

Periodontal Health in Oklahoma

Oklahoma Center for
Implants & Periodontics

Volume 2 Issue 1

Winter 2010

Patient's lives are changed everyday because we focus on premiere service with the highest quality of implant and periodontal treatment offered today.

Our emphasis is on Comprehensive Periodontics, Soft Tissue Grafting, and Dental Implants

Robin Henderson, DMD, MS
Diplomate of the American Board of Periodontology
Chris Poore, DDS, MS

In This Issue

LANAP

Clinical - Free Gingival Graft

Hygiene Expo Details

Outside the Office

Sinus Lifts

Contact Us:

3330 NW 56th Street
Suite 110
Oklahoma City, OK 73112
(405) 947-0486
(405) 942-4392 FAX

www.OkPerioImplant.com

Editor:

Dawn Wilson, RDH, BA
tdwilson@prodigy.net

Laser Assisted New Attachment Procedure

Although it is well known that periodontitis is a treatable disease, often times our patients avoid or put off treatment most likely due to fear. Whether it was a personal experience in a dental office or comments made by friends and family, fear can be a major obstacle keeping patients away from necessary treatment. Honestly, having four quadrants of osseous surgery is not a walk in the park. Knowing this, we constantly search for treatment modalities that are easier for patients to undergo.

Some specialists throughout the nation are seeing great results with Laser Periodontal Therapy (LPT). LPT combines traditional mechanical debridement with a specialized laser designed

to treat periodontal disease. The reason this idea caught our attention is that patients are reporting much less post operative discomfort. Patients are also more comfortable with the idea that LPT requires no cutting or stitches. The way I see it, if patients are more comfortable with a procedure and know that healing is less painful, they are more likely to proceed with the treatment they really need.

We recently acquired a specialized laser named the Periolas MVP-7 and have seen great results over the last six months. The Periolas MP-7 is an integral part of a comprehensive protocol used to treat periodontal disease. The procedure named LANAP, Laser Assisted New Attachment Procedure, uses a specific protocol

Continued on Page 2

Clinical Case ~ Free Gingival Graft

A 48 year old white male presented with a chief complaint of sore gums around his implants. He was very unhappy with the way his denture fits. His dentist noticed the gums around the implant didn't look very healthy and sent the patient for an evaluation before making new dentures.

Three lower implants were placed about four years ago. He was told by whoever placed them that at some point he would need a gum graft (in my opinion, not the best way to do it, but I won't get on my soapbox). The implants are stable (no mobility or radiolucencies), but present with significant gum problems. First, the gums are very tender...tender enough the patient does not want to clean around them. Possibly due to the lack of oral hygiene, there

were four to six millimeter probing depths around the implants with generalized bleeding on probing.

Another major issue is the type of gums surrounding the implants, 65-70% of the tissue is alveolar mucosa, not the tough attached tissue we like to see.

In Figure 1, notice the gums blanch while retracting the lip. That may not seem like a big deal because he doesn't walk around with cheek retractors in all day, but his denture essentially does the same



Figure 1

Continued on Page 3

Cont...LANAP



“After everything is clean, the laser is used to coagulate the blood and create a seal between the tissue and the tooth.”

which must be followed in order to achieve optimum results. Patients report much less post op pain and sensitivity to cold (a common side effect in the first four to six weeks after surgery). Additionally, a few patients who had traditional periodontal surgery years ago reported the LPT procedure was much easier. See Figure below for a brief outline on the procedure protocol.

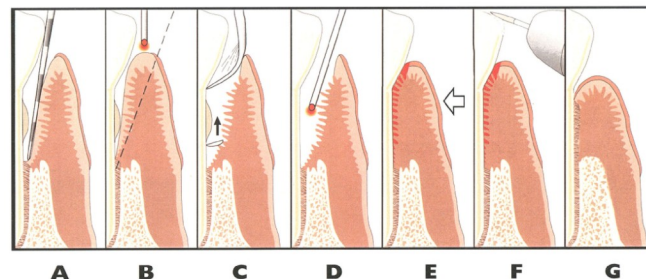
After diagnosis and anesthesia, the epithelial lining of the pocket is removed. This tissue is very irritated and research has shown that periodontal bugs can actually invade this lining. Different piezo tips are used to thoroughly clean the roots surfaces. This step of the procedure takes the most time but one of the most important parts. After everything is clean, the laser is used to coagulate the blood and create a seal between the tissue and tooth. The occlusion is adjusted to ensure that the teeth are biting together correctly. Usually other occlusal adjustments are necessary at subsequent appointments. Impressions are taken for a biteguard around 6 weeks after the procedure.

Patients are not allowed to brush or floss for two to three weeks, but rather use an antimicrobial mouth rinse. Mechanical brushing is off limits because one of the last steps in using the laser is to create a clot/seal between the gums and tooth. It is very important that this clot is not disturbed. If it is, bacteria are allowed to migrate back down into the pocket and begin to set up residence again.

Another important post op protocol is no probing for four to six months. As periodontal tissue begins to heal it is very delicate. Adequate time should be allowed for the tissue to mature and become as strong as possible. Typically, patients are seen three months after the procedure for coronal polishing, but no probing or subgingival debridement.

We constantly search for ways to make it easier for patients and feel confident LANAP provides that.

Just to be clear, I am not saying this is a *better* treatment for traditional periodontal surgery. Osseous surgery has a track record as being the most definitive treatment for generalized severe periodontitis and continues to be an excellent option. I am simply saying we have a new addition to our bag of tricks.



LANAP Protocol

- C: Piezo scalers used for thorough mechanical debridement.
- D: The Periolase MVP-7 is used on a different setting for coagulation

A: Initial exam and diagnosis of periodontal disease

B: The Periolase MVP-7 removes the diseased epithelial lining of the pocket.

E: Tissue is compressed against the tooth

F: Bite is adjusted through selective grinding

G: Healing results in new attachment

Send questions to
Robin@OkPerioImplant.com

Cont...Grafting

thing. He also has an extremely atrophic mandible; his jaw bone is very small limiting the space to place other implants. If the current implants go bad, he may never be able to have implants again. The goal is to save what he has because getting a denture to fit well on a tiny mandibular ridge without implants is a nightmare.

A large free gingival graft was completed around all three implants. During the procedure, the implants were thoroughly cleaned. As a result, the pocketing was eliminated, the flimsy al-

veolar mucosa was replaced with tough attached tissue, the frenal pull and subsequent blanching of the tissue was relieved, and buccal vestibule was slightly lowered, which will secure his denture with a better fit and.

A good rule of thumb, anytime pulling on the cheek or lip causes the marginal gingiva around the tooth or implant to blanch, there will be future gum problems.

Sinus Lifts ~ Not So Scary

Sometimes patients lack enough bone to hold an implant. This problem is particularly common in the posterior maxilla. After teeth in this area are removed, the bone heals and resorption can take place causing the maxillary sinus to drop down. This process may prevent implant placement, the ideal tooth replacement.

Sinus lifts are an important procedure to help remedy the situation. There are two different types of sinus lifting procedures. The first is called an "upfracture" and the other a "lateral window" sinus lift. Think of the upfracture as a *little* sinus lift and the lateral window as a *not so little* sinus lift. The technique used depends on how much bone is present. Each case is different, but typically if the patient has five to six millimeters of bone an upfracture is appropriate. If the bone is shorter than that a lateral window sinus lift is indicated.

An upfracture sinus lift is done at the same time the implant is placed. Basically, drill the "hole" (osteotomy) for the implant to about 1mm away from the sinus floor (measure twice, cut once). Another instrument is used to upfracture the sinus floor. Bone graft material is placed through the osteotomy, then the implant is

screwed into placed. This is not a major procedure – it usually takes about 10 minutes.

The lateral window sinus lifting procedure begins by tenderly pushing the gums out of the way in order to visualize the side of the sinus. A small window is created and the membrane that lines the sinus is elevated. The lining within the sinus is used to create a pouch for the bone graft material. The bone graft is gently placed into the sinus and the small window is covered with a special material to contain the bone within the sinus.

A few stitches later, the gums are back where they started. The entire procedure takes 30 to 45 minutes and patients typically do very well during the procedure. Antibiotics, sometimes a steroid and pain medication is prescribed to keep them comfortable during the first couple days of healing. Typically it takes five to six months for the bone to completely mature and be ready for an implant.

Sinus lifts aren't as scary as they sound. These procedures are very safe and predictable and allow us to provide our patients with a treatment that can last a lifetime.

Outside the Office ~ Team Member Highlight



While Lacy may call Oklahoma home, the place she hangs her toothbrush anyway, she thinks of Florida as her home away from home. At the tender age of five, her mom entered her in a photo contest and she won a week long trip to Disney World. That was it! Her obsession with Disney began, visiting the theme park over 25 times in the last 20 years.

Her most memorable moment was the Disney Wishes fireworks display which brought her excitement and tears feeling like a kid again.

Her "must do" every trip is eating at Planet Hollywood and playing a round of miniature "pirate themed" golf. The food is ok but the experience is a must.

When not thinking about her next trip to Disney World or pampering her two dogs, Ralph and Roxy, she is passionate about art. Inspired by a high school history teacher, she began to fall in love with it and while studying in college found inspiration in Italian Renaissance. Her dream is to travel to Italy and see first hand the pictures of art she studied. Her favorite work is the Michelangelo's Sistine Chapel painting of the "Cration of Adam".

When she's not dreaming of the next traveling adventure, she enjoys seeing concerts like Aerosmith or John Mayer live and watching movies, especially if it stars Johnny Depp. In her more quiet moments she enjoys curling up to a good book by Dan Brown or one from the Twilight series.



Oklahoma Center for Implants &
Periodontics
3330 NW 56th St., Ste. 110
Oklahoma City, OK 73112



Robin Henderson, DMD, MS

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



Chris Poore, DDS, MS

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

C h e c k u s o u t :
www.okperioimplant.blogspot.com

Name

Address

City, State Zip

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

Third Annual Hygiene Expo Date Set

From the editor...

It's that time of year! With two successful Spring Hygiene Expos under our belts, we thought why not try it again but bigger than ever. The venue changed to accommodate more of Dr. Henderson's favorite people (we hate turning away willing participants) and we wanted to add the benefit of free parking.

What will not change is the affordable and cutting edge CE, fun and amazing door prizes, more vendors and of course, pick your periodontist brain at the Q&A with Dr. Henderson and Dr. Poore.

The event will be held at the Reed Conference Center in Midwest City on May 7th. Registration will begin at 7:30am. Come early and enjoy catching up with old friends over a continental breakfast.

Our guest speaker is Lory Laughter, RDH discussing Inflammatory Diseases: "It's Not Just About Perio Anymore."



Lory is a practicing hygienist of 16 years, a consultant, writes a column in *RDH* magazine titled, "From the Edge", founder/owner of Dental IQ, thought leader for Hu-Friedy all while raising nine children and volunteering with other various charities.

There were nearly 300 hygienists who attended last year, don't miss out this year - register early! Get your registration form at www.everythingdentalhygiene.com and mail it in soon. The cost is \$50 for seven CE and lunch is provided. The registration deadline is April 23rd. While visiting the website you can also see information from past events, archived newsletters and some case study information.

We want to continue bringing interesting articles and events but we need your feedback. Please send your address changes, questions and/or comments to tdwilson@prodigy.net. Looking forward to another great meeting and seeing you there!