

# The Perspective

## Keratinized Tissue Around Teeth and Implants – Why and When Do We Need It?

By Dr. Daniel Garcia, Periodontist Orlando

Dentists frequently ask me to evaluate gingival recession (GR) in their patients. Many times these recession defects cause esthetic issues, tooth hypersensitivity, and difficulty maintaining adequate oral hygiene due to pain when brushing. Although treating recession defects is possible and quite predictable, preventing GR with soft tissue grafts is even more successful.

When checking the gingival anatomy around the teeth, it is ideal to have a zone of keratinized gingiva (KG) with a height of at least 2 mm. Often, there are a few teeth where KG is lacking or completely missing. This is very common in patients with a thin biotype, especially in the anterior mandible and the premolar areas. When these areas have a zone of KG that is  $\leq 2$  mm, performing soft tissue augmentation, such as a free gingival graft (FGG) or



a connective tissue graft (CTG), will increase the amount of KG in that area, and help to prevent future GR for years to come.

The FGG can be performed anywhere, but is normally limited to mandibular sites due to its unaesthetic nature. However, it is a predictable, long-lasting



option that we can offer our patients in order to help them maintain gingival health. These are the types of grafts usually seen in conjunction with orthodontic treatment if the mandibular teeth need to be moved facially. The CTG is mainly used to treat recession defects that are already present, and achieves a much more esthetic result with a significantly less amount of post-operative pain.

Studies have even shown teeth with crowns have higher success rates when there is  $\geq 2$  mm KG present. The band of KG allows patients to perform quality oral hygiene techniques without discomfort, therefore increasing long-term success. Assuming that there is an adequate zone of KG around implants has also shown to increase long-term success outcomes. Implants with at least 2 mm of KG show less bleeding on probing, plaque accumulation, and reduced incidence of peri-implantitis. Implants, unlike natural teeth, do not have many of the immunological defense mechanisms that natural teeth have to invading microbiological pathogens. By ensuring that implant sites have an adequate amount of KG present prior to final crown delivery, we give the implant the best chance to maintain crestal bone levels and reduce bone loss over time.

When treatment planning restorations, accounting for soft tissue defects can make the difference between average and outstanding results. Both for esthetics and health, keratinized tissue augmentation can take your treatment results to the next level, and reduce hypersensitivity in patients. If you ever have any questions on this topic, please feel free to email me [drdanielgarcia@greenbergdental.com](mailto:drdanielgarcia@greenbergdental.com)



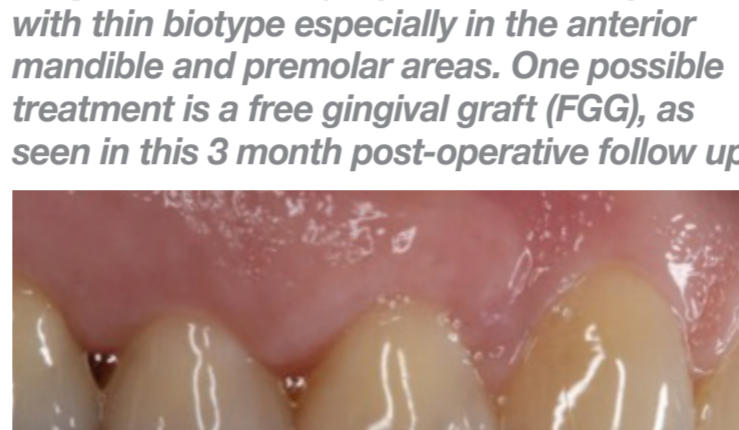
1 Before  
Soft tissue augmentation should be considered for sites with inadequate keratinized gingiva (KG).



2 After  
Gingival recession (GR) is common in patients with thin biotype especially in the anterior mandible and premolar areas. One possible treatment is a free gingival graft (FGG), as seen in this 3 month post-operative follow up.



3 Before  
Gingival recession (GR), as seen here, could be un-esthetic, and painful.



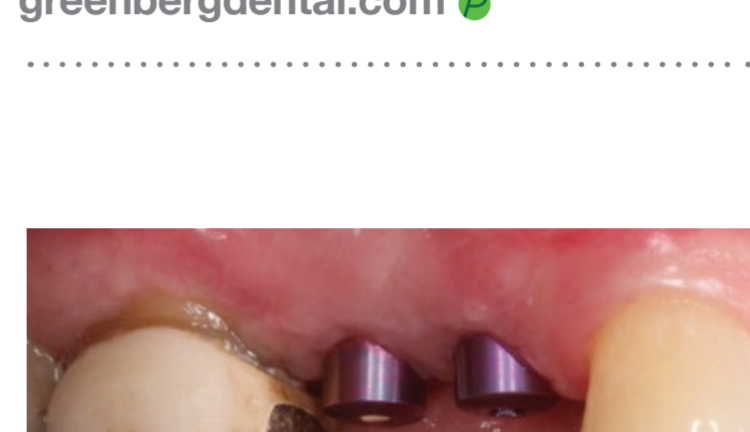
4 After  
Connective Tissue Grafts (CTG) is mainly used to treat recession defects that are already present, and achieves a more esthetic result with significantly less post-operative pain.



5 Increasing Keratinized gingiva (KG) around implants, as shown with a Free Gingival Graft (FGG) (pics 5,6,7) can reduce the incidence of peri-implantitis and help maintain crestal bone levels.



6



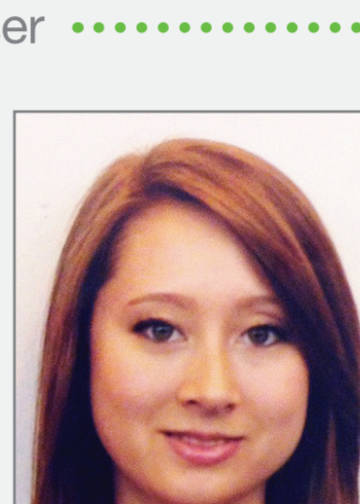
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## Key Advice To New Dentists From A Successful Recent Graduate On How To Make The Leap From Dental School To Private Group Practice

By Dr. Jullia Kinser

To be honest, I had no idea what to expect coming out of school. I knew I had to be confident in the training I had received, but also humble in the fact that there was a lot I still did not know. With Greenberg Dental, I have the support of experienced doctors and am even able to challenge myself with complex cases. I absolutely love the fact that I have complete autonomy over my treatment plans. The ability to adjust my schedule and treatments in a way that works best for my team has allowed us to be more proficient in

the treatments we provide. Yet, by having a community with specialty and senior doctors available, I am able to provide a more thorough and comprehensive treatment plan to my patients. If there's any advice I could give to the new doctors coming in, it would be to develop great communication skills early on. Knowing how to communicate with your staff will help the office be more efficient. Knowing how to communicate with your



patients will increase their acceptance for treatment. Knowing when and how to communicate with your fellow doctors will help you provide the best quality care to your patients. In the end, I learned that it is ultimately up to us, as individuals, to utilize all the tools and help that is available. By doing so, I have completed multiple large anterior cases and full mouth restorations that have not only been life changing for the patient, but also rewarding for my team and I.

## Live Patient Implant Overdenture Training and Over The Shoulder Mentoring

By Nick Azzara

According to US market research\*, 33% of the US population over the age of 65 are lacking all of their teeth. Out of these estimated 35 million total edentulous patients in the US, only 6% have dental



implant retention. Dr. Amit Kamat (Prosthodontist, Orlando) and Dr. Kathryn Antony (GP, Atlantic Beach) have led the way over the past two years to create practical education related to overdenture treatment here at Greenberg Dental. This has helped our doctors best serve this patient population. On August 22nd, another step in this educational journey took place in the Atlantic Beach office. Dr. Victor Yeung (Periodontist, Jacksonville) and Dr. Anthony hosted a live patient overdenture training with support from Zest, Astra, and DSG-Harmony Dental Lab.

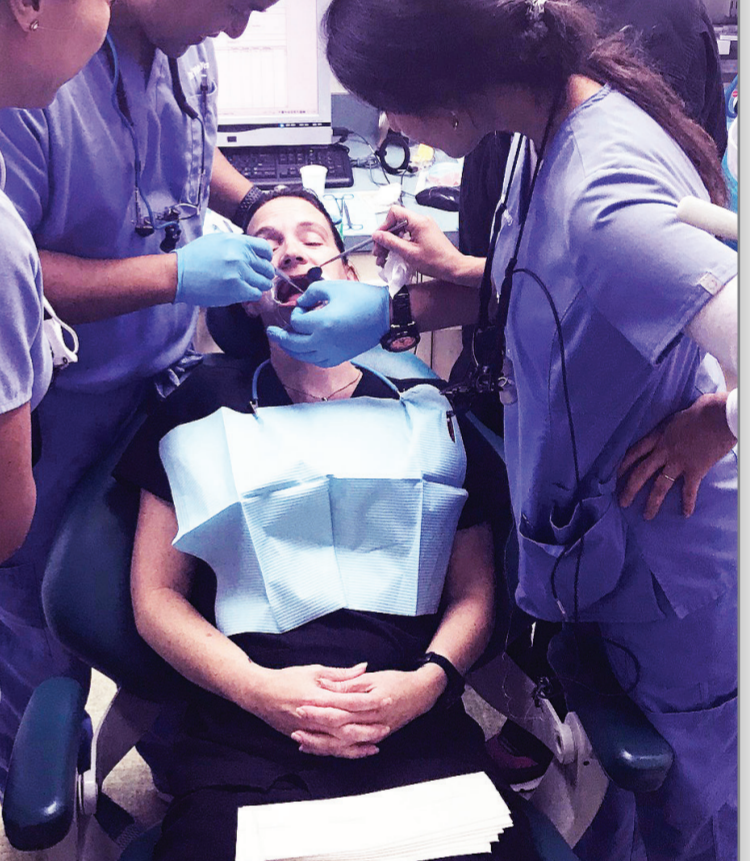
The patient received three maxillary implants and two mandibular implants during this appointment placed by Dr. Yeung. In the next session, doctors will observe Dr. Yeung removing the heading abutments, and then Dr. Antony will perform a chairside pick up of the Locator attachments.

(Oral Surgery, Orlando) are available on the Greenberg Resource Site. Other presentations and worksheets can be attained by emailing [DrAntony@greenbergdental.com](mailto:DrAntony@greenbergdental.com)

\*Data Research Inc., 2011 US Market

In May of 2002, fifteen scientists and expert clinicians gathered at McGill University in Montreal, Quebec to review evidence from controlled trials on mandibular overdentures supported by two implants. From this panel of experts, patients, and clinical trial participants, a Consensus Statement was released declaring, Mandibular two-implant overdentures as being the first choice of care for edentulous patients.

Two valuable webinars on implant supported restorations by Dr. Kamat and Dr. Scott Lawson



Dr. Ada Chung, Dr. Victor Yeung and Dr. Kathryn Antony seen here at Live Patient Workshop with Luis Ramos assisting.

## Dental Assistant Training Course Was Well Received

By Nick Azzara

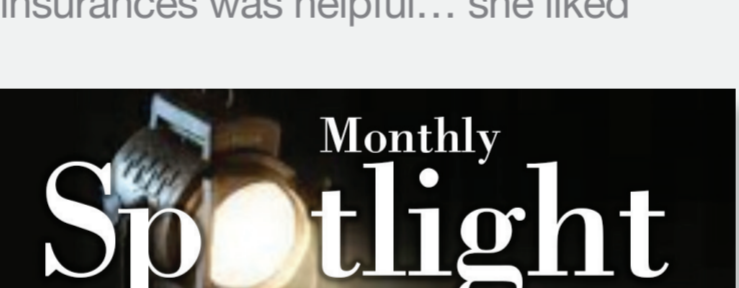
Dr. Barrett and Luis Ramos (DA Trainer Central Florida) hosted a small group training workshop for assistants, Friday, August 10th from noon until 3pm in the Altamonte Springs office. I personally had the honor of sitting in on the training in which three central Florida dentists sent their assistants to the inaugural class. Dr. Barrett gave a brief but passionate introduction and shared his thoughts on the important role each DA plays in assisting their doctors to create the optimal patient experience. Following a detailed course outline, Luis took over the teaching responsibilities and opened up robust dialog on important topics which included insurance, treatment planning, treatment sequencing, Biotemp management, managing financial discussions, ASK payment plans, scheduling and much more. He concluded with a hands-on review of impression fundamentals, tray selection, taking alginate and pouring

and basing stone models. Here are comments from two dentists who sent their assistants:

**Dr. Nadine Ferbinteanu, Daytona Beach**  
My assistant Kim just shared with myself and my other assistant the details about Friday's class. She absolutely loved it and said it was very helpful. I can see that she has more confidence already. Going over the insurances was helpful... she liked

well. Thank you very much for putting on the class!

**Dr. Connie Feng, Waterford Lakes**  
I spoke with Natasha, my assistant, who attended the training class. She said the class overall was really good. She said Luis reviewed a lot of treatment planning and insurance. I did ask if she learned anything new for she has been working with me for over a year now and I am actively engaged in her training. She said, in addition to being a great review, she got a few very important tips and tricks including some on taking alginate impressions. She definitely feels like if she took the class when she first started it would've helped her a lot. Thank you, Luis and Dr. Barrett, for the time and hard work put into this class :)



learning more about how you presented the payment plan information and explained Biotemps to the patients. She also said that learning different techniques on taking alginates and pouring models was very helpful as

For information on future classes or to receive the course outline, please contact Dr. Barrett or Luis Ramos.



Luis Ramos (Central Florida DA Trainer) shows them reviewing all DA responsibilities in the operatory.



Class participants learned valuable procedural tips and the Greenberg Protocols for impressioning. After each DA took turns perfecting their techniques on each other, Luis demonstrated proper technique for alginate impressions on the unlucky observer Nick Azzara.



Each participant poured and based their own alginate impression after Luis demonstrated critical nuances for quality model management.

## Dr. Barrett Leads Regional Workshops To Follow Up On Orientation Experience

By Nick Azzara

Orientation for new doctors took place August 1st and 2nd at the Greenberg Education Center in Lake Mary, Florida. As a follow up to this experience, Dr. Barrett hosted regional small group workshops in Tampa, Jacksonville and Orlando three weeks later during the week of August 20th through the 24th, to make sure each doctor's individual action plan was

firmly on track. The workshops are a more informal and intimate setting to review the important information covered during orientation. Dr. Barrett commented, "we are firmly committed to help each dentist create their own vision, pace, and structure of their learning experience. We want to make sure the learning experience we provide is as dynamic and invigorating

as possible. It is our intention to get each new dentist to where they want to be in their careers, quicker." In addition to the mentoring Dr. Barrett provides, we give special thanks to the many mentoring doctors and specialists throughout Florida who are committed to guide and encourage our new doctors every day here at Greenberg Dental.



Tampa regional workshop participants shown here with Dr. Barrett.



Jacksonville regional workshop participants shown with Dr. Barrett.

## Clinical Tip

By Dr. Steve Barrett

For more accurate crown and bridge bites, less bite registration material is better.

One of the most common mistakes made in transferring bites from the mouth to the models is extruding bite registration over non-prepared teeth. Here are tips extracted from Compendium 2005 article, Accurate Bite Registrations: Tips and techniques by B. Mirazek. [https://www.dentalabstracts.com/article/S0011-8486\(06\)80393-6/fulltext](https://www.dentalabstracts.com/article/S0011-8486(06)80393-6/fulltext)

- Only inject bite registration material between prepared tooth and opposing natural tooth. Observe teeth properly occluding while registration material is setting. (pics 1 & 2)
- Whether using a triple tray or full arch tray, make sure to extrude medium body material over all occlusal anatomy in addition to the preparation. For a triple tray add medium body material to the opposing arch occlusal surfaces as well.
- Fill all trays completely with impression material.



The Structure To Perform. The Team To Help. Let Us Help You Exceed Your Expectations.

We welcome your feedback or any questions!

[DrBarrett@GreenbergDental.com](mailto:DrBarrett@GreenbergDental.com)