The practice of dentistry is ever changing, with technology becoming more exciting and diverse each year. The practice of dental assisting is evolving into a specialized art! This is an opportune time to enter or expand your involvement within the dental arena. Embrace the emerging technique-sensitive procedures in our field and separate yourself from your colleagues while establishing yourself as a leader. A career in dental assisting now more than ever can provide you with a lifelong learning experience. To take a quote from a friend and fellow colleague, Dr. David Resnik, “The Sky’s the Limit.”

Dental implants are setting the stage for expanded treatment options. Experts who watch the implant market say it is poised for major growth, expected to double in the next ten years. Dental assistants will find that the ability to assist both the dentist and the patient a rewarding experience.

Dental implants as an area of expertise will lead you to challenge your clinical skills as well as broaden your responsibilities in the practice by becoming an implant coordinator. An implant coordinator is utilized within a periodontal setting as well as the restorative practice. Together you and your dental assisting colleagues play a major role in how smoothly a patient proceeds through the process.

**Question: How do I get started?**
**Answer: Take the time to study and invest in yourself.**

Think about the type of dental practice that excites you. Do you want to be on the surgical team or, do you enjoy being a part of the fabrication of the final restoration? If you are undecided, plan a visit to an implant specialist practice to observe an implant placement procedure.

Ask questions of the team, including the surgeon. Remember that implant placement is a technique-sensitive procedure; therefore, you may want to wait and ask your questions after surgery. Be patient and watch and absorb the actions of the surgical team. You will notice that the systems used to place implants are very precise. Should you decide to choose this path, many implant companies offer accredited courses for becoming a certified implant surgical assis-

Lisa C. Wadsworth CDA, RDH, is founder and president of Lisa C. Wadsworth Inc. dental consulting firm. She is an active member of the Speaking and Consulting Network that serves the dental community.
ing tooth! How many of your adult patients are missing one tooth or more? Statistics suggest that at least 35 percent of the Western population is missing at least one tooth. Conventional treatment in the past has included the placement of a three-unit bridge. Practitioners today must stop to evaluate the need for reducing the teeth on either side of the space. Why subject virgin teeth to “crown and bridge” therapy when an implant may be the most viable option for saving the natural dentition?

The greatest threat to natural dentition is decay. The most common reason for crown failure is not the crown but the natural tooth itself. Why subject natural tooth structure to restorative dentistry that could possibly be avoided through the use of implants?

Multiple missing teeth – How many of your patients are wearing comfortable partial dentures yet still inquire at their continuing care appointment about a permanent replacement? The ability to eat a good meal and avoid embarrassment while speaking are the primary concerns of our patients who wear partial dentures. Statistics indicate that over 40 percent of the population under 65 years of age are partially edentulous. Patients aged 65 and older are 50 to 60 percent partially edentulous. Teeth may be lost prematurely due to trauma, decay or periodontal disease. The reason for tooth loss is important during candidate selection for dental implantation.

It is very difficult for even the most experienced dentist to anchor a partial to a solitary premolar with success. Utilizing two free standing implants and securing a permanent fixed bridge achieves greater stability. This technique may even be beneficial in the esthetic zone (usually canine to canine) due to the availability of very narrow tapered implants.

Dental assistants should discuss these options with the implant team and keep abreast of the latest technology.

Fully Edentulous – It is important to recognize that approximately 11 percent of the population is fully edentulous. Prior to the success of implants, what did we have to offer our edentulous patients? The answer, at best, was a well-fitting full denture that would allow daily function such as speaking and eating. Are these people happy with their full dentures? For some patients the answer is “Yes,” but for many the answer is a resounding “No!”

Below are two examples of options for edentulous patients:

Bar-Clip Removable denture: This technique utilizes as few as two implants with a stabilizing bar, over
you alone to answer the remaining questions?

Dental assistants play a vital and ongoing role in education and treatment acceptance. Never underestimate the impact of your responsibilities as an educated member of the team to enable patients to make life-changing decisions about their health! Your contribution to the process of successful implant dentistry must not be underestimated!

**Question:** As a surgical assistant, what will my role be?

**Answer:** Familiarize yourself with “Dental Implantology terminology.”

Some of the important terms are outlined in Figure 1. These terms are necessary to understand the science of implantology.

Clinically, the role of a surgical assistant will be to ensure that the patient is comfortable and aware that the procedure will be performed under sterile conditions. The dental assistant is the prime team member to explain asepsis techniques. The surgical placement procedure is performed according to specifications that are similar to hospital operating room conditions.

**Example**

Much as you arrive to work in your street clothes, then change into scrubs, the patient is given a disposable surgical gown to wear during the procedure along with a hair net. A cover sheet (also sterile) is placed over the entire patient after he or she is comfortably seated in the dental chair. Once the patient is draped for surgery he or she will not be permitted to stop the procedure for personal needs. Therefore, it is your job as lead assistant to ensure that the patient is comfortable prior to the surgical draping procedure. Your role as the lead assistant is to mentally prepare the patient for surgery.

You are then in charge of setting the surgical stage for the specialist. The visual experience of seeing a dental treatment room prepared for a surgical procedure is gratifying, but understand that it requires meticulous thought and preparation. The details for correctly draping and preparing a treatment room for surgery can often take longer than the placement of one dental implant!

Implant surgery preparation by the implant coordinator varies from specialist to specialist. Be aware

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**Figure 1: Terminology of Dental Implantology**

*Titanium:* In alloyed form, titanium is fabricated under sterile and very specific standards to create the dental implant that will be placed during the surgical stage of implant dentistry. The ability of titanium to “osseointegrate” is well documented and is the first step in the healing of a dental implant.

*Dental Implant:* A titanium fixture used to replace a missing root. Biocompatible with human bone, the titanium implant, often called a “fixture,” has the capability to osseointegrate if all biological factors are positive and the patient has the ability to heal successfully.

*Osseointegration:* A direct structural connection between living jaw bone and the surface of a titanium dental implant. The dental implant becomes “one” with the jaw bone. The implant is anchored into the bone, but does not share blood supply. The jaw bone accepts the titanium and when fully integrated should not reject it.

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**Fixed Bridgework:** The most natural feeling restoration would be to place as many implants as needed per arch to support “fixed” bridgework to span an entire arch. Each case is different, and many factors play into the decision. Some issues might include; the physical size of the patient, how far distal must the case go to ensure an esthetic result, and are there teeth in the opposing arch?

**Discussion**

At this point in your reading you may be asking yourself, “Why do I need to know treatment planning information?” As a dental assistant you are a valuable component in the treatment planning phase. Without a doubt, if your wish is to be a leader in a forward thinking team you will be the person whom the patient respects and confides in. Implant coordinators are the first link in the line of communication when a patient presents for an implant consultation.

The ability to discuss intricate treatment plans with confidence and enthusiasm is a skill. This skill is learned and practiced by those who want professional fulfillment and endless growth potential.

Your newfound expertise will help patients make life-changing decisions about their dental care and how such choices may affect their quality of life. How many times have you heard the dentist outline a treatment plan, ask the patient if they have any questions, then leave the room with you and
that all precautions are taken to ensure asepsis and that all instruments used during implant placement do not come into contact with anything that is not sterile. The actual titanium implant must not come into contact with anything but the jaw bone awaiting its arrival.

The successful setup and placement of a dental implant for many implant coordinators is like being part of a three-act play. In the first act, you as the leader of the implant team prepare the surgical suite to very specific protocol. Then along comes the second act, in which the patient is prepared for surgery. During this segment the patient’s level of comfort is assured while maintaining a sterile field. In the third and final act, you are ready to assist the surgeon with the finest, state of the art technology in dentistry today.

**Question: As a restorative dental assistant, what will my role be?**

**Answer: As a “restorative assistant” your clinical skills are absolutely crucial.**

During the beginning stages of treatment planning, you will be asked to take notes during a comprehensive medical history review, take high quality radiographs, study models, possibly a bite registration, master impressions and provisional restoration (if your state allows). The type of exam utilized to select potential candidates is more intricate than a patient presenting for a routine dental procedure. You will learn to evaluate the dental IQ of your patients much more clearly, and once you have made that determination, you along with the dentist will begin to educate the patient about possible treatment options. Your role as an educator will enable you to serve your patient at a new level.

Your position as an Implant coordinator will enhance your overall knowledge of patient management and bring you to the forefront of your profession. This new and exciting area of expertise brings with it many challenges and greater career satisfaction.

**In conclusion**

I hope I have ignited your curiosity to investigate the ever growing world of implant dentistry. Don’t ever let anyone tell you that implant dentistry is experimental. To the contrary, it is exceptional!

I challenge you to pursue the education and experience of implant dentistry. Exciting times await you in the dental profession. Find your niche and follow your dreams. Should your dreams include the necessary education and training to become an implant coordinator, you will begin to practice at a very high level with practitioners who value and appreciate your dedication to the “Art of Dentistry.”

Photographs provided by:
Alan M. Meltzer, DMD, MScD
Diplomate American Board of Periodontology,
(856) 772-9444