

Dear Colleagues, Season's Greetings & Best Wishes for the New Year.

With 2017 coming to an end and a new year on the horizon, it is a time for to reflect, aspire and plan. Materials, techniques and protocols for dental implant surgery and restoration have evolved significantly over the years, and continue to evolve. **As practitioners and teachers, we are obligated to seek out new knowledge and information, in order to maintain high professional standards for our patients.** Looking back, we all probably exposed some patients to risk factors for peri-implant disease. Can we do better now? I am sure we can, but It requires change.

Did you know that abutment manufacturers must comply with Government of Canada ISO 14801:2016 Standards, in order to sell their products in our country? These standards assume that the dentist will install these abutments according to manufacturer's specifications and thus optimize the implant-abutment connection. Do you think dentists should be able to install abutments onto dental implants according to their manufacturer's specifications? **Does your installation technique comply with the spirit of ISO 14801:2016 Standards?**

Unfortunately, the current screw-in prosthesis installation systems make it unlikely that dentists can consistently comply with these regulations. The basis of the problem rests in the fact that all dental models are inaccurate, and thus the prosthesis made to fit that model is also inaccurate. The screw-in installation technique dictates that the abutments are to be attached to the prosthesis on the model, before being installed into the mouth. The abutments are thus constrained by the inaccurate prosthesis, and their fit onto their respective dental implants cannot be optimized. This is discussed in published literature as the implant-abutment misfit or The Dreaded Macrogap by Scott Froum (2017). Unfortunately, **this macrogap problem is inherent to the current screw-in system** and it thus exposes our patients to the macrogap-related risk factor for peri-implant disease. A 2017 review of the "Misfit of implant prosthesis ..." by Katsoulis et al., determined the range of misfit to be 95 to 232 microns. That can't be good! We can do better!

Intra-oral cementation solves the implant-abutment misfit or macrogap problem. Applying an intra-oral cementation step to the screw-in technique can also solve its misfit problem. That process was described in my "Retrievability Article" in Oral Health 2016, as the Svoboda Modification. Now before you close your mind to the cement-in prosthesis installation technique, I assure you that **I am not proposing the "Old Cement-in Technique" that we all learned at dental school.** I have done much research on this process, and I am proposing the cement-in technique that involves the use of "well designed" custom abutments and prostheses, and techniques that are sensitive to the Gingival Effects. I discussed the Gingival Effects in my Oral Health 2015 article, Controlling Excess Cement During the Process of Intra-oral Cementation: Overcoming the Gingival Effects. Now I am also talking about preventing cement voids at the margins of the prosthesis and preventing open margins and overhangs, and thus their related complications. To date I have restored over 600 dental implants with my

safer intra-oral cementation system, and have not found anything that is inconsistent with my published work.

I invite you to set aside a little time to review my latest work at www.Reversemargin.com or to study my most recent presentation, Preventing Peri-Implantitis by Safer Prosthesis Installation.

I have already presented my topics in Boston, Chicago, Las Vegas, Vancouver, Waterloo and in Mississauga at the October 5, 2017 HPDA meeting. In 2018 I will be presenting at the AAID Maxicourse near Houston, and hope to present at the AGD annual meeting in New Orleans. I am also hoping to be invited to speak at other "information sharing" venues. If you are a teacher, like me, your students should at least be exposed to my concepts of safer prosthesis installation. They really should understand the Gingival Effects and how they cause the advent of residual subgingival cement. Intra-oral cementation is much more complex than I thought and it is the cornerstone of oral prosthesis installation for both natural teeth and dental implants.

I am available to answer your questions and to help you implement my safer prosthesis installation systems into your daily routine. Reducing complications related to the implant-abutment misfit and residual subgingival cement will make for a less stressful professional career in 2018 and beyond, and your patients will thank you for your diligence.

Who will be blamed for implant complications, if abutments are not installed according to manufacturer's specifications? Patients don't like to be subjected to risk factors that can cause complications, especially when those risk factors can be prevented. **I am able to install all my implant abutments according to the manufacturer's specifications and I am also in compliance with that expected by ISO 14801:2016 Standards and the intent of Government regulations.** I can help you get there too.

Thank you for taking the time to read my letter, and I hope to work with you both in 2018. We are colleagues, and this way we can help each other get better faster.

Yours truly,

Emil

Emil LA Svoboda PhD, DDS
110 Queen St East Brampton, ON L6V 1B1, Canada,
905-866-6657, Fax 905-866-6244, drsvoboda@rogers.com
Fellow, Academy of General Dentistry (www.AGD.org)
Honored Fellow, American Academy of Implant Dentistry (www.AAID.com) Diplomate,
American Board of Oral Implantology / Implant Dentistry (www.ABOI.org)