Checkup

Volume 45 • Issue 2 • Fall 2016

WEST COAST
DISTRICT DENTAL ASSOCIATION
A COMPONENT OF THE
AMERICAN & FLORIDA DENTAL ASSOCIATIONS

Annual Meeting Brochure Inside!

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

INSIDE THIS ISSUE

2016 Summer Meeting Memories

To view more meeting photos, visit http://wcddaphotoalbums.shutterfly.com/.

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

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:

Crest & Oral-B
Crosstex
Freedom Bank
Helms Briscoe
Henry Schein
Hillsborough Community College
FDA Services
FDA Supplies
KW Enterprises
Dr. Michael Kirsch
Lee County Dental Society
OnTrak Promographics
Philips
Shamrock Dental
Southern Dental Refining
Tailored Financial Strategies Team of Raymond James
Tiburon Golf Club
Weave

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.

President's Trip

3-night Bahamas Cruise Aboard the Enchanting Disney Dream

April 28, 2017 from Port Canaveral, FL

Submit a Reservation Request TODAY by emailing sara@wishuponastarwithus.com or call (813) 671-1199.

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. Barry Hothersall
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. 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 Logue
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.

Members Only Access…

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@ADAMouthHealthy
@ADANews
@FDADental

Becoming a member has never been easier! Join today!

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 ada.org/advocacy.aspx 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 rick.dangelo@fdaservices.com.

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 fdaservices.com/crownsavings.

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 lissette@wcdental.org.

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 floridadental.org/members/member-resource

Free Online CE: Members receive up to 30 hours of FREE online CE courses at floridadental.org.

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

Peer Review - A Critical, Members Only Benefit

Dr. Luis E. Martinez

How Peer Review Works ...

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

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 Delegation Caucus Meeting	January 10
FDA House of Delegates, Tampa	January 27-28
WCDDA President's Reception, Oxford Exchange, Tampa	Feb. 2
WCDDA Annual Meeting, CAMLS, Tampa	**February 3**
*WCDDA Breakfast Lecture Series, Renaissance, Tampa	March 11
FDA Mission of Mercy, Pensacola	March 23-25
FDA Dentists' Day on the Hill, Tallahassee	April 3-4
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	**August 4-6**

***New Dentist Event**

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.

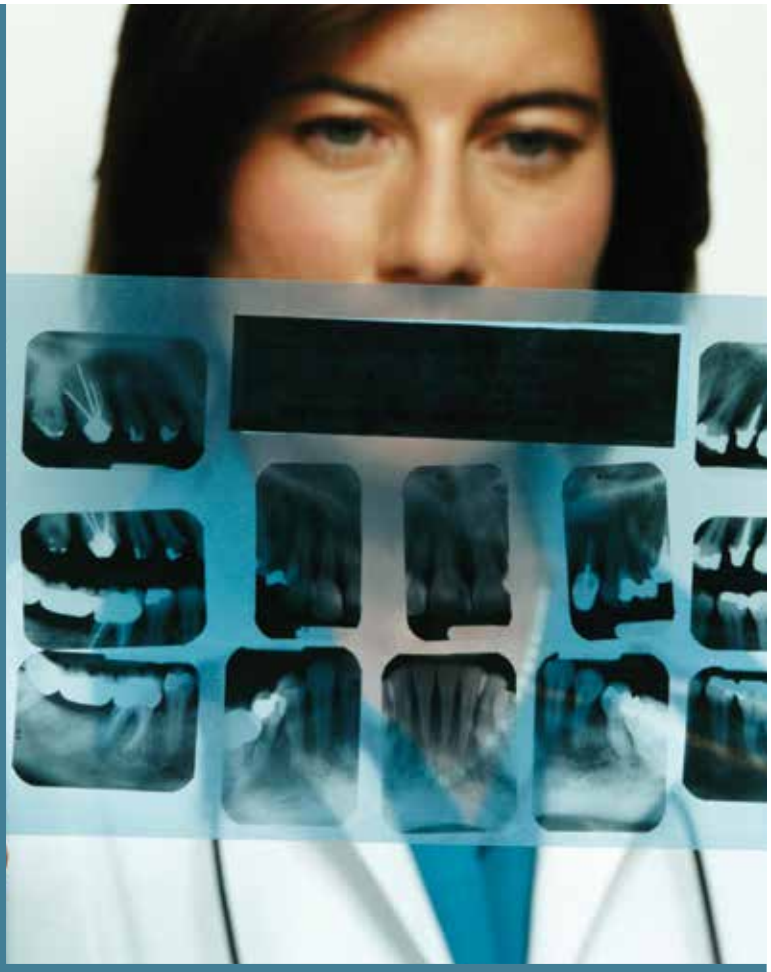
Awards will be presented at the President's Reception in conjunction with the WCDDA's Annual Meeting on February 2, 2017 at Oxford Exchange in Tampa.

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

LET'S TAKE A CLOSER LOOK AT YOUR INSURANCE COVERAGE



Contact us for a full review of your professional insurance portfolio. We'll make sure you have the coverage you need to practice with peace of mind.

TRY YOUR AGENT...

- Professional Liability
- Office Package
- Disability Income
- Office Overhead
- Workers Comp
- Group Health
- Individual Health
- Life Insurance
- Long-Term Care
- Annuities
- Auto & Boat
- More...

Rick D'Angelo
Director of Sales
P: 813.475.6948 | F: 813.475.6959
E: rick.dangelo@fdaservices.com

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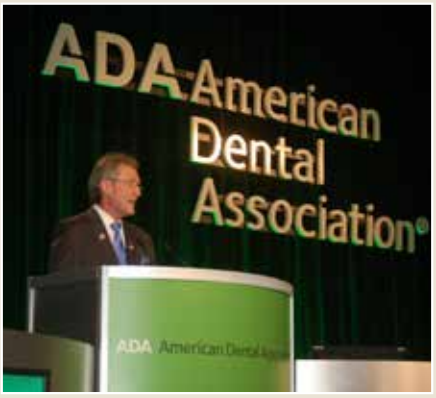
FLORIDA DENTAL ASSOCIATION SM

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**, **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**.

ASDA students & friends of Dr. Buckenheimer.

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.[1] 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.[2-4] As a result, poorer success of implants has been reported in the maxilla as compared to the mandible.[5]

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.[6] 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.[7] 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.[8,9]

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

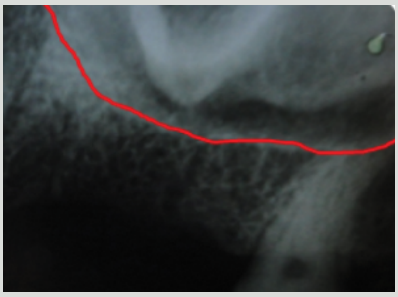


Figure A. Preoperative IOPA X-ray. Sinus lining is marked with red line.

Figure B. Endoscope and osteotome in position.

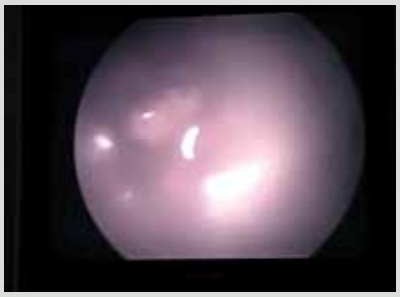


Figure C. Clinical & endoscopic view of green stick fracture of bone at sinus floor.

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

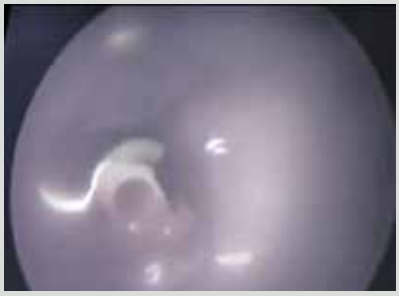


Figure E. Implants placed.

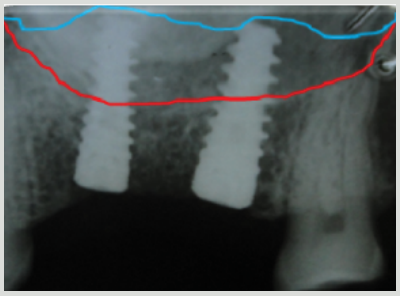


Figure F. Six-month postoperative IOPA radiograph of patient. Red line depicts preoperative level of sinus lining and blue line postoperative level.

most popular. The direct sinus lift procedure was first described in 1977 by Tatum.[7,8,10,11] In 1980, Boyne and James introduced the lateral osteotomy. Indirect sinus lift (osteotome technique) was introduced by Summers in 1994.[12] 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.[13]

The osteotome technique has been reported to improve the survival rate of implants in the residual bone of the posterior maxilla.[14] The osteotome sinus floor elevation has been carried out with an implant survival rate higher than 95%.[15] However, when osteotome sinus floor elevation is applied without endoscopic control, a direct inspection of the sinus membrane is not possible.[16] 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 significant (Table 3). The change from preoperative bone height to six-month postoperative bone height was highly significant ($p \leq 0.001$).

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 Height (Mm)	Implant Length (Mm)	Height of Bone						
				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.[2-4,17]

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 ± 1.33 cm^3 has been considered necessary to place an implant 10 mm to 13 mm in length when the residual bone height is 5 mm.[18] When the osteotome sinus floor elevation is performed, a minimum augmentation volume of only 0.5 cm^3 is required, because of the local aspect of the augmentation.[19] 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.

Queries about this article can be sent to Dr. Madan at drreshumadan@yahoo.com.

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