**G L O B A L  M E E T I N G S  O F  I N T E R E S T**

### Europe

#### The 12th International Implant Meeting

**September 24-26, 2009**  
Verona, Italy

For additional information and registration, please contact Mrs. Angela Negri at +39-0444-913410 or email her at: angelanegri@biomax.it

#### European Association For Osseointegration (EAO) 18th Annual Scientific Meeting

**September 30 – October 3, 2009**  
Monaco

**BIOMET 3i Corporate Forum**  
**October 1, 2009**  
5:00-7:00PM

**Prosthetic & Surgical Considerations in the Pursuit of Optimal Treatment Outcomes**  
Moderator: Prof. Michael Matejka

Faculty: Prof. Dr. Markus Hürzeler, Dr. Otto Zuhr

For more information and to register, please visit www.eao.org

#### NYU International Implantology Week:
**Current Concepts In American Dentistry: Advances In Implantology And Oral Rehabilitation – A Five Day Course**

**August 3-7, 2009**  
New York University  
New York, NY

Faculty: Dr. Dennis Tarnow, Dr. Stephen Chu, Dr. Ziv Mazor, Dr. Christian Stappert, Dr. Harold Baumgarten

For more information or registration, please contact Ms. Barbara De Wildeman at +34-93-470-59-50 or email at: 3i-education@biomet.com

#### The 9th BIOMET 3i Iberic Symposium

**January 14-16, 2010**  
Palacio de Congresos Madrid, Spain

For more information or registration, please contact Mrs. Olga Blanco at +34-93-470-59-50 or email at: 3i.educacion-es@biomet.com

### Asia Pacific

#### Australasian Osseointegration Society 7th Biennial Congress

**November 4-7, 2009**  
Gold Coast Convention and Exhibition Centre  
Gold Coast, Queensland, Australia

Faculty: Dr. Richard Lazzara, Dr. Ueli Grunder

For further information, please contact the conference managers:  
Phone: +61 7 3858 5525  
Fax: +61 7 3858 5499  
Email: info@aosconference.com.au  
Website: www.aosconference.com.au

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**Seamless, Faster Navigation For An Interactive Web Experience… The Essence of BIOMET 3i’s Re-designed Global Website**

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It is with mixed emotions that I share with you my decision to retire from BIOMET 3i. The past 11 years that I have spent with the organization have been an amazing experience for me. Getting the chance to interact with many of you on a personal and professional level and participating in the launch of numerous products and services have been the highlight of my tenure. I believe that BIOMET 3i’s Products and services improve the lives of your patients and should be an integral part of your dental implant practices.

I am pleased to announce that in light of my departure, Maggie Anderson has accepted the position of President of BIOMET 3i. Maggie joins us with considerable experience in both general management and consulting, including working with BIOMET in a consulting role for the last 18 months, working with all of us here at BIOMET 3i and interacting with customers on a global basis. She has become quite familiar with the dental implant market and is committed to steering the organization towards even better product innovations and services for our customers.

Please join me in welcoming Maggie to the BIOMET 3i Family. We anticipate great strides forward as we continue to be Better For Your Patients and Better For Your Practice.

Best Regards,

Steve Schiess

Welcome to another edition of Eye On 3i!

I’d like to start by thanking Steve for all of his contributions to BIOMET 3i and wish him well in the future. I am truly excited to be joining the BIOMET 3i Family and look forward to working with our outstanding team of global professionals to continue to provide the products and services you need in your practice to better serve your patients. I have been working closely with the leadership team at BIOMET 3i on the innovation process and ways for us to improve our ability to turn customer input into new products and services to help you in your practice. That involves listening to you...the practitioners who use these technologies every day, ensuring that your insights and experiences help to shape the future.

We know that for most of you, the global recession continues to affect your practices as it does the entire industry. We are committed to helping you weather the storm by listening to you and reacting to your needs.

As we enter the academy meeting’s fall season, there is reason to be energized. If you plan on attending the American Academy of Periodontology Meeting, we invite you to spend time at our Corporate Forum where we will be discussing new treatment recommendations for various clinical situations and site specific regeneration using new technologies. If you’re attending the American Academy of Oral and Maxillofacial Surgeons Meeting, please visit us at our booth to learn more about our latest guided surgery technologies. And finally, if you are attending the European Academy of Osseointegration Meeting, you will not want to miss our Corporate Forum featuring prosthetic and surgical considerations in the pursuit of optimal treatment outcomes.

The level of market acceptance we have seen with our Enhanced Tapered Implant continues to be impressive. Customers have responded very favorably to the changes we incorporated into the new design and new complement of instrumentation, which has now been on the market since the summer of 2006. You have spoken with your orders and we thank you. Our Enhanced Tapered Implant line is our fastest growing implant family, now running at more than 40% of global implant sales and over 50% in the US. Please feel free to contact me directly with any questions or comments about this or any other BIOMET 3i Products.

In other product news, Endobon® Xenograft Granules will soon be available in a larger 1000-2000µm particle size, providing clinicians with more options for the regeneration of defects when effective space maintenance is required. For more information about this new product extension offering, please go to page 2.

Finally, we are actively planning for our next Global Symposium, which will take place in Orlando, Florida, April 7-9, 2011. This exciting event will feature the world’s most renowned dental implant experts, speaking about the latest technologies and techniques as well as a full array of exhibitors and entertainment that you won’t forget. Mark the dates on your calendar now as this event always brings people together from all parts of the globe to celebrate the continual evolution of the dental implant industry. I look forward to seeing you there!

Best Regards,

Maggie Anderson
President
Endobon Xenograft Granules will soon be available in a 1000-2000µm particle size providing the clinician with more options for the regeneration of defects when effective space maintenance is required.

A bovine-derived, hydroxyapatite, grafting material, Endobon Xenograft Granules are fully deproteinated by a two-step, high temperature manufacturing process for safety from bacteria, viruses and prions. The osseoconductive properties enable bone to grow directly on the surface and through the entire graft. Endobon Xenograft Granules can be mixed with other suitable materials (utilized as a graft extender) that have a faster rate of turnover, if desired.

Endobon Xenograft Granules have:

- Excellent handling characteristics for easy transfer to the defect site
- Interconnecting micro and macro pores for bony integration, which leads to graft stability and vascular ingrowth
- Two available particle size ranges ideal for dental applications: 500-1000µm and 1000-2000µm

With more than 10 years of combined use in oral maxillofacial and orthopedic procedures, Endobon Xenograft Granules are indicated for use in a variety of dental and/or oral surgical procedures including:

- Filling defects after resection, cystectomy, apicectomy or other defects in the alveolar ridge or wall
- Peri-implant defects
- Alveolar ridge augmentation including aesthetic contouring defects
- Aesthetic contouring defects
- Extraction socket grafting

*The Endobon Xenograft Granules larger particle size will be available fall 2009.

Endobon Xenograft Granules are manufactured by BIOMET Orthopaedics Switzerland GmbH.
**Say Goodbye To Impression Copings – Introducing The Encode® Impression System**

The Encode Impression System offers a simple way to impress implants and increase productivity in your practice. No extra components or instrumentation are needed.

The Encode Impression System:

- **Working above the gingiva is quicker and helps to increase productivity**
- **No new tools, multiple parts or pieces are required making impressions simpler and more cost effective**
- **Results in an aesthetic patient specific abutment available in titanium, gold-colored titanium nitride and zirconia**

*Try the Encode Impression System and see how simple it is to increase productivity in your practice.*

Encode Healing Abutment
Introducing The BIOMET 3i Torque Indicating Ratchet Wrenches*

The new Torque Indicating Ratchet Wrenches from BIOMET 3i are sleek and easy to use providing a variety of unique user friendly benefits:

- **Convenient** - ratchet wrench and torque indicator are in one device
- **Functional** - consists of an ISO Latch, which can be used with most drivers on the market and provides a torque reading of 0-35Ncm for the Restorative Wrench and 50-90Ncm for the Surgical Wrench
- **Minimal Pieces** - consists of two pieces for minimal inventory and ease of disassembly for autoclaving

*The Restorative Torque Indicating Ratchet Wrench will be available Fall 2009, the Surgical Torque Indicating Ratchet Wrench will be available early 2010.

For more information, please contact your local BIOMET 3i Sales Representative.
Q. How has this simple Encode Impression Procedure benefitted your practice?
A. The time savings is really important. Not only does the Encode Impression Procedure save me valuable chair time, but the laboratory work is in many ways simplified. Freeing my dental assistants from the need to manage an inventory of different impression copings is another important benefit and it is great not to have to make any new capital investments.

Q. As a prostodontist specializing in implant reconstruction, how has the Encode System benefitted your patients? How is this technology better for your practice?
A. Optimally, abutments should be tailored to each and every patient and clinical situation. The Encode System allows me to choose from a variety of restorative materials and create a detailed design of individualized abutments. The new zirconia option has also meant aesthetic results and greater patient satisfaction.

As a clinician, I appreciate anything that improves my ability to communicate with my dental technicians. Also, the time that I save by using the system allows me to put more effort into optimizing the prosthetic results before delivery.

Q. Has the use of this simple impression system expanded the number of patients to whom you can offer implants?
A. Clinical realities are often different from what you would like them to be. Implant patients differ in age as well as physical and mental health. Also, the goal is always to place implants in a way that will optimize the prosthetic result, a patient’s anatomy sometimes forces compromises in placement. Differences in implant angulation can sometimes make it challenging to manage impression copings. In such difficult situations, the Encode System’s simpler and more reliable impression technique makes it easier for me to treat patients with limited opening or basic gagging reflexes.

Q. In which clinical situations do you choose to use the Encode System?
A. I place Encode Healing Abutments routinely, regardless of the loading protocol. I have used the Encode System for both single units and for partially edentulous situations because that gives me great flexibility in creating individualized abutments when finalizing my cases.

Q. Where do you find this technology most advantageous to your practice?
A. We are part of a large clinic, so every year we treat many patients—both clinic clients and also referrals. Using the Encode System allows us to use fewer components and save time at each visit. We appreciate being able to minimize soft-tissue trauma by eliminating the use of impression copings. And tailoring the abutments to individualize the margins and emergence profiles can provide better functional and aesthetic results. Our patient satisfaction is the true test of our success.

Another important consideration for using fewer components is that it minimizes errors for us and the GPs who are referring patients to us. That makes the GPs feel more comfortable about offering implant treatment to more patients.

Q. How has digital dentistry advanced the profession?
A. The recent advances in this technology have had an incredible impact on prosthetic dentistry. In my clinical practice, the relevant steps in the treatment process are more efficient and precise, and the quality of our work is higher.

Using Computed Tomography and sophisticated software lets me plan the placement of implants so that the prosthetic outcome can be optimized. Placing the implants with the help of CT generated surgical guides has enabled us to help patients whom might not have been treated before. These new technologies have taken our ability to deliver functional and aesthetic solutions to an entirely different level. We can now accomplish all this while minimizing the overall patient treatment time. The impact on our ability to function as a treatment team is enhanced.

Q. What direction would you like to see BIOMET 3i go with digital dentistry?
A. I am privileged to be working closely with BIOMET 3i on product testing and evaluation. For the Encode System, the next step will be to further streamline the process of transforming models into finished abutments. By using the new 3Shape Scanner in the laboratory to design Encode Lab-Designed Abutments, the need to ship articulated models will be eliminated, thus saving both time and money. Working together with restorative clinicians, dental technicians will gain even more control over the abutment design.

In the future, I hope to take impressions at the healing abutment level in my edentulous cases. That would allow me to deliver a finished CAM StructSURE® Framework without disrupting the soft tissue while saving both time and money for me and my patients.

Marcus Dagnelid, DDS (SWEDEN), received his dental degree from the University of Göteborg, Sweden. After graduation he joined the esteemed Team Dagnelid with Prof. Ingvar Ericsson, Dr. Pelle Peterson, Dr. Christer Dagnelid and Dr. Carl Johan Ivannoff, in Möhlndal, Sweden. Recently Team Dagnelid launched a new conference center, the Swedish Academy for Advanced Clinical Dentistry (SAACD). The goal of the center is to create a unique platform for interactive dental education. Dr. Dagnelid lectures extensively on guided surgery, prosthetics and implant dentistry with a focus on aesthetics. He is currently attending a postgraduate education in prosthodontics at the University of Malmö, Sweden.
Regeneration Of An Atrophic Partially Edentulous Maxilla

Robert A. del Castillo, DMD

Patients with periodontally compromised dentitions or missing teeth often present with less than optimal clinical conditions for implant treatment. Advancements in regenerative materials provide clinicians with a variety of choices for successfully performing Guided Bone Regeneration (GBR) procedures. Regenerative procedures may be performed in combination with, or prior to, implant therapy to replace the missing hard and soft tissues for optimal restoration of function and aesthetics.

The clinical case presentation to follow demonstrates the placement of a combination of xenograft and allograft regenerative materials, and a resorbable collagen membrane to regenerate an atrophic partially edentulous maxilla. In a staged approach, regeneration of the anterior maxilla followed with subsequent implant therapy to replace the patient’s missing teeth. The patient desired a fixed restoration to address his primary concern of aesthetics.

A 34-year-old male patient presented with an unaesthetic removable partial denture that replaced missing teeth Nos. 9 and 10 [21 and 22] (Fig. 1). Clinical and radiographic findings revealed a large bony defect and loss of the soft tissue (Figs. 2 and 3). A cone beam CT Scan was taken and the data was converted to SimPlant® software to assess and virtually treatment plan the clinical situation. Dehiscences on the facial aspect of the alveolus of tooth positions 9 and 10 [21 and 22] were noted relative to the planned implant positions (Fig. 4). The insufficient labial/palatal ridge width as noted on the cross sectional images of the CT Scan (Figs. 5 and 6) necessitated regeneration of the site prior to implant placement. The treatment plan accepted by the patient included a staged approach to treatment starting with bone grafting, followed by placement of dental implants, in a two-stage protocol.

**GBR and Provisionalization**

Following administration of local anesthesia, a wide, deep vestibular incision was made on the labial aspect to expose the edentulous ridge. This incision design was chosen to avoid the grafted site, obtain primary closure and prevent membrane exposure during healing. A split-thickness mucoperiosteal flap was reflected 1-2mm apical to the defect, followed by a full thickness mucoperiosteal flap. Intrasulcular incisions were made around the adjacent teeth to release the flap. The defect noted on the CT Scan was confirmed clinically (Fig. 7). Since there was insufficient bone volume for immediate implant placement, a decision was made to graft the sites. The peristium was completely debrided and five tenting screws were placed to maintain the space. An OsseoGuard® Resorbable Collagen Membrane was trimmed without hydration and placed into the edentulous site over the tenting screws. Using an explorer, the membrane was pierced in the area of the two superior-most tenting screws. The membrane was removed and a tissue punch was used to create holes in the membrane. The site was decorticated with a round carbide bur (#2). The membrane was fixated with two screws. A mixture of Endobon® Xenograft Granules and RegenerOss® Allograft Putty was placed under the membrane until the defect area was filled. The xenograft granules were chosen for their osseoconductive, space-maintaining properties; these were combined with the osseoinductive properties of
Robert A. del Castillo, DMD, received his dental degree and his Certificate in Periodontics from Tufts University, School of Dental Medicine. He is an Adjunct Professor, Department of Periodontics at Tufts University School of Dental Medicine and a guest lecturer at Maryland University Dental School. Dr. del Castillo lectures both nationally and internationally and has published on regenerative and implant therapy. Dr. del Castillo maintains a private practice, limited to periodontics with strong emphasis on implant and regenerative therapies, in Miami Lakes, Florida.

E dentulous M axilla: A C ase Presentation

the allograft material. The membrane was then fixated with the two inferior-most tenting screws to contain the graft. The soft-tissue flap was then closed over the grafted site. VICRYL® Rapide 5.0 Sutures (Ethicon, Inc.) were used to secure the periosteum (on the underside of the flap) to the connective tissue at the base of the vestibule. The outer aspect of the flap was secured with PDS II (polydioxanone) 6.0 Sutures (Ethicon, Inc.) (Figure 9). An Essix retainer was chosen as a provisional restoration to prevent pressure on the grafted site (Fig. 10). The patient was released with post-operative medications and oral hygiene instructions. Periodic post-operative visits progressed with uneventful healing. A surgical guide was fabricated using the data obtained from the diagnostic cast.

Implant Placement

Seven months post-regeneration of the edentulous site, the patient was seen for evaluation. The Essix retainer was removed and revealed excellent soft-tissue healing over the grafted site (Fig. 11). A midcrestal incision was made and a full thickness mucoperiosteal flap was reflected revealing excellent regeneration of the ridge. The fixation screws were removed and the surgical guide was placed (Fig. 12). A 2mm diameter trephine bur was advanced through the holes in the guide in the planned position of the implants to obtain histologic cores. Preparation of the osteotomies continued (Fig. 13) following the manufacturer’s instructions for placement of a NanoTite™ Tapered Certain® PREVAIL® Implant into tooth site No. 9 [21] and an OSSEOTITE® Certain 3.25mm Implant into tooth site No. 10 [22]. Cover screws were placed into the internal interfaces of the implants and the soft-tissue flaps were secured with PDS II 6.0 Sutures (Fig. 14). A periapical radiograph was taken. The Essix retainer was reinserted (Fig. 15). The patient was released with post-operative instructions and medications, and will be seen for reentry in approximately six months.

Histology

The histology report of the bone in the trephined sections revealed that dense cortical type bone (B) was present. New trabeculae were evident (arrows) at one pole of the bony tissue (Fig. 16). In the histologic section shown in Figure 17, dense cortical bone (B) was noted, along with marrow spaces containing blood vessels (v), bone fragments (f) and particulate debris (d). Viable osteocytes filled the bony matrix. At one pole of the trephine (Fig. 18), Endobon® Particles (arrows) were present. The particles are present in the soft tissue and surround the new trabecular bone (b).

A cone beam CT Scan taken five months post-implant placement confirmed bone regeneration on the labial aspect of the alveolus (Figs. 19 and 20).

For more information regarding the RegenerOss® Portfolio of Regenerative Products, please speak with your local BIOMET 3i Representative or visit the BIOMET 3i Website at www.biometi.com
A Technique To Avoid Tissue Impingement When Using Certain® Provide® Abutments

By Frederick Solomon, DMD, FAGD

The Provide Abutment is designed to be utilized when restorative clinicians desire a simple implant restorative procedure. This technical tip demonstrates an easy way to deliver and impress the Provide Abutment while avoiding tissue impingement (Fig 1).

Measure intra-orally to ensure there is adequate inter-occlusal space for fabricating a restoration using the Provide Abutment. Select the proper abutment diameter and height. Snap the matching color Provide Impression Coping onto the Provide Abutment. Using a diamond bur, open up a vent hole at the top of the impression coping to accommodate the Gold-Tite® Screw (IUNIHG) and Large Hex Driver Tip (RASH3N) (Fig 2).

Verify that any plastic debris is removed from the inside of the Provide Abutment to ensure that the screw will seat completely (Fig 3).

Insert the Large Hex Driver Tip into the Gold-Tite Screw and place these through the impression coping/abutment assembly (Fig 4 and 5). Place the entire assembly into the Certain Implant and verify complete seating (Fig 6).

Using a torque device attached to the Large Hex Driver Tip, tighten the screw to 20Ncm. Remove the driver tip and block the vent hole opening with wax or a temporary filling material. Syringe a medium to heavy body impression material around the Provide Impression Coping, load the impression tray and seat in the mouth. Allow the impression material to set per the manufacturer’s instructions.

Remove the impression from the mouth and place the Provide Snap Cap on the abutment. Send the case to the laboratory for fabrication of the restoration.

Clinical Images Courtesy Of Frederick Solomon, DMD, FAGD, Private Practice In Melrose, MA.
The Use Of Dedicated Screws For The Encode® Zirconia Abutment

Encode Zirconia Abutments are packaged with an Encode Zirconia Gold-Tite® Screw (ICZGS) and Encode Zirconia Try-in Screw (ICZTIS). These screws are designed to be used with these abutments.

The following steps should be considered when placing Encode Zirconia Abutments:

1. The Encode Zirconia Abutment has no retention fingers as is found with other Certain® Abutments (Fig. 1a). To keep the abutment in place and to aide in the handling of the product, place and remove the Encode Zirconia Abutment together with either of the dedicated screws (ICZGS or ICZTIS) and a Large Hex Driver with a narrow shank (Fig. 1b).

2. Use only the ICZGS or ICZTIS screws (Fig. 2a). Not using the appropriate screw and driver can make handling of the Encode Zirconia Abutment difficult and increase the risk of product breakage (Fig. 2b).

3. When delivering the abutment, begin to thread the screw into the analog/implant to prevent the abutment from falling out (Fig. 3a). Avoid any lateral movement of the abutment or driver when placing and removing the Encode Zirconia Abutment. Lateral movement of the abutment or driver/driver tip may damage the abutment.

Note: Use of the Contra Angle Torque Driver (CATDO) may inadvertently cause lateral forces against the abutment, increasing the chance of fracture.

4. Be sure to insert and remove the abutment vertically (Fig. 4a). Seat the driver/driver tip completely into the hex of the screw before hand tightening. Position the hex of the abutment into the analog/implant and hand tighten the abutment (Fig. 4b).

5. Confirm proper seating radiographically (Fig. 5a). Seat the driver/driver tip completely into the hex of the screw before applying torque. The torque driver tip must be parallel with the access hole during torque application to prevent possible fracture or chipping of the post walls. Torque the abutment screw to 20Ncm using a 0.48” Large Hex Driver Tip and a torque device (Fig. 5b). The Restorative Torque Indicator (pictured) is recommended for use with Zirconia Abutments.
Abstract

Background: Clinical studies reporting immediate loading of endosseous implants for edentulous cases and for fixed partial restorations have been well documented with satisfactory survival rates. Implants with a recently developed, nanometer-scale surface topography (NanoTite, BIOMET 3i, Palm Beach Gardens, FL, USA), created by discrete crystalline depositions (DCD) of calcium phosphate nano-crystals onto a dual acid-etched (DAE) surface, show enhanced early fixation in preclinical studies when compared with DAE-surfaced implants. These outcomes suggest DCD-surfaced implants may be advantageous for immediate loading approaches.

Objective: The aim of this prospective, multicenter, observational study is to report clinical outcomes for DCD-surfaced implants placed in immediate functional support of single- and multi-unit restorations according to an immediate loading protocol.

Materials and Methods: One hundred eighty-five patients enrolled at 15 international study centers received a total of 335 implants supporting 216 immediate provisionalizations consisting of 128 single-tooth restorations and 88 fixed restorations. Of the 335 implants, 77% are located in posterior and 23% in anterior regions with 55.5% of the total in mandibles and 44.5% in maxillae. Patients were evaluated for implant mobility, gingival health, symptomatology and radiographic outcomes.

Results: At the time of this 1-year interim report, a total of 17 failures have been observed in 11 patients, yielding a cumulative survival rate of 94.9%.

Conclusion: Relative to other prospective, multicenter studies of immediately loaded implants with various surface enhancements, NanoTite Implants perform comparatively well when immediately provisionalized with single-tooth and fixed restorations.
A Prospective, Multicenter, Randomized-Controlled Five-Year Study Of Hybrid And Fully-Etched Implants For The Incidence Of Peri-Implantitis

Lars Zetterqvist, DDS
Sylvan Feldman, DDS
Bruce Rotter, DMD, MS
Giampaolo Vincenzi, MD, DDS
Jan Wennström, DDS
Andrea Chierico, DDS
Renée Stach, DDS
James Kenealy, PhD

Submitted for publication J Perio.

Abstract

The incidence of peri-implantitis has been reported to be as high as 14% and because peri-implantitis can cause progressive bone loss and is difficult to treat, it often leads to implant failure. Implants with aroughened collar surface are perceived to be at a higher risk for peri-implantitis and other mucosal complications. In 1996 the OSSEOTITE® Implant (BIOMET 3i) was commercially introduced with a “hybrid” design having a dual acid-etched surface (DAE, OSSEOTITE) extending the length of the implant from the apex to approximately the third thread, where a machined surface is present up to the seating surface. Considerations for potential benefits of extending the DAE surface to the seating surface led to this prospective randomized-controlled study designed to assess the risk and incidence of peri-implantitis for fully-DAE-surfaced implants.

Study implants, fully-DAE-surfaced “test” implants and hybrid-DAE “control” implants, were placed in a single-stage approach with the seating surface level with the crestal margin of alveolar bone. Transmucosal abutments were placed and after two months of healing, implants were provisionalized with one of each implant type supporting each prosthesis to ensure that all conditions were consistent between groups. Final restorations were placed at six months and patients were followed for five years at annual intervals. Follow-up evaluations included Sulcus Bleeding Index scores (SBI), probing for suppuration, assessments for mobility, and periapical radiographs to identify radiolucencies and crestal bone levels.

One-hundred twelve patients were enrolled and 165 test and 139 control implants were placed supporting 127 prostheses. No substantial differences in mucosal health outcomes between test and control groups were observed throughout the 5-year follow-up. For both groups the bleeding-on-probing scores were no different. There was one case of peri-implantitis reported over the five years of observation and this was for a hybrid implant. The condition was resolved following surgical intervention. Radiographic analyses of crestal bone regression demonstrate that the mean change from baseline (provisionalization) is less for test implants in comparison to control implants (P<.01). The results of this 5-year study do not reflect increased risk in soft tissue outcomes and peri-implantitis for fully-DAE-surfaced implants.

Have you heard the buzz about the Journal of Implant and Restorative Dentistry™ (JIRD), a BIOMET 3i Publication? If not, take a moment to visit the journal online at www.JIRD-online.com and sign-up for e-JIRD, a free electronic subscription to the journal. The electronic subscription includes the inaugural issue as well as all upcoming issues. e-JIRD has expanded content from the printed version as well as interactive elements such as treatment videos and interviews with leading clinicians in the field of dental implant and reconstructive dentistry.

Look for the next issue to be published in the Fall of 2009. All e-JIRD subscribers will be notified via email once the issue is online.

For more information on JIRD, contact your local BIOMET 3i Sales Representative today.
Many of us have patients who, despite everyone’s efforts, have had failures in maintaining implant-supported fixed dentition. Jo presented in my practice having lost four out of five implants placed over the preceding 19 years. Because of that history, she had been encouraged to avoid attempting further implant reconstruction. But unfortunately, her xerostomia (due to Sjögrens Syndrome) made it difficult for her to function with a removable partial denture. Instead, she relied upon her remaining teeth for mastication until her left maxillary canine fractured – compromising the long fixed partial denture that it had supported.

At that point, Jo decided she wanted a new implant-supported restoration. Comprehensive evaluation indicated that she would need a sinus lift/graft in the maxillary left (her right sinus having already been grafted 14 years previously). We developed a treatment plan that would allow us to completely restore her dentition in just over one year. However, Jo had something else in mind: she wanted to be enjoying her new teeth in time for her 80th birthday celebration and that was approaching in a little more than four months.

We chose to place NanoTite Implants due to the enhanced surface topography of these implants. After Jo was fully informed about and consented to an accelerated treatment plan, the fractured canine was extracted, a sinus lift/graft was performed and five NanoTite Certain® implants were placed. Three weeks later, the provisional prosthesis supported by the maxillary right lateral incisor and canine fractured, complicating the situation. But it proved possible to extract the two hopeless teeth and place an additional implant in the lateral incisor site in a one-stage protocol. Two months later, the remaining implants were uncovered, and the definitive restoration was delivered two days before Jo’s big birthday.

I was fortunate to attend the celebration, where Jo happily chewed celery sticks and enjoyed her birthday cake in the company of friends and relatives. She was all smiles throughout this special occasion.

Stephen Wheeler, DDS, is a board-certified oral and maxillofacial surgeon who received his postgraduate and residency training from the University of Southern California, School of Dentistry. Since the early 1980s, he has been actively involved in various aspects of implant dentistry. He practices in Encinitas, California.
BIOMET 3i is committed to furthering the professional development of clinicians through consistent investment in dental implant education. This support includes a variety of education and training programs, academic scholarships, educational grants and active committee participation.

In collaboration with the American Academy of Periodontology Foundation (AAPF), BIOMET 3i supports an annual $50,000 fellowship for an outstanding post-periodontal candidate.

The Richard J. Lazzara Fellowship in Advanced Implant Surgery is a 12-month award that is intended to help facilitate contemporary research and clinical experiences for the Fellow.

The AAPF recently awarded the 2009 Richard J. Lazzara Fellowship in Advanced Implant Surgery to Jonathon A. Waasdorp, DMD, a resident in the periodontal program at the University of Maryland Dental School, Baltimore College of Dental Surgery. D. Walter Cohen, DDS, Chairman of the Foundation’s Lazzara Fellowship Selection Committee believes that by fostering the development of future academics and researchers, the Fellowship is helping to stem the pending loss of periodontal educators as a large number of them approach retirement.

To learn more about the AAPF’s Richard J. Lazzara Fellowship in Advanced Implant Surgery Fellowship, go to www.perio.org or contact your BIOMET 3i Representative.

BIOMET 3i hosted the 1st annual Neil Cronin Memorial Build-A-Bike event on Friday, June 19, 2009 as part of the 2009 North American Sales Meeting held at the Hyatt Regency Tamaya Resort & Spa in Santa Ana Pueblo, New Mexico.

The event was held in remembrance of Neil Cronin, a 32 year old BIOMET 3i Sales Representative, who passed away suddenly on February 25, 2009 of a brain aneurysm. Neil’s energetic and positive nature is remembered by all who interacted with him. To honor Neil’s memory, 169 BIOMET 3i Team Members participated in a charity Build-A-Bike Event for children who participate in the E. Rene’ Clark Boys and Girls Club, which serves the Albuquerque and Rio Rancho area. During the three and a half hour program, the BIOMET 3i Team Members built 20 bicycles that were then presented to the children who were in attendance at the event.
**North America**

**American Academy Of Periodontology (AAP) 95th Annual Meeting**

September 12-15, 2009
Boston Convention and Exhibition Center
Boston, MA

**BIOMET 3i Corporate Forum**

September 12, 2009
Room 204B

**Site Specific Regeneration Using New Technologies**
Dr. John Lupovici
1:00-1:45PM

**New Treatment Protocols For Challenging Clinical Situations: Management Of Infected Sites, Immediate Molar Replacement And Failed Implants**
Dr. Alan Meltzer
2:00-2:45PM

For more information, please visit: www.perio.org

**New Solutions For Enhanced Aesthetic Restorations**

September 30, 2009
Hyatt Regency, Philadelphia
Philadelphia, PA

Faculty: Dr. Victor Martel

October 7, 2009
Westchester Marriott
Tarrytown, NY

Faculty: Dr. George Priest

December 3, 2009
Los Angeles Airport Marriott Hotel
Los Angeles, CA

Faculty: Dr. Jon Ruel

For more information and to register, please visit educational opportunities at www.biomet3i.com or call Professional Education: inside the U.S. 800-717-4143; outside the U.S. +1-561-776-6700


October 3, 2009
The Institute For Implant And Reconstructive Surgery
Palm Beach Gardens, FL

Faculty: Dr. George Priest

January 30, 2010
The Integra Institute
Metairie, LA

Faculty: Dr. George Priest

For more information and to register, please visit educational opportunities at www.biomet3i.com or call Professional Education: inside the U.S. 800-717-4143; outside the U.S. +1-561-776-6700

**The Third Annual Aiden Morris Memorial Symposium**

October 21, 2009
The Westin Michigan Avenue Chicago
Chicago, IL

Faculty: Dr. Alan Meltzer, Dr. Harold Baumgarten, Dr. Curtis Jansen, Dr. Lee Walker, Ms. Anita Daniels

For more information and to register, please visit educational opportunities at www.biomet3i.com or call Professional Education: inside the U.S. 800-717-4143; outside the U.S. +1-561-776-6700

**Overcoming Economic Challenges**

October 24-25, 2009
The Fairmont
Washington, DC

November 7-8, 2009
The Fairmont
San Francisco, CA

Faculty: Ms. Cynthia Bollinger, Dr. Paul Korb, Dr. Jay Malmquist, Dr. Donald Steinberg, Dr. Clark Taylor, Dr. Lee Walker, Ms. Kathi Carlson, Ms. Nicole Dorsey

For more information, please visit: www.idia.org

**Practical And Predictable Solutions For Successful Soft Tissue Aesthetics Around Implants - A Hands-On Program**

November 20-21, 2009 (Friday - Saturday)
New York University College Of Dentistry,
Linhart Continuing Dental Education Program
In Conjunction With BIOMET 3i
NYU College Of Dentistry
New York, NY

**The “Surgical” Implant Coordinator: Enhancing The Success Of Your Implant Practice**

January 22-23, 2010
Sheraton Fisherman’s Wharf Hotel
San Francisco, CA

Faculty: Ms. Cynthia Bollinger, Dr. Robert Blackwell

For more information and to register, please visit educational opportunities at www.biomet3i.com or call Professional Education: inside the U.S. 800-717-4143; outside the U.S. +1-561-776-6700

**Yankee Dental Congress**

January 27-31, 2010
Boston Convention and Exhibition Center
Boston, MA

Esthetics and Implant Innovations

Faculty: Dr. Dennis Tarnow

For more information, please visit: www.yankeedental.com

**For more information, please visit: www.biomet3i.com or call Professional Education: inside the U.S. 800-717-4143; outside the U.S. +1-561-776-6700**
**Implant Surgery: Fundamentals To Details**

February 15-20, 2010 (Monday – Saturday)
The Ansprech Effort
Palm Beach Gardens, FL

Faculty: Dr. Robert London

For more information, please contact: The London Institute 206-683-0655

**Expanding The Role Of The “Surgical” Implant Coordinator: Taking Your Implant Practice To The Next Level**

February 19-20, 2010
Manhattan Beach Marriott
Manhattan Beach, CA

Faculty: Ms. Cynthia Bollinger, Ms. Heather Collins

For more information and to register, please visit educational opportunities at www.biomet3i.com or call Professional Education: inside the U.S. 800-717-4143; outside the U.S. +1-561-776-6700

**American Prosthodontic Society (APS) 82nd Annual Meeting**

February 27, 2010
Westin River North
Chicago, IL

Faculty: Dr. Dean Vafiadis

For more information, please visit: www.prostho.org/

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**Implant Therapy: A Systematic Approach Providing The Clinician With A Predictable And Systematic Approach That Demonstrates Successful Treatments In Various Situations**

September 18, 2009
McGill University, Montreal, Québec

Faculty: Dr. Samer Abi Nader

For more information contact Susan Young at (514) 398-7203 ext 0315 or http://www.mcgill.ca/dentistry/conted

**The Effects Of CAD/CAM And CT Guided Technology With Patient Care**

September 25, 2009
Le Westin, Montreal, Québec

Faculty: Dr. Paulino Castellon

For more information visit http://cardp.ca/english/montreal-09

**Restoring The Multiple Unit Implant Case**

October 1, 2009
Montreal, Québec

Faculty: Dr. Robert Blackwell

For more information contact BIOMET 3i Canada at 514.956.9843 ext 2221

**Ontario Society Of Periodontists**

October 17, 2009
Toronto, Ontario

Faculty: Dr. Jonathan Schofield

Contact Information www.osp.on.ca

**Prostodontic Review**

December 4, 2009
Toronto, Ontario

Faculty: Dr. Izchak Barzilay, Dr. Effrat Habsha, Dr. John Zarb

For more information contact Danielle Kontos at dkontos@buildyoursmile.com or visit www.buildyoursmile.com

**Résultats esthétiques et prévisibles pour les cas complexes en implantologie : De la planification à la restauration**

February 20, 2010
University of Montreal, Montreal, Quebec

Faculty: Dr. Denis Gosselin, Dr. Jean-Francois Aubin, Dr. Louis Drouin, Dr. Gaetan Noreau, Dr. Louis De Koninck

For more information visit: http://www.fdc-umontreal.ca