

# President's Message



Melissa M. Grimaudo, DMD

What an exciting year we have ahead! Being involved in our dental profession has always been a passion of mine and I am so honored to serve as your president.

Like many of you, I juggle many hats in my life. In addition to being a dentist and a practice owner, I'm Mom to a 6-year-old daughter and 3-year-old son. I try to make it all look easy, but truth is, there's no way I could do it all without my team. My office team is amazing and makes my time at work efficient and enjoyable. My husband, Joe,

is also a dentist and we are blessed to share all responsibilities, in the office and at home.

I also have a team that safeguards my success in dentistry. As a member of the ADA, FDA and WCDDA, you have that same team too. There are people working for you every day. On every tier of the association, there are systems in place to help you be the best dentist you can be. On every level of the tripartite, we have your back. We are here to provide resources, answers to your questions, top-tier continuing education and even a helping hand when you need it.

By working together we strengthen our voice to promote dentistry and the importance of oral health. We are always looking to develop new leaders to move our association forward. Enclosed is a chance for you to raise your hand and join the team. Share your talents by filling out the Connection Card enclosed in this newsletter. Volunteering for your association is just as rewarding personally, as professionally. I hope to meet you soon!

A great place to get together is the West Coast District's 95th Annual Meeting on February 3, 2017. Once again, our program committee is bringing extraordinary speakers close to home. When I heard Dr. John Burgess speak several years ago, he completely changed my perspective on bonding and cementing. I'm interested to hear the latest from the man who does the research.

But as far as my family is concerned, the best event of the year will be the Disney Cruise. For the President's Trip, I've chosen a three night cruise on Disney's Dream.

Everyone will have a great time – adults too! From what I hear, sailing with "the Mouse" is the way to go!

Looking forward to spending the year with you, Melissa Grimaudo



<b>INSIDE THIS ISSUE</b>
Summer Meeting Memories 1
WCDDA Fund 3
Membership 4-5
Members Only 6
Mark Your Calendar
Association Business 9
Clinical 12-16
Mad Fold-In

# **2016 Summer Meeting Memories**

To view more meeting photos, visit <a href="http://wcddaphotoalbums.shutterfly.com/">http://wcddaphotoalbums.shutterfly.com/</a>.



**Dr. Mike Kirsch** (L) was awarded the Distinguished Service Award for his dedication to organized dentistry.



**Dr. Paul Palo** (R) was awarded for his time served as the Delegation Co-Chair to the FDA.



**Dr. Bob Churney** (L) was awarded for his service as a Board of Trustee member.

#### **GOLF RESULTS:**

Overall Low Net/Gross Winner: **Dr. Oscar Menendez** and **Dr. Rafael Palaganes**Closest to the Pin: **Dr. Rafael Palaganes** and Mr. Jeff Rathmell
2-Person Blind Man Quota: **Dr. Chris Bulnes** and Mrs. Karen Buckenheimer

Congratulations to **Dr. Farah Amin** for winning the Annual Meeting drawing! Dr. Amin registered for the Annual Meeting and won 3 days, 2 nights & 9 hours of CE at The Ritz-Carlton, Naples for WCDDA's Summer Meeting, August 4-6, 2017!



**Dr. Bob Churney** in trouble again?

Special thanks to
Dr. Carey Bonham,
Dr. Chris Bulnes
and Dr. Bob
Klement for
organizing
these events.



Congratulations to the top male and female 5K Winners, **Dr. Carey Bonham** at 19:53 and Ms. Olivia Rogers at 25:03!



L:R (top) Drs. Rudy Liddell, Chris Bulnes, Paul Palo, Oscar Menendez, JP, Steve Zuknick, Reza Iranmanesh (seated) Drs. Terry Buckenheimer, Melissa Grimaudo, Hugh Wunderlich, Craig Oldham and Natalie Carr.

# Don't Miss

WCDDA's Annual Summer Meeting
August 4-6, 2017

The Ritz-Carlton, Naples

#### Featuring:

Dr. Roberta Pileggi, Management of Dental Trauma:
An Interdisciplinary Approach
Domestic Violence & Medical Errors



Rooms sell out fast so register today, don't delay! Visit wcdental.org/2017ritz.pdf to download the reservation form or visit wcdental.org for more information. To reserve Club Level rooms, contact the WCDDA office at (813) 654-2500 or Kelsey@wcdental.org

www.wcdental.org Fall 2016







# **WCDDA** Fund

The WCDDA Fund supports access to care events and clinics, accredited dental programs and dental health education in thirteen counties. By supporting local events and education, the association is able to impact various important missions and support the profession.

The WCDDA's Annual Fundraiser Raffle was a success! Over \$3,800 was raised and 16 doctors won various items donated. The WCDDA would like to thank the following for their donations towards our successful raffle event held in conjunction with the summer meeting in Naples!

#### **Raffle Winners:**

Round of Golf at Tiburon, Dr. Todd Britten \$200 Visa Gift Card, Dr. Alina De La Torre \$50 Gift Card, Dr. Neeraja Jasthi Unik-45 LED Surgical High Speed, Dr. Neeraja Jasthi GoPro Camera, Dr. Neeraja Jasthi \$50 Gift Card, Dr. Neeraja Jasthi Wine Basket, Dr. Michael Kirsch Round of Golf, Dr. Michael Kirsch Amazon Echo, Mrs. Sue Klement 50/50 Raffle, Dr. Steve Krist Wine Basket, Dr. Luis Martinez Unik LED Large Head High Speed, Dr. Robin Nguyen \$100 Visa Gift Card, Dr. Robin Nguyen Philips Sonicare Diamond Clean, Dr. A.J. Ogrinc Wine Basket, Dr. Ekta Patel Greater Highlands Gift Basket, Dr. John Paul Oral B Whitening 3000, Dr. Patricia Scott 25% off coupon to Henry Schein, Dr. Jeff Scott Oral B Whitening 3000, Dr. Patricia Scott \$100 Apple Gift Card, Dr. Matthew Waite Apple Watch, Dr. Monica Weick Fitbit, Dr. Shirin Yasrebi

#### Raffle Donations Provided by:

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**Dan Bertoch Memorial Grant** 

Dan Bertoch Memorial Grant:
Dr. Dan Bertoch devoted much
time to advocacy for the dental
profession. It is in his spirit that
a Memorial Fund in Dan's name
was established in 2011 to
provide funding for a first-time
attendee(s) to Dentists' Day on
the Hill in Tallahassee on April
4, 2017. The grant can be used
towards transportation to and from
Tallahassee and accommodations
at the host hotel.

For questions regarding the Dan Bertoch Memorial Grant, contact the WCDDA Office at (813) 654-2500 or email: lissette@wcdental.org.



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6 hours of CE will be provided.

# WCDDA Members

Congratulations to the following members for their continued commitment! The year 2016 marks their major milestone in supporting organized dentistry.

#### 25 Years

Dr. Jeffry Barnes Dr. Silvia Boyd Dr. Janine Cornelius Dr. Alan Davis Dr. Tod Fawcett Dr. Gregory Filion Dr. Robin Hawley Dr. Robert Hedgepath

Dr. Oivind Jensen Dr. Matthew Johnson Dr. Andrew Kaldany Dr. Raed Kasem Dr. Marvin Kennard Dr. Stephen Layton Dr. Mark Levinsky Dr. James Massa Dr. David McDonald

Dr. Loren Orlick Dr. Brian O'Sullivan Dr. Paul Palo Dr. Thomas Parkinson Dr. Francis Pazulski Dr. Barbara Platte Dr. Thomas Porter Dr. Lori Ransohoff Dr. Ernest Rillman

Dr. Mark Rogers Dr. Lisa Schnell Dr. Scott Schwartz Dr. Patricia Scott Dr. Mark Singer Dr. Goldie Smith Dr. Jeffrey Stein Dr. Gregory Stepanski Dr. Jeffrey Stuckert

Dr. George Strickland Dr. Liwen Tao Dr. Angella Tomlinson Dr. Tim Verwest Dr. William Weith Dr. Carol Weith Dr. Michael Willis Dr. Katarina Wise Dr. Antonio Yu Way

#### 35 Years

Dr. Rodney Ackley Dr. William Belton Dr. Brendan Dwyer Dr. William Geyer Dr. Harry Insko

Dr. Barry Hothersall

Dr. William Marsh Dr. Kathryn McClintock

Dr. Stephen Obrochta Dr. Gilbert Sarabia Dr. David Trettenero

## 50 Years

Dr. George Boring Dr. Thomas Garrett Dr. Marlin Walker

#### **60 Years**

Dr. Zenaida Abadal Dr. Laurent Belanger Dr. Jack Conner Dr. Peter Dawson Dr. John Flower

Dr. Charles Holmes Dr. Keith Korneisel Dr. Lawrence Morgan Dr. James Rayes Dr. Robert Williams

#### Life Members

Dr. William Aughton Dr. Anna Avola Dr. John Belcher Dr. Robert Bousquet Dr. Billy Brown Dr. Nicholas Catsos Dr. Michael Cobbe Dr. Dennis Corona Dr. Ralph DeDomenico Dr. Earle Edwards Dr. David Ferry Dr. Garland Forbes Dr. John France

Dr. Richard Furman Dr. John Gonzalez Dr. Anton Gotlieb Dr. Walter Griggs Dr. Blayne Gumm Dr. Rosemary Herlihy Dr. Timothy Higgins Dr. Christopher Hoek Dr. Harold Hopkins Dr. Robert Hulen Dr. Ronald James Dr. Dennis Jones Dr. Stephen Krist

Dr. Linda Laabs Dr. Patrick Lepeak Dr. Barry Levine Dr. Dennis Loque Dr. Larry Maggiore Dr. William Marsh Dr. David McKay Dr. Edward Mortellaro Dr. Gary Novak Dr. George Peak Dr. Robert Perez Dr. Richard Plummer Dr. Frank Recker

Dr. Thomas Roth Dr. Hermann Schulze Dr. Markus Sherry Dr. John Singer Dr. Jeffrey Smith Dr. Cary Stimson Dr. Jay Suverkrup Dr. John Walker Dr. Clark Wright Dr. Joseph Yuravich

#### The WCDDA would like to extend a warm welcome to new and returning members of the American, Florida and West Coast Dental Associations

Dr. Jason Alter, Saint Petersburg

Dr. Clay Alviani, Tampa

Dr. Daniel Amyradakis, Lehigh Acres

Dr. Michael Andersen, Fort Myers Dr. Sheno Bennett, Spring Hill

Dr. Fred Benzenhafer, Saint Petersburg

Dr. Igor Bilov, North Port Dr. Harrison Black, Tampa Dr. Gibson Boswell, Tampa

Dr. Kenton Brandimore, Saint Petersburg

Dr. Carina Canizares, Saint Petersburg Dr. Carina Catipovic, Wesley Chapel

Dr. William Chais, Cape Coral

Dr. Shweta Chapagain, Palm Harbor

Dr. Eros Chaves, Seminole Dr. Seng Kyu Choi, Tampa

Dr. Stephanie Cole, Sarasota Dr. Sharon Colvin, Bradenton

Dr. Gianna De Simone, Winter Haven Dr. Raymond Dixon, University Park

Dr. Jacqueline Dorociak, Seminole Dr. Kelli Eberhardt, Bonita Springs

Dr. Derek Espino, Spring Hill

Dr. Maira Estrada, Lakeland

Dr. Fadi Fares, New Port Richey

Dr. Ivette Fernandez, Punta Gorda Dr. Jennifer Fiorica, New Port Richey

Dr. Charlotte Fowler, Bradenton

Dr. Maria Garcia, Naples Dr. Anna Gayday, Clearwater

Dr. John Girgis, Tampa

Dr. Gabrielle Goodman, Clearwater

Dr. Andrea Gordillo, Brandon Dr. Saachi Goyal, Lakeland

Dr. Brittany Guerrero, Tampa Dr. Cole Haggerty, Lakeland

Dr. MHD Nadim Haidar, Haines City Dr. Beenabahen Harkhani, Fort Myers

Dr. Kendrah Harper, Lakeland Dr. Annette Harriman, Sarasota Dr. Trevor Hart, Fort Myers

Dr. Eric Heisser, Naples

Dr. Johanna Hernandez, Naples

Dr. Helen Hoveida, Plant City

Dr. Jennifer Hughes, Naples

Dr. Sorina Ilie, Naples

Dr. Jacqueline Jakubiec, Tampa

Dr. Tawana Jenkins, Tampa Dr. Sarah Johnson, Sarasota

Dr. Myriam Jourdan, Tampa

Dr. Yuriy Kuchmak, Bradenton Dr. Eugene Kulaga, Sarasota

Dr. Joana Lastres, Fort Myers Dr. Vitaly Levintov, Palm Harbor

Dr. Santiago Lopez, Davenport

Dr. Sadaf Mahdavieh, Valrico

Dr. Julie Mancera - Loftin, Immokalee Dr. Brian Mannari, Saint Petersburg

Dr. Gjergj Mara, Port Richey

(continued on page 5)

## **Show Commitment**

Dr. Joseph Massey, Spring Hill

Dr. Stephanie Mazariegos, Saint Petersburg

Dr. Nicholas Mickelson, Tampa

Dr. Alicia Millan-Morales, Clearwater

Dr. Viviana Mora, Lakeland

Dr. Laura Munoz, Clearwater

Dr. Tony Nader, Seminole

Dr. Brittany Nalley, Palm Harbor

Dr. Ashley Nati, Tampa

Dr. Donna Nichols, Tampa

Dr. Efren Ormaza, Tampa

Dr. Jimmy Orphee, Winter Haven

Dr. Dharmendra Pansuriya, Sarasota

Dr. Gustavo Parajon, Lakeland

Dr. Benjamin Pass, Palm Harbor

Dr. Kelly Paula, Palm Harbor

Dr. Samuel Pero, Lake Wales

Dr. Elena Petrova, Sarasota

Dr. Pete Pham, Saint Petersburg

Dr. Queanh Phan, Naples

Dr. Emily Plaza, Fort Myers

Dr. Jillian Porto, Seminole

Dr. Madge Potts-Williams, Bradenton

Dr. Kampa Raju, Naples

Dr. Navid Ramsi, Tampa

Dr. Theyyar Rangarajan, Naples

Dr. Kirstin Rasmussen, Tampa

Dr. Michelle Ringwald, Bradenton

Dr. Jade Rivera, Sarasota

Dr. Roxann Russell Aves, Tampa

Dr. Maksym Ruzanov, Seminole

Dr. Adam Scheurer, Fort Myers

Dr. David Schirmer, Sarasota

Dr. Courtney Schlenker, Seminole

Dr. David Smith, Bradenton

Dr. Rachel Spicola, Oldsmar

Dr. Katharine Stringer, Naples

Dr. Gayathri Subbaraya, Riverview

Dr. Monica Tabbita, Fort Myers

Dr. Kirsten Teresi, Temple Terrace

Dr. Richard Thibodeau, Lehigh Acres

Dr. Jonathan Van Dyke, Palm Harbor

Dr. Brianne Wade, Saint Petersburg

Dr. Corey Warrenbran, Sarasota

Dr. Crystal Watters, Ellenton

Dr. Ariel Westervelt, Bonita Springs

Dr. Karen Wilkinson, Fort Myers

Dr. Linda Yang, Saint Petersburg

Dr. Susan Yasrebi, Tampa

#### In Memoriam

We are deeply saddened by the death of our colleagues.

Albert Fears, DDS of Largo – July 4, 2016 Andrew McKeveny, DMD of Lakeland – May 9, 2016 Cary Stimson, DDS of Dunedin – October 17, 2016

A contribution has been made to the WCDDA Fund in their memory. If you would like to make a contribution, please make your check payable to the Florida Dental Health Foundation, indicate WCDDA Fund in the memo and mail to: Florida Dental Association, Attn: Foundation, 1111 East Tennessee Street. Tallahassee, Florida, 32308-6914.



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View all the benefits of being a member by visiting http://www.floridadental.org/members/member-resource/benefits.

For more information about membership and how to join, call (800) 260-5277 or visit www.wcdental.org or www.floridadental.org.



#### Unlock Your Toolbox and Access Your Benefits Today!

**Advocacy**: FDA and ADA lobbyists actively monitor issues and bills that affect dentistry. Visit <u>ada.org/advocacy.aspx</u> to view other important issues currently impacting dentistry.

**Peer Review:** You can often avoid costly legal fees and malpractice suits by using this free service, available only to members.

**ADA" Find a Dentist" Feature:** The online tool, mouthhealthy.org promotes your practice by allowing you to keep your profile up to date and making it easy for potential patients to locate your practice.

**FDA Services:** Provides a wide range of insurance at affordable rates. Individual/ Group Health, Professional Liability, Term Life, Workers Compensation, Disability, Malpractice, Auto and Pension plans are available. Contact Rick D'Angelo at (813) 475-6948 or <a href="mailto:rick.dangelo@fdaservices.com">rick.dangelo@fdaservices.com</a>.

**Crown Savings**: FDA Services has researched and vetted business solutions so members can take advantage of exclusive deals and discounts offered through the Crown Savings program. Members who participate will save time, money and hassle, putting the focus back on patient care. Visit <a href="fdaservices.com/crownsavings">fdaservices.com/crownsavings</a>.

**Legal Resources:** Legal questions and answers are an educational service of the Florida Dental Association (FDA) for members only. They have been prepared by FDA legal staff based on years of experience.

**Contract Analysis:** The American Dental Association (ADA) Contract Analysis Service analyzes third-party managed-care contracts to inform you in clear language about the provisions of the contracts so you can make informed decisions about the implications of participation.

**Leadership Opportunities:** Your input at the local level is vital for dentistry today and in the future. To get involved, complete the enclosed Connection Card and return to the WCDDA Office or for more information, email <a href="mailto:lissette@wcdental.org">lissette@wcdental.org</a>.

**ADA/FDA/WCDDA Websites:** Information right at your fingertips, visit ada.org, floridadental.org and wcdental.org to access important information on laws, rules, continuing education and employment opportunities. Visit ADA's New Dentist Blog, newdentistblog.ada.org and FDA's Beyond the Bite Blog, floridadental.org/members/fda-blog.

**CE Programs/Annual Meetings/Affiliate Meetings**: Each association hosts annual meetings and monthly meetings that provide high quality continuing education to members and their staff at a significantly reduced rate. WCDDA's Annual Winter and Summer Meetings, WCDDA Affiliate Meetings, Florida Dental Convention (FDC) and the ADA's Annual Session.

**Free Florida and HIPAA Compliance Forms**: Free HIPAA forms are available to all members. Visit <u>floridadental.org/members/member-resource</u>

**Free Online CE**: Members receive up to 30 hours of FREE online CE courses at <u>floridadental.org</u>.

**CE Broker Tracking**: Continuing education attendance records are uploaded into <u>CEbroker.com</u> for each member who attends a meeting at the FDA, WCDDA and affiliate levels.

# Peer Review - A Critical, Members Only Benefit



How Peer Review Works ...

You can often avoid costly legal fees and malpractice suits by using this free service available only to members.

Dr. Luis E. Martinez

Here is an example of the process:

- 1. A patient calls the component or affiliate office with a complaint about a dental care outcome. Many times the staff can resolve the issue over the phone. Only cases involving problems with actual treatment and procedures are eligible for mediation. If the Peer Review Chair is called in, he/she generally reviews the patient's complaint and the dentist's records; and then, attempts to resolve the issue.
- 2. If the complaint is not resolved, the next step is arbitration. This involves bringing in the patient. A team of three dentists interviews the patient and evaluates the treatment. After the patient leaves, the dentist under review comes in and explains his/her side of the dispute and treatment.
- 3. The Peer Review team then recommends a solution, which could involve not only returning the money, but also what it would cost to correct the issue. The committee could also agree with the dentist. A recommendation is made that neither the dentist nor the patient has to abide by. Peer Review doesn't always have to be started by a disgruntled patient. A frustrated dentist who feels that everything has been done to satisfy the patient, with no success, also can recommend Peer Review. This is a service provided by colleagues to other members to help mediate problems, and most of the time, avoid costly and emotionally draining litigation or Board of Dentistry complaints. When the evaluators review a case, it is in strict confidence. They treat the situation as if they were the ones who had the complaint against them. Peer Review is only possible when members work together to support each other with the patient's best interest as the focus.

— excerpted from an article by Luis E. Martinez, DMD, PA in Today's FDA

### **Peer Review \$aves**

The Board of Dentistry (BOD) has reviewed **1,501 complaints in the past 12 months**. Indemnity, court costs and fines to dentists totaled **\$1,976,486.20**. This staggering figure does not include time out of the office and attorney fees.

Member dentists can often avoid the BOD and access peer review through the WCDDA office. Many times WCDDA staff is able to defuse the situation prior to any Board action. 103 cases were quietly resolved through peer review in the last 19 months.

Thank you to the Peer Review Chairs of each affiliate for helping members and their patients come to resolutions.

Dr. Henry Acosta, Polk

Dr. Deirdre Campbell Catlin, Lee

Dr. R. Stephen Evans, Collier

Dr. Carl Mallick, Sarasota

Dr. Luis Martinez, Pinellas

Dr. Matthew Navidomskis, Charlotte

Dr. Mark Obman, Upper Pinellas

Dr. James Oxer, Greater Highlands

Dr. Stephen Peirce, Manatee

Dr. Thomas Reinhart, Hillsborough

Dr. Harley Richards, Polk

Dr. Paul Rubenstein, Hernando

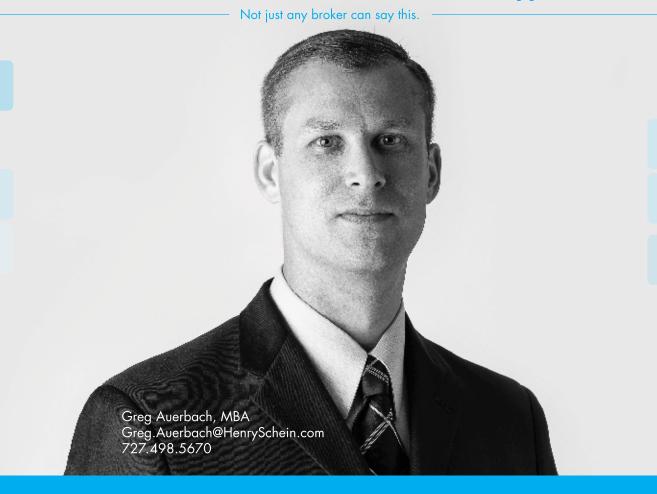
Dr. John Walker, West Pasco

# 2017 ~ Mark Your Calendar ~ 2017

WCDDA President's Trip, Disney Cruise April 28-May 1
WCDDA Executive Cabinet Meeting, Brandon May 19
*WCDDA Breakfast Lecture Series, Renaissance, Tampa May 20
Florida Dental Convention, Orlando June 22-24
FDA House of Delegates, Orlando June 23-24
WCDDA Summer Meeting, Naples
*New Dentist Event

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– Greg Dickinson, DDS – Sarasota

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# **Association Business - Official Calls**

#### **Accepting Nominations:**

The WCDDA is accepting written nominations for WCDDA Secretary. This is the entry level for the WCDDA leadership ladder. Any WCDDA member may be nominated. The Nominating Committee will review the names and make recommendations to the Executive Cabinet. Please forward written nominations to the WCDDA Executive Cabinet prior to March 3, 2017.

#### Nominations are being accepted for the following:

**Distinguished Service Award**: This award is given to a member for outstanding service toward the dental profession and the West Coast District Dental Association.

**Dan Bertoch Leadership Award**: This award is given to a young dentist who has proven leadership skills.

**Affiliate of the Year Award**: This is given to an affiliate that has contributed the most towards improving the WCDDA by increasing membership numbers, having the most volunteers, and supporting the ideas, activities and meetings of the WCDDA.

#### Please submit nominations to the WCDDA office by Dec. 31, 2016.

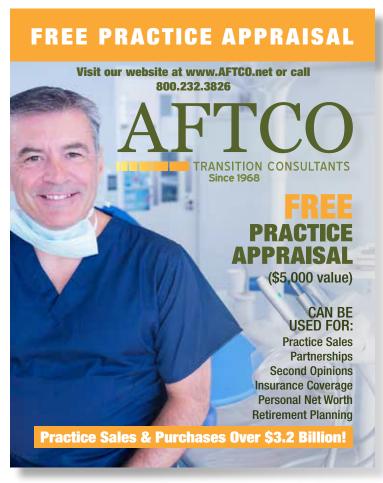
Awards will be presented at the President's Reception in conjunction with the WCDDA's Annual Meeting on February 2, 2017 at Oxford Exchange in Tampa.

#### Official Calls

There will be a caucus of the West Coast District Dental Association's Delegation on Tuesday, January 10, 2017 at 6:00 p.m. via conference call. There will be twelve sites throughout the West Coast district.

The West Coast District Dental Association will hold a breakfast caucus in conjunction with the Florida Dental Association's House of Delegates meeting Saturday, January 28, 2017 at 7:00 a.m. at the Tampa Airport Marriott.

**Dr. Reza Iranmanesh** WCDDA Secretary





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www.wcdental.org Fall 2016

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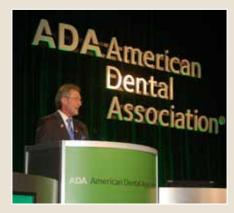


# Dr. Buckenheimer's Journey

On October 24, 2016, our own **Dr. Terry Buckenheimer** retired as American Dental Association Trustee. His four year term on the board ended at the close of the American Dental Association Annual Session in Denver. Typically the outgoing trustees will run a year long coast to coast campaign to become the next ADA President-Elect. Although Dr. Buckenheimer did not win this razor-thin election, he was extremely proud of the "entire village" that rallied to his national campaign. Many thanks to **Drs. Paul Miller, Rudy Liddell**,

ASDA students & friends of Dr. Buckenheimer.

John Paul, Zack Kalarickal, Chris Bulnes, Paul Palo, Nolan Allen, Steve Zuknick, Rick Stevenson and Jolene Paramore for countless hours of campaign management, design, video production, meeting planning and consultation. In addition, FDA director Drew Eason and WCDDA staff Lissette Zuknick and Kelsey Bulnes volunteered much time away from the



office. And dozens of other dentists provided financial support from the WCDDA and the entire state of Florida. For many weeks before and during the ADA Annual Session the entire Florida delegation to the ADA networked and campaigned for Dr. Buckenheimer. It really is staggering the amount of time out of the office and travel required of a national campaign. Although he is retiring from ADA leadership which caps 35 years of continuous service to organized dentistry, he will still be serving us and the community for years to come. All Florida Dental Association members and especially those of the WCDDA can be proud of our favorite son... **Dr. Terry Buckenheimer**.



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Originally printed in the New York State Dental Journal, Article: Clinical and Radiographic Examination of Endoscopically Controlled Indirect Sinus Lift, Shefali Phogat, pp 25-29, Vol 82 Number 4, June/July NYSDJ. Reprinted with permission. ©2016 New York State Dental Journal

# Clinical and Radiographic Examination of Endoscopically Controlled Indirect Sinus Lift

# An In vivo Study

Shefali Phogat, M.D.S.; Reshu Madan, M.D.S.; Harish Yadav, M.D.S.;

Anil Yadav, M.D.S.; Puja Malhotra, M.D.S.

#### ABSTRACT

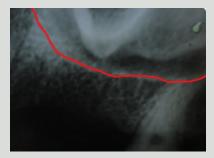
It was the aim of this study to quantify the gain in height of bone at implant sites by endoscopically controlled osteotome sinus floor elevations (ECOSFE) with simultaneous implant placement and to report the number of sinus membrane perforations. An indirect sinus lift was done in 10 patients under endoscopic control with an osteotome technique. The average residual height of the alveolar crest in the posterior maxilla was 5.625 mm. Elevation of the sinus floor was done using conventional sinus floor elevation instruments. A mean elevation of 5.205 mm was achieved. Twenty implants ranging in length from 10 mm to 13 mm (mean implant length 10.65 mm) were placed. As augmentation material, platelet-rich fibrin and autogenous bone were used. The sinus membrane could be visualized throughout the procedure and revealed no perforation. This technique is a safe and well-controlled procedure that allows immediate implant placement following sinus augmentation. It is more acceptable to patients, and can be applied to any implant system.

Endoscopy allows a surgeon to perform adequate surgical procedures with minimal injury to the human body. Endoscopy has long been used in the field of medicine but only lately has gained popularity in the field of dentistry. Implant restoration of the posterior maxilla poses a significant challenge to the clinician because of the anatomical location of maxillary sinuses and the poor quality and quantity of bone.

Thinner cortical plate, larger marrow spaces and lesser density make the bone quality poor, which, in turn, leads to faster resorption subsequent to tooth extraction. Unlike the mandible, here bone loss occurs not only from the crestal side, but also from the apical side of the socket due to pneumatization of the maxillary sinus, leading to poorer bone quality. As a result, poorer success of implants has been reported in the maxilla as compared to the mandible.

In order to attain long-term success of implants, the clinician needs to augment the bone whenever it is below the critical level. Sinus augmentation techniques of grafting and implant placement are accomplished as either a one-step or two-step surgical procedure.<sup>6</sup> The one-step procedure should be reserved for patients who have at least 5 mm of alveolar bone in the posterior maxilla to stabilize the implants.<sup>7</sup> Less than 5 mm of available host bone is considered insufficient to mechanically maintain the endosteal implants. Thus, the two-step procedure, like onlay grafting, has been recommended in these patients.<sup>8,9</sup>

Among one-step procedures, the lateral window approach direct sinus lift and the crestal approach indirect sinus lift are the



**Figure A.** Preoperative IOPA X-ray. Sinus lining is marked with red line.



**Figure D.** Last view of implant seen through membrane before suturing.



Figure B. Endoscope and osteotome in position.



Figure E. Implants placed.



**Figure C.** Clinical & endoscopic view of green stick fracture of bone at sinus floor.



**Figure F.** Six-month postoperative IOPA radiograph of patient. Red line depicts preoperative level of sinus lining and blue line postoperative level.

most popular. The direct sinus lift procedure was first described in 1977 by Tatum. <sup>7,8,10,11</sup> In 1980, Boyne and James introduced the lateral osteotomy. Indirect sinus lift (osteotome technique) was introduced by Summers in 1994. <sup>12</sup> Using the elasticity of the bone, Summers started floor dilatation of the sinus, thus increasing the length of his implants. The disadvantages of this technique are its limited indications with only 1 mm to 2 mm gain in the height of bone and the absence of direct visual control of the state of the sinus membrane. <sup>13</sup>

The osteotome technique has been reported to improve the survival rate of implants in the residual bone of the posterior maxilla. The osteotome sinus floor elevation has been carried out with an implant survival rate higher than 95%. However, when osteotome sinus floor elevation is applied without endoscopic control, a direct inspection of the sinus membrane is not possible. And during preparation of the implant site, a perforation might not be recognized.

This study was performed to quantify the gain in height of bone at the implant site by endoscopically controlled osteotome sinus floor elevation and simultaneous implant placement.

#### **Materials and Method**

Patients were selected from the Outdoor Patient Department of the Department of Prosthodontics & Implantology, S.G.T College of Dental Sciences and Research, Gurugram, India, irrespective of socio-economic status, religion, age or sex. A total of 20 implants were placed in the posterior maxillary region, two in each patient.

Prior to beginning implant surgery, a detailed history of the patient was carefully recorded to check for eligibility based upon set inclusion and exclusion criteria.

Routine blood investigations were carried out before the surgery to rule out any systemic disease or bleeding disorders. A thorough clinical and radiographic assessment was done to decide the implant dimensions (Figure A). Subsequently, the diagnostic wax up of the cast was completed, and the surgical template was prepared to guide the implant location and angulation during placement. The diameter and length of the implants used in the study ranged from 3.75 mm to 5 mm and 8 mm to 13 mm, respectively. The surgical procedure was performed using a standardized technique under local anesthesia.

After a mid-crestal incision, a full thickness mucoperiosteal flap was elevated. A pilot drill was used to reach the cancellous bone, stopping 1 mm below the floor of the sinus. Simultaneously, a stab incision was made in the region of the canine fossa, and the maxillary sinus was punctured without flap retraction with progressive osteotomes of 2 mm, 3 mm and 4 mm. A 70-degree bevelled endoscope was used with a second-generation high-definition endoscopic camera to visualize the sinus membrane.

Using larger diameter, concave-tipped osteotomes, the osteotomy was successfully widened, and lateral and apical condensation was done. Each osteotome was retained in place for one minute before the next, greater diameter was used to ensure elastic deformation. The final osteotome with the widest concave tip was used, and the sinus floor elevation was performed under

endoscopic control (Figure B). The cortical plate was punched out of the sinus floor with the adherent membrane, and a tent-like formation was created (Figure C).

The height of the residual alveolar bone was measured with a depth gauge as the distance from the sinus floor (endoscopic control) to the crest of the alveolar ridge. The cortical plate was lifted with the osteotome until no further concomitant spontaneous dissection of the sinus membrane from the sinus floor occurred in the periphery of the elevated region and visible tension of the sinus membrane revealed the risk of rupture. At this point, the height of the elevation was measured again with the depth gauge. Subsequently, the endoscopic view was used to control the dissection of the mucosa from the sinus floor, which was performed with a blunt elevator. At the end of the procedure, all implant sites were tested for perforations of the sinus membrane using the Valsalva maneuver. For the sinus augmentations, particulated autogenous bone from the osteotomy site was applied. The largest osteotome was reinserted to position the grafting material in the newly formed space between the sinus membrane and the sinus floor.

Subsequently, the implant was placed (Figure E). The last view of the implant was captured using a digital camera before

suturing (Figure D). The muco-periosteal flap was repositioned and sutured. A single suture was also placed at the canine fossa region, from where the endoscope was inserted.

On follow-up appointments of one, three and six months, sinus complications were assessed clinically. Periapical radiographs were taken to evaluate the gain in bone height (Figure F). Stability of all implants was checked clinically on the day of second-stage surgery, which was done six months after implant placement. All patients were suitably rehabilitated with a cement-retained prosthesis.

#### Results

The bone was measured preoperatively on intraoral periapical radiographs (IOPA) from the crest of the ridge to the sinus lining. Postoperatively, the value was measured from the top of the implant head to the elevated sinus lining, since the implant was placed at the preoperative crest level. The selected patients had a minimum of 5 mm bone height in the posterior maxillary region (Table 1). The mean preoperative height for 20 implant sites was 5.625 mm. The bone height at postoperative baseline was 12.225 mm, achieved through membrane elevation and graft material.

TABLE 1
Intraoperative and Follow-up Data

Patient No.	Region of Implant	Vertical dimension of Bone (mm)	Implant Length (mm)	Baseline Bone Height- Immediate Postoperative	Sinus Elevation (mm)	Valsalva Maneuver	Pathologic Findings 6 Months Postop	Loss of Implant
Pt 1	27	5	10	11	6	Negative	None	No
	26	5	10	11	6	Negative	None	No
Pt 2	15	6	11.5	12.5	6.5	Negative	None	No
	17	5	10	11	6	Negative	None	No
Pt 3	16	6	11.5	12.5	6.5	Negative	None	No
	17	6.5	11.5	13.5	7	Negative	None	No
Pt 4	26	6	11.5	12.5	6.5	Negative	None	No
	25	5	8	10	5	Negative	None	No
Pt 5	27	5	10	11.5	6.5	Negative	None	No
	25	5	10	11.5	6.5	Negative	None	No
Pt 6	27	6	10	12	6	Negative	None	No
	26	6	10	12	6	Negative	None	No
Pt 7	17	6	11.5	13.5	7.5	Negative	None	No
	16	6	13	14	8	Negative	None	No
Pt 8	26	5	10	11	6	Negative	None	No
	15	6	10	12	6	Negative	None	No
Pt 9	26	5	10	11	6	Negative	None	No
	16	5	10	11	6	Negative	None	No
Pt 10	17	7	13	14	7	Negative	None	No
	15	6	11.5	13	7	Negative	None	No

.....

After correction of the magnification factor, a statistical analysis was done (Table 2). A slight decrease in bone height was observed at six months on the mesial side (10.827) and distal side (10.834 mm) because of dissolution of graft material and bone remodelling. A mean increase of 5.205 mm (mesial=5.201; distal=5.208) was achieved. The difference between the means was calculated by a pair-difference t-test; a p-value <0.05 was considered sig-

nificant (Table 3). The change from preoperative bone height to six-month postoperative bone height was highly significant ( $p \le 0.001$ ).

In two out of 10 patients, the implant was clearly visible. In eight patients, only blanching was observed. No perforation was recorded in any patient. There was no delayed post-treatment complication observed clinically. Four out of 10 patients had nose

TABLE 2
Increase in Bone Height Measured from IOPA Radiographs Taken at 1, 3, 6 Months Postsurgery (Magnification Corrected)

Patient No.	Implant Location	Pre-Op Bone	Implant Length (Mm)	Height of Bone						
		Height (Mm)		Baseline	1 Month		3 Month		6 Month	
					Mesial	Distal	Mesial	Distal	Mesial	Distal
Pt 1	27	5	10	11	8.57	8.57	10	11	8.57	8.57
	26	5	10	11	9.05	8.57	8.7	11	9.05	8.57
Pt 2	15	6	11.5	12.5	11.48	11.48	11.5	12.5	11.48	11.48
	17	5	10	11	7.14	8.21	8.7	11	7.14	8.21
Pt 3	16	6	11.5	12.5	11.42	10	10.7	12.5	11.42	10
	17	6.5	11.5	13.5	7.85	7.85	10	13.5	7.85	7.85
Pt 4	26	6	11.5	12.5	7.41	7.41	11.48	12.5	7.41	7.41
	25	5	8	10	12	11.2	11.76	10	12	11.2
Pt 5	27	5	10	11.5	6.84	7.37	10	11.5	6.84	7.37
	25	5	10	11.5	9	8.5	10	11.5	9	8.5
Pt 6	27	6	10	12	9.52	9.52	9.57	12	9.52	9.52
	26	6	10	12	9.52	9.52	10	12	9.52	9.52
Pt 7	17	6	11.5	13.5	11.48	9.02	11.11	13.5	11.48	9.02
	16	6	13	15	13.04	11.3	13.01	15	13.04	11.3
Pt 8	26	5	10	11	6.15	6.92	8.64	11	6.15	6.92
	15	6	10	12	7.27	7.27	8.08	12	7.27	7.27
Pt 9	26	5	10	11	8.7	8.7	8.7	11	8.7	8.7
	16	5	10	11	9.1	9.1	9.57	11	9.1	9.1
Pt 10	17	7	13	14	11.21	9.35	12.5	14	11.21	9.35
	15	6	11.5	13	11.57	11.11	11.54	13	11.57	11.11

TABLE 3
Statistical Analysis of Bone Available with Baseline, and 6 Months Postoperatively

	Mean	N	Std. Deviation	t-value	p-value
Preoperative Bone Available (mm)	5.625	20	0.62566	36.685	<0.001**
Baseline Immediate Postoperatively	12.225	20	1.16388		
Preoperative Bone Available (mm)	5.625	20	0.62566	25.19	<0.001**
Bone on DISTAL Side 6 Months Postoperatively	10.8265	20	1.1866		
Preoperative Bone Available (mm)	5.625	20	0.62566	19.956	<0.001**

bleeding as an immediate post-treatment complication. On the day of second-stage surgery, after six months, the stability of the implants was assessed. None of the implants had any mobility, and all were well integrated.

#### Discussion

The posterior edentulous maxilla presents special challenges to implant surgeons that are unique to this region. As the edentulous area continues to atrophy, there is continuing loss of bone height and density and an increase in antral pneumatisation.<sup>2-4,17</sup>

Two-step techniques, like onlay grafting, are costly and invasive and require extensive treatment time. Among the one-step procedures, lateral window approach direct sinus lift and crestal approach indirect sinus lift procedures are the most popular. With the lateral window technique, an average augmentation volume of  $3.50 \pm 1.33$  cm³ has been considered necessary to place an implant 10 mm to 13 mm in length when the residual bone height is 5 mm. <sup>18</sup> When the osteotome sinus floor elevation is performed, a minimum augmentation volume of only 0.5 cm³ is required, because of the local aspect of the augmentation. <sup>19</sup> This ensures that the functions of the maxillary sinus, such as adding resonance to the voice, some degree of olfactory function, warming and humidifying inspired air, and a reduction of the weight of the skull are not altered.

Another decisive factor that encourages use of a minimally invasive sinus floor elevation technique is the desire for undisturbed vascularisation of the grafting material placed in the sinus floor during the healing period. Vascularisation is provided by an endosseous and extraosseous anastomosis between the posterior superior alveolar artery and the infraorbital artery and branches of these vessels in the sinus membrane. Considering all of the disadvantages and complications of indirect sinus lift, endoscopically controlled sinus lift seems to be the technique of choice. It can be rightly called "direct, indirect sinus lift."

Thus, from the above study, it can be safely concluded that:

- 1. A maximum elevation of 8 mm was achieved under endoscopic control with a mean increase of 5 mm in bone height from preoperative levels.
- 2. In all 20 implant sites, no rupture of membrane was seen.
- 3. No delayed sinus complications or any other pathology occurred due to this procedure.

All of the achievements gained have proved it is safer to do the indirect sinus lift procedure. There are tremendous advantages to using endoscopy in implant dentistry. Further research may be carried out by combining this technique during placement of zygomatic implants.  $\mathscr{M}$ 

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