

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

### About Robin

Graduated dental school and completed his periodontal residency at the University of Louisville

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Editor: Dawn Wilson

# Periodontal Health in Oklahoma

Volume 1, Issue 1

March 2008

## Meet Dr. Robin Henderson

I want to introduce you to a hygiene newsletter from a different perspective. My perspective! Before you start to role your eyes and use this for naptime reading, give me a chance to explain.

When I first started dental school and began my education on how to save the world from dental problems, I knew the basics of dentistry, I knew that there were dentists and hygienists. That was the extent of my knowledge.

After completing dental school and studying everything about teeth, I still didn't grasp what it was like to be a dentist.

Once out of my periodontal residency and into the real world, I truly understood the power of a hygienist, both from a practice management perspective and as a colleague. I feel dental school gave me the basics and the rest is left to figure out for yourself.

I have been in periodontal practice for seven years, now full time in Oklahoma City, and teach part-time at the University of Oklahoma School of Dentistry.

My practice philosophy is simple, do minimal procedures given the situation and treat everyone as family.

I learned a hygienist's role, done correctly, is one of

the most important positions in a dental office. Many do not realize that.

I want this newsletter to be the place for information, guidance, support, and camaraderie. A new perspective, not the typical information you receive from "speaker type" hygienists but rather real world views.

It should be a place you can give and receive advice. There are many facets to a hygiene department and its practices that are not talked about.

I know I will ruffle some feathers but hopefully stroke some feathers too. I want to see a change and I think dentistry needs one.

Welcome to the first of many meetings. I'll do my best to entertain and educate as well as give you ammunition to use in daily practice life.

Keep the scalers sharp!



Robin D. Henderson, DMD, MS

## Practice Philosophy, Gum Gardeners

Enough fluff! Now that we are acquainted I want to share my thoughts.

The majority of my practice is referral-based. When patients are not responding to treatment performed in general practice, and hygienists are no longer able to control their patients' periodontal health, then we are here to help. Thank you, but I'm concerned.

I feel we are facing a much bigger problem given there is so much disease not being treated or diagnosed. This makes me wonder why. I know that hy-

gienists' education is sound, so where is the problem?

Before you get antsy, I want everyone to know that hygienists are my favorite dental people. We are kindred spirits, sort of gum gardeners united. So why are things getting so bad?

Is it poor craftsmanship? Lack of quality time with patients? Poor equipment? Lack of desire? Or, is it something else?

The answer is all of these, but what are we going to do about it? Let's use this medium to find a solution.

# What is Your Biotype?



“The makeup of the periodontium begins with genetics and the patient’s biotype.”

Mucogingival defects are plentiful in dentistry and are one of the most common but overlooked dental problems we face. Recession and thin tissue, mostly known as a loss of attached gingiva or minimal keratinized gingiva, are some of the issues that make treating all facets of dentistry difficult.

The makeup of the periodontium begins with genetics and the patient’s biotype. There are few descriptions in the literature about biotype, but it basically can be broken into two main categories: thin, scalloped and thick, flat. The thin, scalloped type is the most common periodontal disease. Both types create issues for the patient but at different times in their life.

For this article, we are going to concentrate on the thin biotype. This can be diagnosed at a very early age by noticing the shape of tissue and gingival levels in relation to the CEJ. With close observation you will notice a transparent appearance in the tissue, where blood vessels are obvious.

This presentation, even in the absence of active recession, will lead to serious problems in the future and should be treated early.

The thin, scalloped type is notable by thin tissue thickness, not only in a apico-coronal measurement but also in the thickness of the flap. These cases are prone to recession in a generalized manner across a large area of the mouth. They will be more prone to inflammation and buildup of plaque which will contribute to the overall breakdown even more.

The thick, flat biotype is the polar opposite with a potential for similar problems. This type is very thick tissue with very prominent bony projections and presents with less inflammation. They are more prone to increased pocketing in interproximal areas sooner.

Tissue thickness, mainly the flap thickness is more important than the thickness of the band of keratinized gingiva. When a flap is thicker, and the blood supply has plenty of tissue surrounding it, the plaque laden biofilm is less likely to cause an inflammatory response. This is more damaging than when the tissue is thin. With thick tissue the



## THIN BIOTYPE

- ◆ Knife-edged ridge crest shape
- ◆ Fenestration and Dehiscences
- ◆ Bone/Tissue too thin, scalloped
- ◆ Non-pocketing type reactions with mucogingival problems

body is able to mount a defense and take care of the invaders than when the tissue is thin.

With a thin biotype person, you also have to be aware of other factors that can contribute to the overall breakdown of the tissue.

Occlusion and position of the teeth within the bone must be taken into consideration, as these sensitive areas are more prone to breakdown when stress is placed upon them, i.e. orthodontics or bruxism.

Recession and bone loss can be treated if it is identified early enough.

## Ask Dr. Henderson...



Send your questions to Robin, Robin@OkPerioImplant.com

**Q:** How do you get rid of the inflammation on patients that have chronic hemorrhaging, edema and redness around PFM crowns, and this is in mouths of patients with above average home care? - Val W.

**A:** It's simple really...First we have to identify what the actual problem is. The list can include, true metal allergy or biologic width encroachment.

Most of the time it is an invasion of the biologic width, that dimension of soft tissue that must be present in all cases for proper health. Biologic width issues can also occur around any restoration type, even full porcelain crowns.

Once this occurs the only way to fix this is to do a crown lengthening procedure to recreate the proper biologic width. As a review, the biologic width is the 3—4 mm dimension that must be present from the crest of the bone to the margin of the restoration.

It is very rare to have this type of reaction for a true metal allergy. If it is really an allergy, then the procedure is still the same, crown lengthening and then non-metal restorations.

# Avoid Professional Boredom and Burnout



Everyone has their own reasons for wanting to start a career in dental hygiene. Let's face it, it's not a glamorous job. All that spit and in people's mouths all day!

But you never thought about it that way and that is what separates you from others as a dental hygienist.

I think it is easy to get in a rut and it can happen to anyone. Even Fortune 500 CEOs are not always happy but they have one thing going for them, drive and determination to do more.

Take fate into your hands and do more. Don't sit back and wait for someone else to take care of your professional needs and desires.

You limit yourself by your knowledge, which can be a self defeating direction. If you want to succeed, strive to be more.

Invest in yourself! Attend the best CE courses out there even if your doctor will not pay for it. Even if your office is not ready for new technology at least be aware of the technology available. The money and effort you invest in further education prevents professional boredom and reminds your patients how much you care about their well being.

It amazes me that some offices still don't have probes or sharpening stones—the most

basic instruments for a hygienist. Here is a wakeup call if this sounds like you. You are doing a disservice to your patients and yourself. Guaranteed burnout.

Of course you don't realize it at first. You may blame it on the doctor or staff. But remember the old saying about pointing a finger at someone else, there are 4 fingers pointing back at you.

The bottom line is take pride in yourself and control of your own destiny. Don't settle for mediocrity. Don't let your patients suffer for your inabilities, step up and take charge.

Your patients know the difference even if your dentist thinks your great because of your production. If you are no longer excited about being a hygienist, find something else you are excited about.

Common mistakes hygienists make:

- Not enough time with patients
- Instruments are not sharp
- Not using proper instruments
- Afraid to touch the gums

Fix these problems and Periodontal Disease will diminish greatly.

## New Technology, Digital Dental Imaging

Advances in technology allows dental professionals a unique opportunity to see things before beginning any procedure.

In as little as 20 seconds you can get a complete 3-D image of the head allowing for a complete analysis of the TMJ, bone quality and quantity, sinuses, infections, and all structures, BEFORE any procedure is done.

The 3D CT scan acts as a blueprint providing the most accurate imaging before any extensive procedures are done.

We know gum and bone diseases are very treatable if

caught early. A 3-D CT image can help detect most dental problems before too much damage is done.

Dental Implants are very successful when performed correctly. Knowing the integrity of the bone before implants are placed is invaluable.

A 3-D image gives the surgeon a complete blueprint of the bone and vital structures, like the nerves and sinuses.

It is a fairly inexpensive way to have piece of mind knowing that the mouth's foundation is healthy

Request a scan before any major dental procedure. Imaging is everything, it is what's on the inside that counts. .

## Outside the Office

I want this section dedicated to getting to know each other on a personal level. It will feature different people, places and things so we can learn about each other outside the office.

I'll start with me. A leap of faith here, no ridicule please!

Most know me professionally, but many of you may be surprised to know my true love is music and pretty much everything associated with it. Not your typical stuff though. I love to sing and yes even dance, but I mostly like musicals and theatre.

I hated this kind of stuff growing up until my mother threatened to take my driver's license away unless I tried out for the school musical. I did and a star was born.

I'm not ready to quit my day job and move to New York, but I have a lot of fun doing it and it brings me a sense of peace.

Even though my theatrical days are behind me, my outlet is still singing especially in the church choir.

We will share more of our interests in future issues, but if there are any brave souls with hobbies or interests they want to share, send the fodder to us. Enjoy life!





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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](http://www.okperioimplant.blogspot.com)

Name

Address

City, State Zip

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

Hygiene Expo

April 11, 2008

8:00 am to 4:30 pm

7 CEU's only \$30

Cox Convention Center

Oklahoma City

Feature Speaker:

Anne Guignon

Vendors

Door Prizes

Free Chair Massage

Lunch Included

Ask the Periodontist Q & A

Don't miss out!

Reserve your spot today!

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## Spring Fling Hygiene Expo 2008

Dr. Robin Henderson, your Perio specialist, invites you to join us for a special one day event all about Dental Hygiene.

On April 11, Dr. Henderson will be hosting his first Hygiene Expo in Oklahoma City at the Cox Convention Center. He wants to make this event fun and informative.

Our featured speaker Anne Guignon, RDH, MPH will be speaking on *The Epidemics*. Both physical disease and social phenomena create epidemics that transform how we practice. Switch on your investigator antennae, heighten your sixth sense and develop effective diagnostic and communication skills for a diverse set of issues. Identify effective ways to work with some of the century's most complicated patients.

In addition, Dr. Henderson will be available for a question and answer session. Your opportunity to ask the expert!

Of course, all work and no play makes for a boring day. There will be vendors, free massage and goodies to take home. Oh yeah, did we mention LUNCH is on US. And we'll pay for your parking! Get registration information at [www.okdha.org](http://www.okdha.org). Call us if you have any questions.