Predoctoral Implantology Program: The NYU Dentistry Experience
Implantology Program:

The NYU Dentistry Experience

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Disclosures

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I do not have any relevant financial relationships with commercial entities.
• NYU Dentistry
• Placement of Implants
• Restoration of Implants
• Predoctoral Implantology Program
• Postgraduate Implantology Program
• Quality Assurance
• Successes and Challenges
NYU Dentistry

• 1600 DDS students
• Advanced education programs:
  – Periodontics,
  – Prosthodontics,
  – OMS,
  – Endodontics,
  – AEGD
• International Dentist Implant Program
• CDE Implant Programs
Surgical Placement of Implants

- Periodontics
- Oral Surgery
  - PG-OMS
  - International OMS
- Prosthodontics
- International Implants
- CDE programs
Restoration of Implants

- Prosthodontics
- International Implants
- Periodontics
- DDS
- AEGD
- Others
Credentialing & Privileging

- Standard credentialing process
- Privileging
  - Based on training
  - Based on role of faculty member
  - Department chair and Dean approval
  - Exceptions?
DDS Program

• Comprehensive didactic and simulation curriculum
• Faculty and PG-student training
• Restore single-unit posterior (non-terminal): 1 or 2 implants
• Restore complete mandibular overdentures
• Surgical placement by periodontics, international implants, OMS, prosthodontics
**DDS implant Manual**

**RIDGE EVALUATION**

<table>
<thead>
<tr>
<th>Population</th>
<th>Unjudgable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft tissue</td>
<td>Unjudgable</td>
</tr>
<tr>
<td>Bone height</td>
<td>Unjudgable</td>
</tr>
<tr>
<td>Bone width</td>
<td>Unjudgable</td>
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</tbody>
</table>

- **Multiple teeth**
- **Unjudgable**

**NOTE:** Patient requiring implants in the anterior mandible requires non-metal implants, soft tissue management and surgical skills. Refer to periodontists.

**IMPLANT MAINTENANCE**

- On the day of insertion of prosthesis provide patient with home care instructions to maintain proper oral hygiene.
- If the patient has a removable overdenture instruct patient to clean the denture in the same fashion as conventional dentures. All surfaces of the denture should be cleaned using a denture cleansing brush. The attachments should be gently cleaned with a soft toothbrush.
- If the patient has a single implant crown instruct patient to use soft tooth brush, super-floss orboss threads to clean the crown and interdental spaces. Additionally they can also use interdental brushes and oral irrigation devices.
- Check oral hygiene within 1-2 weeks.
- Schedule future visits in 3 months and 1 year.

**Long term maintenance**

- Weekly radiographic evaluation may be indicated.
- Check whether change of male attachments in overdentures is necessary.
- If male attachment need replacement use Code D 8999.
- The fee is $25.00 (according to fee schedule 2011-2012).
- Check if the crowns are loose in single implant cases.
- Check patient’s home care to maintain prosthesis.
- Gentle probing to detect inflammatory changes if any.
- Scaling of prosthesis using non-metal implant scalers, as shown below, to remove calculus. This prevents scratching of the implant components.
- Use irrigation devices to clean interproximal areas.

- **Complications:**
  - In estheticus/critical ridge, bone is usually removed. In these cases the ridge is usually a most initial. Sufficient initial width should be at least 8 mm. This measurement is determined by the minimum 3 mm maxillary alveolar bone.
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- **Complications due to palatal supra-crestal bone**

- **Complications due to alveolar bone defects and lack of seal**
Patient Distribution of DDS cases

- Implant triage and referral form in AxiUm
- Sent to one person who distributes the patients amongst the programs
  - based on a multi-departmental agreement
- Program directors should manage which student gets which case
Patient Distribution: non-DDS cases

- NY1 television advert for screening
- Direct referral from DDS
- Direct referral from other programs
- Direct referral from community
Quality Assurance of Implant Cases

- Quality Assurance Clinic
- Log of Implant Complications
- Outcomes of Implant Therapy QA audits
- Quality Assurance College-wide Meetings
- NEW: Quality Assurance Checklists
QA Clinic

- Evaluation of patients who had completed implant therapy
  - Update medical, dental hx
  - Patient CC, etc
  - Thorough dental and periodontal examination
  - Thorough evaluation of prosthesis
- Treatment plan
QA Clinic Data

- Patient care findings:
  - 24% prosthodontic-related
  - 44% implant-related
    - 18% failing implants & peri-implantitis
    - 26% loose crowns or screws
  - 26% periodontal treatment and
  - 6% maintenance care only
Log of Implant Complications

• What is the problem
• Student involved
• Faculty involved
• Not punitive
• Any further training required?
• Systems issue?
• Unknown causes?
Outcomes of Implant Therapy QA audits

- 15 standards of care parameters
- Monthly audit
- PG-student training
- PG-student rotation
- Soon: faculty participation
Quality Assurance College-wide Meetings

- All department participate
- Present our QA data
- Feedback and change
- Opportunity to showcase our work towards improving patient care and education
- Newsletter
Quality Assurance Checklists

- Next step in QA process
- Easy verification as patient progresses in their treatment
Some Findings.....

• Heightened awareness of the importance of patient recall and maintenance
• Greater student experiences in managing implant related complications
• Greater focus on prevention
• Increased communication with other treatment providers outside the department
• Reduced patient complaints (by 47%)?
Challenges and Opportunities

• Getting the right case to the right provider
  – PG-perio exposure to DDS students
  – Pre-treatment consultations
  – Triage system
• Getting all faculty on board: protocols and
• Implant QA not performed in all departments
• Breaking down silos
Thank-you for your attention!

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