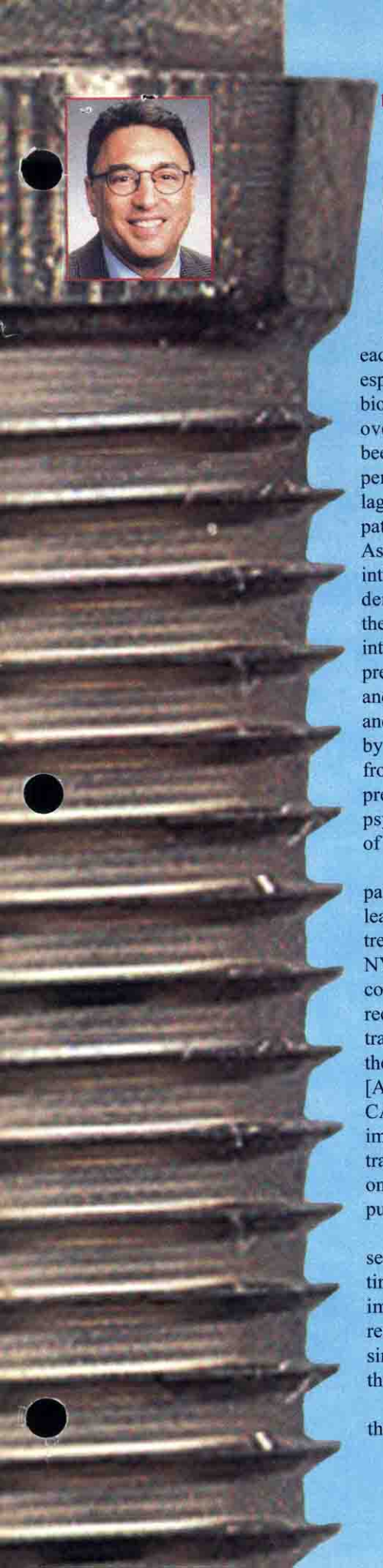



# Transitional Implants Help Sell Implant Cases

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About 150,000 implant patients are treated each year. This is a relatively small number—especially since the established protocols and biocompatable materials have made implants over 90% successful. Implantology has been driven in the past by oral surgeons and periodontists. But, restorative dentists are lagging way behind in presenting implants to patients as an alternative form of treatment. As a group, restorative dentists appear to be intimidated in making the plunge into implant dentistry. They find themselves outside their zone of comfort. Restorative dentists are intimated by the "large fees" they have to present; by their perceived lack of training and skills; by their failure to manage time and set appropriate fees in many instances; by the great variety of implant systems from which to choose; and by having to present implants to patients who express psychological reluctance for a variety of reasons.

Using transitional implants will alleviate a patient's emotional concerns to proceed and lead to higher patient acceptance of implant treatment plans. Dentatus USA [New York, NY] has been the driving force behind the concept of transitional implants and, up to recently, was the only company to make a transitional implant system available. Within the last year, Bicon [Boston, MA], IMTEC [Ardmore, OK] and SteriOss [Yorba Linda, CA] all introduced their own transitional implants, demonstrating the importance of transitionalizing implant patients. To date, only Dentatus has the backing of numerous published articles and clinical research.

Think of transitional implants as a second set of implants, usually placed at the same time as the definitive implants, but that are immediately loaded with a provisional restoration [figs. 1, 2]. They are relatively simple to utilize, and offer many benefits to the implant team as well as the patient.

It's not an easy task to tell a patient that they will be without teeth for 2-3 weeks after surgery and then will have several months of sore spots from a loose fitting denture, requiring numerous office visits to alleviate the pain. What a way to begin a case presentation! It's no wonder that patients psychologically leave the room before you have finished your presentation. With the advent of transitional implants, you can now confidently say to the patient that they will never be without teeth; that their provisional restoration will be a stabilized removable denture or a fixed, cemented temporary, which in most cases, is better than what they presently have; and, most important, that they can immediately return to their daily lifestyle. Ask yourself, "Which choice, with or without teeth, would give you the greatest level of comfort in presenting implants as an alternative?"

Chances of maximizing clinical results in implant treatment will improve when the provisional restoration is made to resemble the final restoration as closely as possible. This allows the patient, as an important member of the implant team, to have direct input as to size, color and shape of their teeth. Let them know that. It is less costly and less stress provoking for everyone to make changes in the provisional restoration than in the metal or porcelain of the final prostheses. Doesn't it make sense, that within a few weeks after implant surgery, the patient could be brought back for an instructional session with the hygienist? And then you have the next five to nine months to review and "tweak" their oral hygiene techniques and/or to make modifications in their home care regimen or products. By the time the final implant-supported restoration is placed, the patient will be executing proper oral hygiene from day one.

The Dentatus MTI System has modular prosthetic components that allow the clinician to produce a variety of transitional restorations [both for fully and partially edentulous and as fixed or removable],

depending on the specific situation and desired outcome. Because of their small size [1.8 mm diameter], there is almost always enough room to place them in both the maxilla and mandible without interfering with the definitive implants or natural teeth.

If the final prosthesis will be an overdenture on a Hader-type bar, it wouldn't make sense to give the patient a fixed provisional. So transitional implants could be placed to retain a cemented acrylic splint, and the patient's old denture could be retrofitted with a soft reline over the splint. The patient would be instructed to remove and clean their denture and the splint in the same manner that would be necessary for their new denture.

The same would hold true if the final restoration was to be an implant-supported fixed bridge. The patient would be learning to clean around the same type of restoration, which would be similar in size, shape and position. Not only would the patient get the "feel" of what their teeth will be like, but the transition from the temporary stage to the final stage would be much easier. In some instances, the hygienist may observe that the patient will be incapable of adequate oral hygiene with a fixed restoration and may recommend that the dentist redesign the case for a removable. This is the time to find that out, not after placement of the final restoration.

Potential implant patients come to a consultation case presentation with perceived notions that have been developed from conversations with friends and relatives who have undergone implant treatment, or in some instances, are repeating a story from someone else. They have visions of implant treatment being painful and extended over long time-periods. Patients picture teeth falling out of their mouths, being unable to eat and afraid to smile while treatment is ongoing.

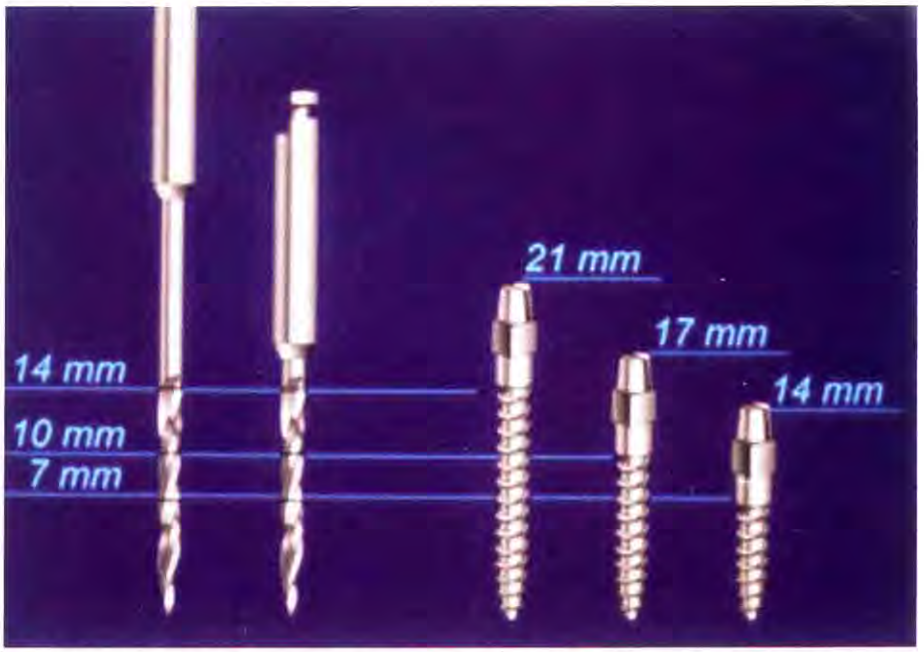


Fig. 1 (above)—The osteotomy is prepared with one drill and a choice is made from three different length MTI implants depending on the clinical situation. Illustration courtesy of Dentatus USA.

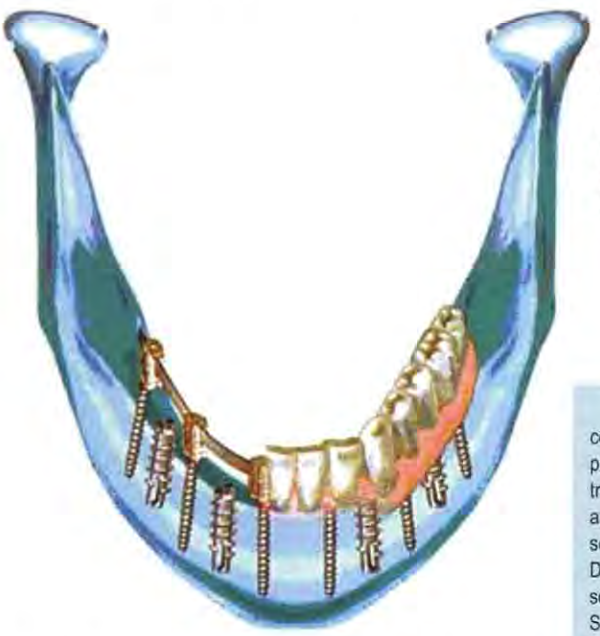

Fig. 2 (left)—The Modular Transitional Implant System can support a retrofitted denture or a fixed provisional. Illustration courtesy of Dentatus USA.

Including transitional implants as part of the treatment plan will alleviate a patient's psychological hang-ups, will put the dentist in a good comfort zone and, bottom line, should lead to more implant case acceptance.

Dr. Keith Rossein is a consultant, author and lecturer who presents hands-on workshops on transitional implants, electrosurgery and an interactive lecture/participation seminar on stress management. Dr. Rossein has also authored five self-study courses. He is listed in the Seattle Study Clubs Speaker's Bureau and is a Speaker for the ADA Seminar Services. Dr. Rossein is the editor of Implant News & Views.

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