

**31<sup>ST</sup> ANNUAL NYU/ICOI IMPLANT SYMPOSIUM**  
*"Present and Future Digital Technologies in the Implant Practice"*

**JUNE 12-13, 2021 (SATURDAY AND SUNDAY)**

Presented By:  
**ASHMAN DEPARTMENT OF PERIODONTOLOGY AND IMPLANT DENTISTRY**  
**LINHART CONTINUING DENTAL EDUCATION PROGRAM**  
**INTERNATIONAL CONGRESS OF ORAL IMPLANTOLOGISTS (ICOI)**

**SATURDAY, JUNE 12, 2021 - SEPTODONT LECTURE HALL, 1<sup>ST</sup> FLOOR**

**Moderator: DR. STEPHEN CHU**

7:15 a.m. – 8:00 a.m.     **Registration / Coffee / Exhibits**

8:00 a.m. – 8:15 a.m.     Welcome and Introduction

8:15 a.m. – 9:30 a.m.     **DR. ADY PALTI**  
***"Digital Dental Solutions in Implant Practice:  
 From Single Tooth to Full Arch: A Step by Step Review"***

- Participants will be able to learn initial scan procedure prior to implant prosthetic planning
- Learning a functional/esthetic planning based on patient expectations
- Milling a single crown or a full arch provisional restoration as well as a surgical guide
- Implementing the pre-milled prosthetic on the inserted implants for functional temporization

9:30 a.m. – 10:45 a.m.     **DR. MICHAEL SONICK**  
***"Prosthetic Guided Bone Regeneration for Ideal Implant Placement"***

*Today in implant dentistry, osseointegration alone is no longer enough. Implants must not only be osseointegrated, but in the right place and esthetic. The excuse, "well that is where the bone was," is no longer acceptable. Thus the position that creates the most beautiful and functional prosthesis dictates the location of the implant, not the ridge morphology. Today, we simply grow bone where we desire it. Techniques that are now available to augment hard and soft tissue at the various phases of treatment will be shown. Techniques will include particulate bone grafting, guided bone regeneration with bio-absorbable and non-resorbable membranes and the use of ridge expanders.*

*In addition, a thorough discussion of surgical technique including flap designs, suturing techniques, second stage procedures and post-operative management will be discussed. The sequence and timing of implant placement and regeneration will vary depending on the situation. Implant placement may be immediate or delayed up to nine months depending on the quality and quantity of bone. The advantages and disadvantages of each of the treatment modalities will also be discussed. Four grafting timing possibilities will be discussed:*

1. at the time of extraction (site preservation)
2. post extraction (ridge augmentation, sinus grafting, ridge expansion)
3. simultaneous with extraction and implant placement (immediate implantation)
4. post extraction and ridge augmentation (Per-implant GBR)

10:45 a.m. – 11:15 a.m.     **Coffee Break / Exhibits**

11:15 a.m. – 12:30 p.m.

**DR. DEAN VAFIADIS**

***“FMR- Step by Step Approach to Full Mouth Rehabilitation: Implants, Aesthetics and Occlusion”***

*Understanding comprehensive dental care can take us many years to figure it out. By using some excellent tools and techniques we can see our patients and approach their care in an efficient manner. Restoring OVD in the proper position and understanding Occlusion techniques will be discussed. Photography, computer imaging, digital techniques can help us analyze each patient for better treatment planning and success. Proportions utilizing digital calipers, facebow and preparation design will be demonstrated. Using provisional techniques to get patient feedback will be shown on various patient treatments. CAD/CAM technology has the advantage of reduced clinical chair-time and reduced laboratory costs. The accuracy of these techniques has improved to the point where they are now comparable to conventional techniques. The fabrication of ceramic full coverage restorations and veneers, with an in-office technique, will also be demonstrated. Occlusion principles will be discussed as they relate to new materials and their application in private practice.*

12:30 p.m. – 1:45 p.m.

***Lunch Break / Exhibits***

**Moderator:**

**DR. KENNETH JUDY**

1:45 p.m. – 3:00 p.m.

**DR. RICK FERGUSON**

***“From Surgery to Final Prosthetics - Keys to A Completely Digital Workflow”***

*Advances in CBCT, Intra-oral scanning, 3D Printing and Milling have led to efficiencies in the digital workflow that surpass what is possible using analog techniques. By combining CBCT with intra-oral scanning we can produce surgical guides same day or execute implant surgery using dynamic navigation. In office 3D printing and milling combined with dedicated software can now produce restorations in hours instead of days. The decreasing costs of these technologies allow the practitioner to reach a larger segment of our patient base. Even more impactful is the ability to plan the entire case and visualize the final result before picking up a scalpel. The future is now.*

3:00 p.m. – 4:15 p.m.

**DR. JASON KIM**

***“Guided Surgery – 3D Diagnosis, Planning, and Clinical Success for the Single, Multiple, and Full Arch Cases”***

*With more and more clinicians placing implants, it is imperative that proper diagnosis and treatment planning be implemented for long term clinical success. Clinicians must understand how implant dentistry is a prosthetically driven modality. The final restorative design and prosthesis must dictate the final restorative and surgical plan. By incorporating guided surgery, cases can now follow the “Crown Down” approach to achieve implant success and predictability. Surgical placement can be planned digitally and 3-Dimensionally through the use of CBCT analysis and final prosthetic design and following through with a pre-planned provisional for immediate loading. Pre-planning the case digitally for a completely guided surgery will reduce surgical time as well as visits. The use of guided surgery will allow for more ideal and predictable implant placement with the final prosthesis in mind.*

*Learning Objectives:*

- *Understand proper diagnosis and treatment planning for guided surgery cases*
- *Understand the sequencing of guided surgery for a single tooth to full arch*
- *Understand the planning protocols for seamless guided surgery using CBCT and 3D treatment planning*

4:15 p.m. – 4:30 p.m.

***Coffee Break***

4:30 p.m. – 5:15 p.m.

**ICOI Awards Ceremony**

**Moderator: DR. MARYSE MANASSE**

---

7:15 a.m. – 8:15 a.m. **Coffee / Exhibits**

8:15 a.m. – 9:30 a.m. **DR. BART SILVERMAN**  
**“The Complete Guide to Digital Implant Workflow”**

*The presentation will provide an update on current and future digital implant workflow and how it can help eliminate complications and further improve success rates. From CBCT to treatment planning software, surgical guide fabrication, implant guided surgery, sculpting of gingival architecture at the time of implant placement, and intraoral scanning this lecture will help bridge the gap between virtual and clinical dentistry. It will provide a clear understanding of the step by step workflow needed to introduce this technology into your practice.*

9:30 a.m. – 10:45 a.m. **DR. MARIUS STEIGMANN**  
**“The Mucosal Detachment Technique”**

*Successful membrane coverage is determined by tension free flap closure and is significant for desirable clinical outcomes. Hence, proper tension release on the overlying flap to achieve passive tension flap closure remains to be the most important factor for achieving predictable bone augmentation outcomes. Flap openings have been associated with postsurgical complications including infections and graft failure. Therefore, gaining flap flexibility for the coverage of small to high volume augmentation is an important component for predictable outcomes. Several techniques have been described in the literature for flap advancement. Vertical releasing incision and periosteal scoring are common techniques to obtain flap flexibility and are commonly applied.<sup>8</sup> Also, it is known that the incision into submucosa and even some muscularly incision will provide major flap advancement. Furthermore, the application of these advancement methods are often limited to the presence of sufficient gingival tissue thickness. The determination of periodontal phenotype is relevant to determine mucogingival surgical management. **For thin gingival** tissue it has been advocated to perform a full thickness flap (periosteum within the flap) rather than a partial-thickness flap (leaving the periosteum over the bone). As tissue thickness decreases wound dehiscence occurs leading to flap tearing and subsequent graft exposure. Similar to flap advancement split thickness flaps are surgically demanding to be performed in **thin tissue** as perforation may occur. So far, no specific surgical technique has been proposed for major flap advancement in the thin tissue phenotype ( $\leq 1.5\text{mm}$ ). Therefore, this Lecture introduces a surgical technique that is separating the mucosal insertion from the periosteum which is aimed at achieving adequate dimensions of flap flexibility to cover high volume augmentation.*

10:45 a.m. – 11:15 a.m. **Coffee Break / Exhibits**

11:15 a.m. – 12:30 p.m. **DR. TOMASO VERCELLOTTI**  
**“Innovative Clinical Solution for Horizontal Bone Defect Treatment of Edentulous Ridges”**

*The lecture begins with a general review of the literature on current implant therapy approaches for the treatment of narrow edentulous ridges with horizontal bone defects. Subsequently, the speaker will introduce a new wedge implant shape, as well as two new surgical protocols for implant site preparation, which allow to maximize the use of the residual bone volume and quality for each surgical site. A new decision tree for minimally invasive techniques in the presence of a residual bone thickness between 3mm and 6mm will also be presented, with a review of several clinical cases with follow-up between 2 and 10 years. The presentation will end with the discussion of a new split crest technique, suitable for use even in cases of monoedentulism.*