

Periodontal Health in Oklahoma

Oklahoma Center for
Implants & Periodontics

Our Mission

Statement

Changing the Lives of
Patients

Our office changes the lives of people through premiere service and the highest quality of implant and periodontal treatment offered today.

Robin D. Henderson, D.M.D.,
M.S.

Diplomate of the American
Board of Periodontology

Emphasis on Comprehensive
Periodontics, Soft Tissue
Grafting, and Dental Implants

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Recommending Implants for Tooth Replacement

Everyone must know implants are a viable treatment option and should be the first item discussed when recommending tooth replacement. It may seem like a no brainer, but I am amazed at how many people say, "I didn't know that." The benefits of implants are tremendous but it primarily keeps the bone in good working order and stops bone density from diminishing. Not to insult anyone but I would like to start with the most basic implant information.

When discussing implants as an option for the patient, it is important they know about the implant parts and stages involved to help them understand the process. I found most people think of it like building a house. Of course, the engineer-type patient wants the details, but most want a simple explanation to lessen potential confusion.

Dental implants consist of two parts, the implant fixture (proper name) in the bone and the crown on top. The crown part is no different than any other crown. The implant fixture replaces a missing or soon to be missing root of the tooth.

An implant is composed of two basic parts: the fixture, which is screwed into the jaw bone, and the abutment, which is screwed into the implant fixture. The abutment is the part that keeps the crown on above the gingiva.

Common questions are how long does it take, what pain is involved, and how much does it cost?

The time it takes to place an implant varies from patient to patient and site to site, but there are some general guidelines. For example, if the patient needs

#5 removed because it fractured after having a root canal done (a very typical scenario) we could remove the tooth, place the implant and put a temporary crown on all at the same time. However, if we remove the tooth and there is infection in the bone we must bone graft the area first and wait for it to heal. This scenario takes about four months to completely

heal. Sometimes we remove a tooth and let the bone heal, then place the implant and let that heal. This usually takes about six months to heal. The bone must be completely healed before a final crown can be placed or the implant will fail.

Every time you injure bone it generally takes three months for it to heal. Removing a tooth takes three months to heal and placing an implant takes about three months to heal. I know that a lot of people hear about teeth in an hour, but it is rare and not for all cases, so be very cautious.

A straight forward implant procedure takes about an hour. We numb the patient just like any other dental procedure and place the implant. Unless there is an excessive amount of soft tissue manipulation involved (like lots of bone grafting) post-operative discomfort is usually minimal.

Most patients only need ibuprofen. When we rebuild bone, or place multiple implants the recovery time and pain level increases.



Robin D. Henderson, DMD, MS

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Local Anesthesia Techniques and Tips

In our last issue, I discussed the importance of using local anesthetic effectively. I'd like to share some specific techniques I use that work every time.

After drying the tissue and applying topical for a minute or two, up to five minutes on some, slowly inject the needle. I use a 30 gauge short (the blue ones) for all my injections, even the mandibular nerve block. The needle's bore size makes a big difference. Using gauze, pull the tissue tight when injecting and they won't feel it.

Once the needle is in place, do not immediately jam on the plunger as the tissue displacement and the caustic nature of the medicine hurts. Wait with the needle in the tissue for five seconds. The syringe is under posi-

tive pressure so a few drops will start to work, then slowly inject the anesthesia. It sometimes takes me two minutes to empty a carpule for a mandibular block, but the patient does not complain. Be sure to wait long enough for the full affect before beginning the procedure. Some people take longer to get numb than others.

Location, Location, Location...

For a **mandibular block**, feel for the bone of the mandible with your finger and then aim medial, towards the midline of the mouth. The syringe height needs to be at least level of the mandibular molars, but in tall jawed people it is more level to the maxillary molars.

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Cont... Anesthesia Techniques and Tips

Place hand across the patient's mouth aiming at their ear, about a 45 degree angle. If numbing the right side, the syringe should be around tooth #20. Aiming too medial or too low is the most common reason for missing the mandibular nerve.

It is harder to numb your dominant hand side, the right side is hardest for right handed people and left side for left handed people. A long buccal and mental block should also be done to completely numb the entire quadrant. Without the additional blocks and infiltrations, they may not be comfortable enough. In about 30-45% of the population, there are additional nerves filtering in the inferior alveolar bundle from the lingual side.

Often when patients still feel a sensation it is because of this additional nerve. Don't be nervous! Infiltrate at the lingual apex of the second molar, in the mucosa. Sometimes another may be needed at the premolars. If they feel it, you were right about the additional nerve! **Always aspirate before injecting, there are a lot of blood vessels in this area and it may create an unpleasant adrenaline rush.**

For a **maxillary quadrant** there are a couple of ways taught in school. I'm a simple guy, use my way and there will never be a problem! Nerves originate in the posterior and generally come forward. After placing topical, start with infiltrations at the most posterior tooth. With the needle tip at the apex, use about 25% of the carpule per tooth, a total of two carpules for the buccal. The anesthetic does not go through the facial to the palate. Yes, the palate must be numb too.

Use a q-tip to search for the soft, squishy area of the greater palatine foramen, aim there. In one motion, go through the firm palatal tissue and into the space of the foramen before pushing the plunger or it will kill them and then they will kill you! Once there, go slow and administer 25% of a carpule. The tissue will slightly blanch and then wait. Continue to infiltrate towards the front of the mouth. If the greater palatine block is done well enough, they will not feel the rest. Move a little closer, give a little more, and wait. The anesthesia will precede the next injection. Profound anesthesia achieved without



Mandibular Block



Anterior Middle Superior Nerve

injecting the incisive nerve (Ouch!)

The **Anterior Middle Superior Nerve** located on the palate is a long forgotten nerve that can be very helpful. It gives innervations to the soft tissue and some of the teeth from about the second premolar to the central incisor. This was first identified when the Wand (computerized local anesthesia machine) came out, but it can be done without the machine just be aware of your technique.

Place the needle tip at the apex of the first premolar and canine region and slowly give about a quarter of a carpule. If given after a greater palatine block, it doesn't hurt the patient. It is basically the same as infiltrating toward the front of the mouth.

What we just went through is easy. Use good topical, a 30-gauge short needle and go slow. I tend to infiltrate with a quarter of a carpule per tooth on the facial and the lingual, in every quadrant I work on. The patient will be profoundly numb so the task can effectively be accomplished.

One more little tidbit of advice: Use more than one needle, the needle tips get dull and hurt more. Increased resistance indicates a dull needle, so change them often.

"It is harder to numb your dominant hand side, the right side is hardest for right handed people and left side for left handed people."



Send your questions to Robin,
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Ask Dr. Henderson...

Q: What are the problems associated with Bisphosphonates (Fosomax, Actonel, etc.)? Should women be taking them?

A: These groups of medicines used to treat bone density issues are very important medicines with great benefits and side effects. People should only take a bone density medicine when necessary. Taking them because it could help is a big problem. Osteonecrosis of the jaw is a very serious issue that is only coming to the surface with

bisphosphonates. This condition causes a dying of the bone of the jaw, and unlike osteoradionecrosis, which occurs during radiation to a jaw after cancer, bisphosphonate induced osteonecrosis has no treatment.

Q: Our office recently purchased the "Gold" scalers for implants. Do you feel these are good/safe instruments?

A: There are a lot of questions about how to clean implants. I have a very simple way of thinking about the cleanliness of implants. It is very difficult to damage an implant surface and if you are getting to the surface of the implant and not just the crown, then there is a bigger problem than a little bit of plaque. Implant surfaces also don't collect much in the way of debris anyway because of the surface smoothness. The bottom line that I would recommend is to use what you have and when you get around an implant, just be a bit more careful, but don't be afraid of them.

Reading, Therapeutic and Helpful

I am an avid reader of pretty much everything. I wasn't always a reader, it just kind of developed. My most recent reading adventures are business books. I never learned about business growing up or through school because I hated it, now I can't seem to read enough about all aspects of business, lately about investing and different types of investments. I like to investigate the future of finances and how it will impact me as well as my friends and family.

Mysteries, science fiction and spy novels peak my interest too and I am not afraid to delve into a few touchy-feely books on self-help or spiritual enlightenment. For example, I have read many of Oprah's recommendations, even though they are typically geared towards women. The Harry Potter Series is absolutely my favorite. I can read those stories over and over again. Just how ridiculous am I with these books? When a new book would come out I would reread the entire series before reading the newest book. People would say that's a waste of time, but it was therapy for me.

Reading and studying helps me shape the thoughts of how to move forward my life. One of the biggest problems people face is getting into a rut and staying there, never stretching their brain, afraid to go down a new pathway. I try to make everything I do a learning experience and sometimes things work and sometimes they don't. I continually expand my interests in order to be more in this world.

I am in the process of developing some of these ideas into formats that can be helpful for other people so that they can use this information to better their lives and their families.



When I find things that I think may be of interest to you, I would like to share them with you. It is your choice to take the advice or not. Please check out our blog often and send any suggestions to us anytime.

The best way to contact us is through the blog or emailing me directly. Let's be a single unit of therapists helping each other and our patients.

Benefits of Implants

- ◆ Keeps bone working
- ◆ Stops bone density from diminishing
- ◆ Implants don't get cavities
- ◆ 98% successful in the last 15 years
- ◆ Take care of them just like other teeth

Cont... Implants as "The" Tooth Replacement

Cost may confuse some and often becomes a roadblock. Think of it in terms of other restorative options coupled with longevity. An implant costs about the same as a three-unit bridge. Dental bridges have a lifespan of about seven to ten years according to many studies, whereas the implant lifespan is as long as the patient. How many patients do you think would like to spend at least \$3000 every seven years replacing a bridge over and over again, when they can spend \$3000 once and never get a cavity in that tooth again? I think the answer is pretty clear.

Implants are successful. Around since the 1960s, only in the last 10 to 15 years have they achieved a predictable status of around 98%. This means they will be 98% successful for at least 15 years. All stats say longer, but the data is not out that far yet. Most studies agree the majority of crowns and bridges will have to be replaced in seven to ten years. That means all the restorative materials will have an almost 100% failure rate in the same 15 years. My money is on the implants.

Most patients want to know about insurance coverage. The answer is simple. Insurance contributes about \$1500 per year on dental expenses of any kind, period, no matter how the money is used. Some insurance plans help on implants, but it all depends on the patient's plan. Whether it is covered or not should not matter. Our focus is not the insurance companies because they do not act on behalf of our patients needs.

Another big question is how do you take care of implants? They should be treated no differently than real teeth. If they are done right, you should never touch the implant (fixture). The crown is like any other crown, and most of you don't use plastic instruments or plastic covered ultrasonic tips when cleaning a crown. Treat them the same, with care. If the fixture is visible or accessible there may be a bigger problem, the implant could be failing and slowly losing ground. When discussing implants keep it as simple as possible, most people just want to know the basics.

Outside the Office - Team Member Highlight



Chris D. - Patient Care Coordinator

A new voice is answering the phone at Dr Henderson's office. Chris, our patient care coordinator, joined the staff in March 2008 replacing Amy who is a new stay at home mom. Chris is a University of Oklahoma graduate with a strong background in Customer Service and Marketing.

Sports are her family's true love. If they aren't attending a ballgame, the television is constantly on some kind of sport. Her greatest joy is being a soccer, cheer, football, basketball and baseball

mom. Don't be surprised if you see Chris and her husband at an OU football game.

Yes, they are avid Sooners fans!

If she's not watching her children in their sporting events, in her free time she loves to cook, entertain, and garden. She loves to try new recipes. This summer Chris and her son started a vegetable garden with fresh herbs, 9 different tomatoes and peppers. All perfect ingredients for fresh summer salsa.

As the Patient Care Coordinator, Chris is often the first to answer the phone. It is her responsibility to coordinate your patients needs as well as answer any basic questions you may have. If she can't answer your question, she will direct you to someone who can.

We are thrilled to have Chris as part of Dr Henderson's office staff and look forward to her involvement with our team.



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My mission is to give the most accurate information available about Dental Health. Unfortunately, there is a lot of misinformation out there and I would like to set the record straight. We are Committed to improving the foundation of a patient's smile.

I'd like to be able to answer your questions and perhaps share some of my observations I see on a daily basis through this newsletter or online. It doesn't have to be all business, hopefully we can have some fun too.

Check us out: www.okperioimplant.blogspot.com

Name

Address

City, State Zip

Committed to improving the
foundation of a patient's smile.

Website Launched for Dental Hygienists

From the Editor

A newsletter like this just doesn't have enough space to fit all the information we want to share with you. So, what's the next best thing? A website of course! With only the web address in mind, we created a website focused on hygienists, www.everythingdentalhygiene.com.

This is no cookie cutter website. We designed it from scratch and will constantly improve it so it works for you. Our goal is to load it with innovative information from your perio specialist and colleague Dr. Robin Henderson. Anything to support his favorite dental people - the dental hygienist!

We want the website to reflect you and your dental hygiene community. Use it as a forum for learning, discussing, and exchanging advice. Maybe vent a little too.

There will be plenty of professional techniques and tips but we don't want to limit it to dental hygiene practice only. Created to help you

professionally, we also hope to enhance your personal life too. Dental hygiene may be *what you do*, but it is NOT *who you are*.

We realize there are many places to go for advice and information about dental hygiene; we want to be another source of expertise.

Why is our website going to be so special? The twist - the periodontists perspective. If you have read any of Dr. Henderson's articles in the last two newsletters, you know he thinks a little more outside the box than some.

We are starting with the basics on the Website: Case Studies, Events, FAQ, Advances in dentistry, and all the newsletters (like this one) will be available on line. The FAQ section displays all the questions asked at the Spring Fling event in April with Dr. Henderson's answers. There is a lot of potential for this section but your participation is crucial. Don't hesitate to *Ask The Expert*, someone else is probably wondering the same thing.

Check us out and please give us feedback. Your ideas make a difference in where we go from here.

Everything Dental Hygiene

Robin D. Henderson, DMD, MS