

Building a Strong Team for the Dental Implant Practice

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Course Synopsis

This course deals with the organization and training to successfully complete restorative implant cases. The program also helps the surgical implant team to understand the full process of planning, completing, and maintaining dental implants. The front office and clinical assistants in both the restorative and surgical office and hygienists all have roles to play and responsibilities to fulfill in this effort. This seminar covers systems for coordinating all of the dental team toward the common goal of case acceptance and completion.

- How to develop an “implant philosophy” in the office
- Coordination principles with the surgical office and dental laboratory
- Products and procedures for hygiene implant appointments; what to use and what not to use
- How to use visual aids and patient education software
- How to set up the restorative and hygiene operatory for efficiency and time saving measures
- Internal marketing concepts and products for the prospective implant patient
- How to develop a financial policy for implants
- Discussion of implant costs and why fees have to be structured at certain levels.
- Individual team member responsibilities

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FRONT OFFICE DUTIES

- 1. Referral for surgical evaluation**
- 2. Schedule treatment planning conference**
- 3. Schedule case presentation**
- 4. Letter of confirmation**
- 5. Financial Arrangements for each phase**
- 6. Schedule delivery of interim appliance and stent**
- 7. Schedule prosthetic appointments**
- 8. Continuing care maintenance appointments**

CLINICAL ASSISTANT DUTIES

- 1. Interim appliance and stent fabrication**
- 2. Inventory or ordering of necessary components**
- 3. Placing components in case pan**
- 4. Proper setup for all prosthetic appointments**
- 5. Lab prescriptions**
- 6. Coordinating due dates with lab and appointments**

HYGIENIST DUTIES

- 1. Verbal skills to promote implants**
- 2. Liason with surgical office**
- 3. In-office maintenance**
- 4. Home maintenance**
- 5. Marketing**

Front Office Duties

1. **Referral for surgical evaluation**
2. **Schedule treatment planning conference**
 - a. **Meeting or phone conference between surgical and prosthetic dentists; may include lab technician**
3. **Schedule case presentation**
 - a. **Recommended after hours for joint presentation with surgical and prosthetic dentists**
 - b. **Prepare estimate of fees for treatment plan options**
4. **Letter of confirmation**
 - a. **Dictated or written by dentist for first draft**
 - b. **Edited and word processed by front office**
 - c. **Approved by dentist for final draft**
 - d. **Copies to surgical dentist and patient chart**
5. **Financial arrangements for each phase**
 - a. **Interim prosthesis**
 - b. **Stent**
 - c. **Final restorative phase including provisional crowns or bridges over implants, final restorations, occlusal splint, photos, and any other prosthetic fees**
6. **Schedule delivery of interim appliance and stent**
 - a. **Coordinate with clinical assistant and dentist for appointments and fabrication**
 - b. **Responsibility for appliance being finished and delivered to surgical office prior to surgical appointment**
7. **Schedule prosthetic appointments**
 - a. **Correct numbers and sequence of appointments for each case**
 - b. **Correct intervals scheduled between appointments**
 - c. **Correct time allocation per appointment**
8. **Continuing care maintenance appointments**
 - a. **Responsibility for implant recall**
 - b. **Phone calls/letters to patients overdue for recall**
 - c. **System to identify patients not complying with recall**

Surgical Offices
Implant Coordinator/Clinical Assistant

- 1. Coordinate receipt of xrays, prostheses, implant parts**
- 2. Check for surgical template 4 weeks before surgery**
- 3. Return template to referring dentist office after surgery**
- 4. Set up room for surgical placement of implants/bone grafting**

CLINICAL ASSISTANT DUTIES

- 1. Interim appliance and stent fabrication**
 - a. Coordinate with front office for due date**
 - b. Notify dentist when ready to drill holes (one month)**
- 2. Inventory or ordering of necessary components (know what type of implant and size)**
 - a. Transfer assemblies and analogs-most commonly needed components**
 - b. Sterilize and inventory transfer assemblies**
 - c. Maintain and sterilize prosthetic tool kit**
 - d. Maintain and sterilize miscellaneous components**
- 3. Place necessary components in case pan**
 - a. Impression copings**
 - b. Implant replicas**
 - c. Abutments**
 - d. Soft tissue model**
 - e. Articulator**
 - f. Opposing model**
 - g. Framework(s)**
 - h. Bar(s)**
 - i. Completed crowns, bridges, or overdentures**
 - j. Photos**

- 4. Proper setup for all prosthetic appointments**
 - a. Case pan**
 - b. Impression materials**
 - c. Prosthetic tool kit**
 - d. Bite registration material (section & solder technique)**
 - e. Triad gel or GC pattern resin**
 - f. Microbrushes and disposable dappen dishes**
 - g. Plastogum**
 - h. Other items as requested by dentist**

- 5. Lab prescriptions**
 - a. Writing up Rx's, due dates, shades, and special notes**
 - b. Type of prosthesis**
 - c. Packing shipping box, shipping label, and sending to lab**
 - d. Enter into computer ("lab track") or other software**

- 6. Coordinating due dates for all phases of prosthesis fabrication with lab and patient appointment dates**

HYGIENIST DUTIES

- 1. Verbal skills to promote implants**
 - a. Implant vs. bridge, partials, dentures**
 - b. Implant denture vs. conventional denture**

- 2. Liaison with surgical office**
 - a. Probing and X-ray frequency**
 - b. Identify areas of concern**
 - c. Send hygiene maintenance form to surgical office**

- 3. In-office maintenance**
 - a. Implant Exam**
 - 1. Categorize implant type**
Category I Single Implant Crown or Multiple

Implants Splinted as Fixed Bridgework
Category II Removable Overdenture
Attachment Retained
Bar Retained
Category III Hybrid Prosthesis, also called Fixed-
Detachable

- 2. Check prosthesis**
If removable, Type IV ultrasonic
- 3. Tissue Assessment**
 - a. redness**
 - b. boggy**
 - c. plaque accumulations (disclose)**
- b. Procedures for crowns, fixed bridges, overdentures and hybrids**
 - 1. Probe ?**
 - 2. Total mouth debridement**
 - 3. Full mouth disinfection**
 - 4. Adj. Implant parts if necessary**
- c. Instruments and products**
Scalers, polishing materials, floss, ultrasonics, etc
- 4. Home maintenance**
 - a. Toothbrush**
 - b. Automated appliances**
 - 1. Sonicare**
 - 2. Rotadent**
 - 3. Hydrofloss**
 - c. Toothpaste**
 - d. Rinses**
- 5. Marketing**
 - a. Brochures**
 - b. Models**
 - c. Educational Systems (Casey, etc.)**
 - d. Nobel Biocare Flip Chart**

Hygiene Protocol for Dental Implant Maintenance

Successful Maintenance for in-office and home maintenance starts with determining the category. The reasons for original tooth loss may impact your choice for products and procedures for maintenance and evaluation.

All categories for hygiene maintenance need implants checked at each visit with a “milking” technique on the implant site. This is a good way to see if there is any exudate in the implant site. Occlusion needs to be checked at each appointment for all categories.

Prosthetics Categories for Implant Maintenance

Category I.

1. All single implants
2. Multiple units of Fixed Implants

Category II.

1. Removable Prosthetics
 - Bar Retained Overdentures
 - Attachment Retained Overdentures

Category III.

1. Hybrid Prosthesis
 - Prosthesis is removable by the dentist, but not the patient

Category I. In office Maintenance

- **Determine reason for implants**
 - a. congenitally missing teeth
 - b. decayed teeth
 - c. periodontal disease
 - d. accident

Products to Use for Category I.

Scalers- Hu-Friedy Implant Scalers, Salvin Dental or any brand that offers implant scalers.

Probe- Hu-Friedy Implant Probe

Polish- Enamelize by Cosmedent. A polish that does not have any coarseness to it is necessary to prevent scratching of the titanium and porcelain.

Home Maintenance for Category I.

- Various antimicrobial products to control plaque
- Fluoride- at home strength
- Automatic toothbrushes (Rota-dent or Sonicare)
- Hydrofloss- oral irrigation device to use in the event fixed units are splinted together.

In- Office Maintenance

Category II. Removable Category

In most cases, the patient will not have any teeth. Sometimes the removable category will include partial dentures for implants. If this is the case, the decisions for maintenance will need to include the maintenance of natural teeth. Assuming the patient has no teeth, the maintenance procedures will be for bar- retained overdentures or attachment overdentures.

- **Maintenance of implant overdentures**

1. No metal instruments to scratch finish on dentures
2. Sterile beaker to ultrasonic prosthesis
3. Disinfecting soap to remove calculus and plaque
4. Tooth powder to remove stubborn plaque
5. Necessary instruments for replacing different types of attachments
6. Implant scalers to use around implants
7. Enamelize polish for bars or abutments
8. In office antimicrobial solutions as needed
9. Indelible sticks for sore spot adjustment
10. All attachments are to be checked with an H6H7 scaler. This is done by using the tip of the scaler in the attachment to check for movement. Ask the patient if they have noticed any looseness. Know all the types of attachments you dentist uses. Be able to change them as well as adjust sore spots.

Home Maintenance for Category II

I recommend the Rota-Dent brush for maintenance of bars and attachments in the mouth. Tissue is more tender than the average and I have found the Rota-Dent is the best for this reason. I also have the patient massage all of the soft tissue in the mouth to keep the tissue firm and stimulated. I also recommend a simple battery operated ultrasonic bath to clean the denture.

In-Office Maintenance Category III. Hybrid

This is the most difficult category to maintain because the prosthesis can't be removed by the patient or the hygienist. Removing the prosthesis is sometimes difficult to remove by the dentist. If calculus builds up on the prosthesis, I recommend removing the thickness with a *piezo Scaler*. The goal is to only break through the wall of calculus. Then use the implant scalers to clean the prosthesis so as not to scratch the denture material. Polish with Enamelize.

Home Maintenance Category III. Hybrid

I recommend the Hydro-Floss to flush beneath the prosthesis. The Sonicare is also good to use throughout the mouth. It will not clean underneath the appliance.