Decision Making in Implant Therapy: Evidence-based protocols Improving Predictability for Experienced and Novice Clinicians Homa H. Zadeh Shahram Ghanaati Fernando Rojas Vizcaya Kia Karimi

Lecture • Hands-on Workshop • Live Surgery

Online On-Demand



Homa H. Zadeh, DDS, PhD (course director). Dr. Zadeh is a diplomate of the American Board of Periodontology and fellow, American Academy of Esthetic Dentistry (AAED). He received his doctor of dental surgery degree from the University of Southern California (USC). He has also completed advanced clinical education in Periodontology and earned a PhD degree in immunology from the University of Connecticut, Schools of dental medicine and medicine. Dr. Zadeh is internationally recognized for his clinical and scientific expertise. He served as the president of the Western Society of Periodontology in 2017. Dr. Zadeh directs the VISTA Institute for Therapeutic Innovations with blended educational pedagogy on a variety of clinically-relevant topics. He also maintains a private practice limited to periodontology & implant surgery in Southern California.

Fereidoun Daftary, DDS, MSD Dr. Daftary received his prosthodontics training at Boston University (BU). He has held a position as an assistant professor at New York University (NYU) and was associate professor and chair of the Department of Fixed Prosthodontics at USC from 1982 to 1992. He is a pioneer in the field of implant dentistry and has developed and patented more than 20 devices, which have been utilized in the development of hundreds of products commonly used in implant dentistry. Dr. Daftary engages in private practice limited to prosthodontics in Southern California.

Shahram Ghanaati, MD, DMD, PhD (Remote faculty). Dr. Ghanaati has triple doctorate degrees in medicine, dentistry and science (MD, DMD, PhD) from Johannes Gutenberg University, Mainz and Johann Wolfgang Goethe University, Frankfurt. Germany. He has a degree of Specialist in Oral and Maxillofacial Surgery and is leading the Head and Neck Oncology section at the University Cancer Center, Goethe University. He is an Associate Professor at the Clinic of Oral, Cranio-Maxillofacial and Plastic Surgery and a faculty member at the Goethe University, Frankfurt. He is the Chief Senior Physician and Deputy Clinical Director. Dr Ghanaati is a spokesperson of the German chapter of Young Scientist Forum of the European Society for Biomaterials and he has received the Isiah Lew Memorial research award from the American Academy of Implant Dentistry in recognition of his important contribution to research in dental implantology.

Fernando Rojas-Vizcaya, DDS, MS (Remote faculty). Dr. Rojas is Adjunct Assistant Professor, Dept of Prosthodontics, University of North Carolina. He is the Founder and Director of the Mediterranean Prosthodontic Institute and BoneModels, and maintains a private practice limited to dental implant surgery and prosthodontics in Castellon, Spain. Dr. Rojas received his Doctorate in Buccal Surgery and his University Specialty Degrees in both; Oral Medicine and Implant Surgery at the University Complutense in Madrid and Certificate in Oral Surgery at Gregorio Marañon Hospital in Madrid. Dr. Rojas completed his post-graduate specialty degree in Prosthodontics along with a Master of Science, and a Fellowship in Oral Implantology at the University of North Carolina.

Kia Karimi, DMD, DDS Dr. Kia Karimi is a faculty member at UCLA School of Dentistry in the Postdoctoral Restorative Program. He received his DMD degree from University of Szeged, Hungry and DDS from Colorado School of Dental Medicine. His postgraduate training includes "Advanced Clinical Training in Restorative Dentistry" at UCLA School of Dentistry and Advanced Prosthodontics Residency at USC School of Dentistry. A board eligible prosthodontist, Dr. Karimi's practice is focused on full mouth rehabilitations, implant and Minimally Invasive Adhesive Dentistry.

Course Description

Osseointegrated dental implants have over half century history. Over this period, a great deal have been learned about dental implants through scientific studies, as well as clinical experience. Survival and success of dental implants have varied anywhere from 60% to 100%. What has differentiated treatment outcomes have been differences in decision-making for material and protocol selection, as well as technical execution. Moreover, multiple studies have demonstrated that the level of experience of the clinician is correlated with negative outcomes. Perhaps the most important determinant of success is "decision making". When appropriate decisions are made, grounded in best available evidence, higher degree of predictability is expected. It is most effective that a systematic approach is adopted utilizing decision tree model, beginning with diagnosis, risk assessment and thoughtful planning of steps and sequence of therapy. Other important aspects of decision making include material and protocol selection. Awareness of the biologic basis of the processes is also helpful in making better decisions. In view of the fact that despite best efforts, complications occur in a proportion of cases, it is important to be prepared to manage those complications.

The course faculty includes experts with scientific and clinical expertise in biology, surgery and prosthetics. This education program examines each aspect of implant therapy, i.e. biological, biomechanical, diagnostic, surgical, prosthetic and technical. Each of the steps are reviewed in an effort to describe best available evidence and/or clinically documented options. The information is intended to steepen the learning curve to less experience, and improve the predictability of therapy for more experienced clinicians.

Educational format

Each module is designed as a free-standing educational event. Participants may choose individual modules or take all three.

This course offers flexible educational format to accommodate all clinicians' needs and interests.

This course appropriate for:

- both experienced and novice clinicians, because the course offers important update of the most significant decisions that are to be made in implant therapy.
- Clinicians who exclusively perform surgery, exclusively perform prosthetics or both surgery and prosthetics can benefit from the content of this course.
- Dental clinical assistants who will participate in the delivery of implant care along with the dentist

The most effective manner to increase the predictability of outcomes is to make decisions that are based on solid scientific and clinical evidence.

Educational Objectives

The symbols next to each topic refers to the module during which that information will be covered.







Diagnosis:

- • 3D imaging: CBCT
- UScan templates
- **1** Prosthetic assessment: occlusion, arch form, tooth form
- **26** Esthetic assessment
- Quantitative & qualitative assessment of bone
- Classification of bone quantity and density
- Quantitative & qualitative evaluation of soft tissues
 Risk Assessment:
- Osystemic and local risk factors and indicators
- Modifiable and non-modifiable risks

Implant Site Planning:

- · Surgical and prosthetic planning
- • Analogue protocol: diagnostic wax-up
- • Analogue and digital surgical guide Evidence Based Therapy:
- **① ② ⑤** Expected outcomes in various situations **Biology**:
- Diology of osseointegration
- • • Biology of wound healing

Transitioning of hopeless teeth to implants:

- Biology of extraction socket healing
- Minimally invasive tooth extraction
- Immediate implant placement
- Piezosurgery
- Ridge preservation socket grafting for delayed implant placement
- Biology of Ridge preservation socket grafting Prosthetic protocols:
- Oement-retained, screw-retained, screw accessible
- OAbutment selection: Stock, Ti-base, castable, CAD/CAM
- Fixed vs removable prosthetic
- Prosthetic material selection
- Unigital vs analogue protocol
- Provisionalization options
- **1 2 S** Restorative Space
- **2 Eip support**

Implant Selection:

- · Implant material:
- titanium (CPT)
- Titanium alloy
- o 🛮 🛂 Ceramic implants: Zirconia
 - Umplant macro, micro & nano design
 - 26 Implant diameter: standard, short, ultra-short
- **2** Implant length: wide, regular, narrow, mini

Implant Selection:

- Implant material:
 - commercially pure titanium (CPT)
 - Titanium alloy
 - o 🕡 🙋 Ceramic implants: Zirconia
 - • emplant macro, micro & nano design
 - 0 2 1 Implant diameter: standard, short, ultra-short
 - 10 2 1 Implant length: wide, regular, narrow, mini

Loading protocols:

• **2** Immediate, early, delayed loading

Implants in atrophic sites:

- Horizontal and vertical alveolar ridge augmentation
- Sometimes Implant therapy in posterior maxilla: short implant, crestal and lateral sinus augmentation
- S Implant therapy in posterior mandible: short implant, horizontal & vertical augmentation
- lmplant therapy in anterior maxilla: narrow diameter, horizontal & vertical augmentation

Material Selection:

- **25** Bone grafts
- 25 Autogenous bone: sources & harvesting technique
- **26** Bone substitutes: allogenic, xenogenic, alloplastic
- **2** Barrier membranes
- **2** Platelet Rich Fibrin (PRF)
 - PRF isolation protocol
 - o PRF biology
 - o PRF role as biologic response modifier

Peri-implant soft tissue:

- 25 Significance of peri-implant mucosa
- **2** Mucosa phenotype modification therapy
- **2** Soft tissue graft options:
 - Autogenous soft tissue graft
 - Acellular Dermal Matrix (ADM)
 - Xenogenic Collagen Matrix (CM)

Surgery:

- 0 26 Flap design in various oral regions

 - S Alveolar ridge augmentation
- 10 2 Suturing material and techniques
- 1 26 Osteotomy protocol
 - Free hand
 - Guided surgery
 - o Intra-operative navigation
- **25** Piezosurgery:
 - o Bone crest harmonization
 - o Sinus augmentation
 - o Implant site preparation

Complications:

- **① ② ⑤** Biologic, inflammatory, infectious, technical, surgical & prosthetic complications
- SNeurosensory deficits
- SHuman factors: avoidable errors
- 1 2 Prevention and management
 - o Diagnosis of peri-implant diseases
 - Treatment of peri-implant diseases

Pre- and post-operative Care:

- Antibiotics and antiseptics
- OAnti-inflammatory agents & Supplements
- Peri-implant maintenance therapy

Hands-on Workshop Simulated Exercises

- Virtual implant planning
- **0 2 S**Flap design in different anatomic regions
- Umplant osteotomy & placement in healed sites
- 2 Immediate implant osteotomy & placement in extraction sockets
- ① ② ⑤ Suture techniques
- Ridge preservation socket grafting of intact sockets and those with defective alveolar walls
- S Alveolar ridge augmentation
- ②⑤ Peri-implant soft tissue augmentation

Live Surgery Demo

- **●** ② Implant therapy in different anatomic regions
- ØManagement of extraction socket
- S Alveolar ridge augmentation
- ②⑤ Peri-implant soft tissue augmentation

Tuition CE units

Tuition for each module: \$1495 Remote Learning: Lecture + Workshop

Tuition for each module: \$995 Remote Learning: Lectures Only

Tuition for all 3 modules: \$2995 Remote Learning: Lecture + Workshop

Tuition for all 3 modules: \$1995 Remote Learning: Lectures Only

It is recommended that all members of the treatment team, including clinical assistants participate in the educational program.

Inquire about staff tuition.

Tuition for remote workshops includes two-way shipment of all supplies to allow participants to complete the workshops in their own facility.

CE units:

Each module: 16 hours of on-demand online education (including: lecture, hands-on workshop, and live surgery demonstration)

For registration and details of all policies, including refund and cancellation, see www.learnVISTA.com