	May 30-June 1, 2024
3	Bone augmentation and Implant Placement into Compromised Sites	Sold Out Dec 11-12, 2023	July 26-27, 2024
4	Treatment of the Posterior Maxilla: Osteotome and Lateral Wall Technique	Jan 26-27, 2024	Sept 13-14, 2024
5	Immediate Placement and Loading, Treatment of Peri-Implant Disease	Mar 8-9, 2024	Oct 25-26, 2024



**IMPLANT SURGICAL
COMPLICATIONS**
Las Vegas, NV

Feb 16 -17, 2024



**AVOIDING PROSTHETIC
COMPLICATIONS**
Las Vegas, NV

Nov 15 -16, 2024



**DIGITAL WORKFLOW
FULL-ARCH PROTOCOLS**
Orlando, FL

Oct 24, 2024



**ALL-ON-X LABORATORY
PROCEDURES**
Orlando, FL

Oct 24, 2024



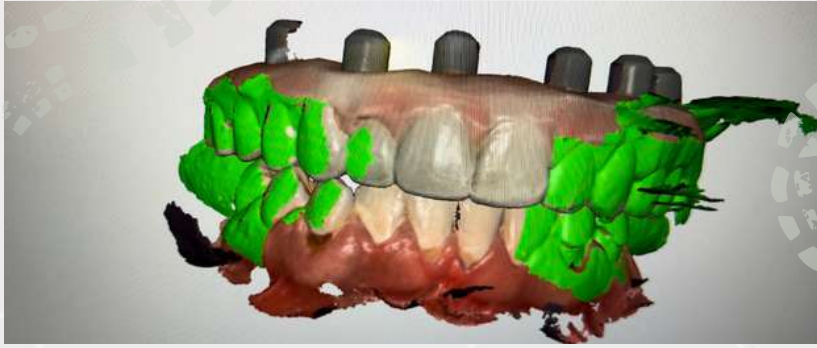
PROSTHETIC BOOTCAMP
Houston, TX

Nov 9-11, 2023



Randolph R. Resnik, DMD, MDS
Director

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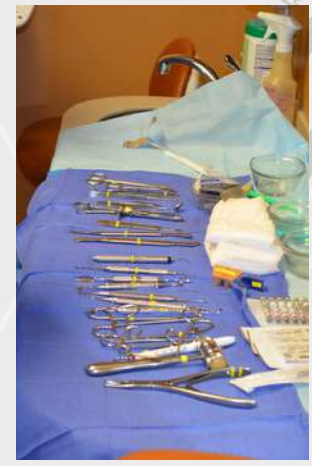


Last Course
November
11, 2023

RESNIK
INTERNATIONAL
BOOTCAMP
LIVE IMPLANT SURGERY



33
Surgeries
Performed
In
One Day



ONE SPOT Remains
for March 1, 2024 Course

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 - Avoiding Implant Complications
 - Dental Implant Prosthetics 2nd Ed (Early 2024)

BOTH SURGICAL AND PROSTHETIC CONTINUUMS:

- 5-Course Surgical Continuum
- CBCT BOOTCAMP
- Avoiding Surgical Complication
- Live Hands-On Patient Surgery
- PROSTHO BOOTCAMP
- Avoiding Prosthetic Complications
- Digital Workflow Full Arch Protocols
- All-On-X Lab Procedures for Lab Techs
- Live Hands-On Patient Prosthetic

PATH TO CERTIFICATION

FELLOWSHIP:

- Surgical Fellow
- Prosthetic Fellow



RESNIK IMPLANT MASTERSHIP



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- Lab Technicians
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- Questions of the Month
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- Prosthetic Procedures
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Randolph R Resnik DMD, MDS
Director

See what past graduates are saying...



Dr. Resnik and his team are amazing! I took an extensive implant curriculum about 12 years ago and only placed the straight forward single or double implants since then. If you want to raise your implant game for your patients, your practice, and yourself - you don't have a choice: SIGN UP TODAY and you won't regret it! Cheers! -- **Dr. Chad Yenchesky**

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 is 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**

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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