## PRACTICE • US I

**EXCELLENCE** PROMOTING IMPLANTOLOGY

> Practice profile Josh Nagao, DDS



Essential guidelines for using CBCT in implant dentistry clinical considerations: part 3 Dr. Johan Hartshorne

Treating maxillary edentulism using a screwretained prosthesis Dr. Jean-Baptiste Verdino, Jean-Michel Moal, and Gilles Giordanengo

Into the unknown: emerging evidence regarding risks of aerosols in the dental office Dr. Maria L. Geisinger



Learn more about this ideal aesthetic solution today! zeramexusa.com 1-786-622-2016

PAYING SUBSCRIBERS EARN CONTINUING EDUCATION CREDITS PER YEAR!



## Fall 2020 - Volume 13 Number 3

**EDITORIAL ADVISORS** 

Steve Barter, BDS, MSurgDent RCS

Anthony Bendkowski, BDS, LDS RCS, MFGDP,

DipDSed, DPDS, MsurgDent

Philip Bennett, BDS, LDS RCS, FICOI

Stephen Byfield, BDS, MFGDP, FICD

Sanjay Chopra, BDS

Andrew Dawood, BDS, MSc, MRD RCS

Professor Nikolaos Donos, DDS, MS, PhD

Abid Faqir, BDS, MFDS RCS, MSc (MedSci)

Koray Feran, BDS, MSC, LDS RCS, FDS RCS

Philip Freiburger, BDS, MFGDP (UK)

Jeffrey Ganeles, DMD, FACD

Mark Hamburger, BDS, BChD

Mark Haswell, BDS, MSc

Gareth Jenkins, BDS, FDS RCS, MScD

Stephen Jones, BDS, MSc, MGDS RCS, MRD RCS

Gregori M. Kurtzman, DDS

Jonathan Lack, DDS, CertPerio, FCDS

Samuel Lee, DDS

David Little, DDS

Andrew Moore, BDS, Dip Imp Dent RCS

Ara Nazarian, DDS

Ken Nicholson, BDS, MSc

Michael R. Norton, BDS, FDS RCS(ed)

Rob Oretti, BDS, MGDS RCS

Christopher Orr, BDS, BSc

Fazeela Khan-Osborne, BDS, LDS RCS, BSc, MSc

Jay B. Reznick, DMD, MD

Nigel Saynor, BDS

Malcolm Schaller, BDS

Ashok Sethi, BDS, DGDP, MGDS RCS, DUI

Harry Shiers, BDS, MSc, MGDS, MFDS

Harris Sidelsky, BDS, LDS RCS, MSc

Paul Tipton, BDS, MSc, DGDP(UK)

Clive Waterman, BDS, MDc, DGDP (UK)

Peter Young, BDS, PhD

Brian T. Young, DDS, MS

## CE QUALITY ASSURANCE ADVISORY BOARD

Dr. Alexandra Day, BDS, VT

Julian English, BA (Hons), editorial director FMC

Dr. Paul Langmaid, CBE, BDS, ex chief dental officer to the Government for Wales

Dr. Ellis Paul, BDS, LDS, FFGDP (UK), FICD, editor-inchief Private Dentistry

Dr. Chris Potts, BDS, DGDP (UK), business advisor and ex-head of Boots Dental, BUPA Dentalcover, Virgin

Dr. Harry Shiers, BDS, MSc (implant surgery), MGDS, MFDS, Harley St referral implant surgeon



© FMC 2020. All rights reserved. FMC is part of the specialist publishing group Springer Science+

Business Media. The publisher's written consent must be obtained before any part of this publication may be reproduced with any form whatsoever, including photocopies and information retrieval systems. While every care has been taken in the preparation of this magazine, the publisher cannot be held responsible for the accuracy of the information printed herein, or in any consequence arising from it. The views expressed herein are those of the author(s) and not necessarily the opinion of either implant Practice or the publisher.

ISSN number 2372-9058

## I have a new go-to material for implants in the anterior

have seen it. We've all seen it. That little bit of graying from the titanium implant that peeks through the tissue of my anterior implants. It doesn't happen every time, but I know that as my patient ages, that tissue will also age. And as that tissue recedes, the highly cosmetic case will become trickier and trickier to manage.

When a patient came knocking on my office door 4 years ago, specifically asking for a ceramic dental implant, her issue was the desire for a metal-free solution. I did research on the options available and decided to take on the case. The implant integrated fine, and I restored the case without issues. I furthered my learning on the topic and attended a couple of CE events from the ZERAMEX® company. Now made of "zirconia," which is zirconium dioxide (ZrO2), the ceramic implants are no longer prone to fracture, and I was surprised to learn that they are



Dr. Paresh Patel

actually significantly harder than titanium. The fact is, the designs too have evolved. Designs are tapered, two-piece, screw-retained with customizable restorative options that fit most clinical situations. The surgical procedure is very familiar, and the ceramic implants utilize similar tooling and surgical kits. I am proof that experienced titanium surgeons can immediately incorporate modern ceramic implants into their practice with immediate success.

If your practice is close to a Whole Foods Market or another organic market, you likely have these patients that would appreciate the option. Patients are seeking a more "organic" and natural lifestyle. In dentistry, ceramic implants can be one tool in our arsenal to fulfill this request. I began marketing the use of ceramic implants. As I placed more and more of them, the soft tissue response stood out to me. I would see the soft tissue growing over the peek cover screw. The truth of the matter is, soft tissue has documented greater affinity for ceramic implants over titanium implants. Recent research raises valid concerns about the biological properties of titanium, especially with regards to peri-implantitis. Ceramic implants have documented reduction in plaque and bacterial attraction and are not susceptible to corrosion over time. I am finding that the soft tissue around my zirconia implants is similar to soft tissue around natural teeth.

As my patients become more educated and demanding, they not only want a tooth replacement for functionality and health, but also are specifically demanding exceptional esthetics. In thin tissue type and anterior cases, we have all witnessed occasional graying and metal transparency. Since ceramic implants are white and have an improved soft tissue response, they often eliminate the need for tissue grafting. Until recently, ceramic implants were not available in a small diameter. Recently, the ZERAMEX company has released a 3.5 mm Small Diameter implant. The company is marketing it as "The Cosmetic Implant," and they are right. This is now my go-to solution for all tight spaces with thin tissue type in the anterior.

I believe it's about time to take a serious look at modern ceramic implants as a profitable health center for your practice. Like the rapidly growing \$50 billion organic market, ceramic implants are here to stay. Ceramic implants can not only help us improve the health and cosmetics of our patients, but also serve as practice differentiators, driving profitable and loyal patients. The cutting-edge developments in modern implant dentistry are growing day by day. In fact, I would like to refer to myself as the "cutting-edge guy." But there is a difference between cutting edge and bleeding edge. I do not want to be burned by a specific product. I feel as though ceramic dental implants are no longer in the bleeding-edge era; they are ready for prime time! By all estimates, zirconia ceramic implants will experience a rapid rise in clinical acceptance. For practitioners like myself, this means now is the perfect time to incorporate them into your practice and join the quickest growing market opportunity in dental implantology!

Paresh Patel, DDS, MD, is a graduate of the University of North Carolina at Chapel Hill School of Dentistry and the Medical College of Georgia/AAID MaxiCourse. He is a fellow of the Misch International Implant Institute and a Diplomate of the ICOL Dr. Patel has published numerous articles in leading dental journals and has worked as a lecturer and clinical consultant on dental implants and prosthetics for several companies. He maintains private practices in Lenoir and Mooresville,

Disclosure: Dr. Patel was not compensated for this introduction. In the future, he will be speaking on topics involving the ZERAMEX implant.

Volume 13 Number 3 Implant practice 1