

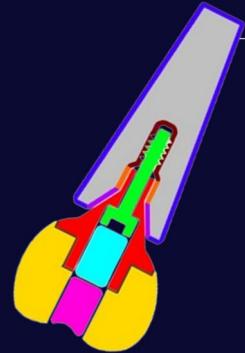
Implant mentor program 2026

Session four

Dr. Ali Afshar

Dr. Bill Holden

Sunday February 8th, 2026



Course schedule for today:

SESSION 4

Sunday February 8th, 2026

9 a.m. to ?

- Debrief from live surgery day
- Implant maintenance and recall frequency
- Managing common complications
- Ordering lists, setup, and implementation in your practice
- Marketing
- Fees and codes
- Final exam
- Handouts/USB docs, and the future

Debrief from live surgery day

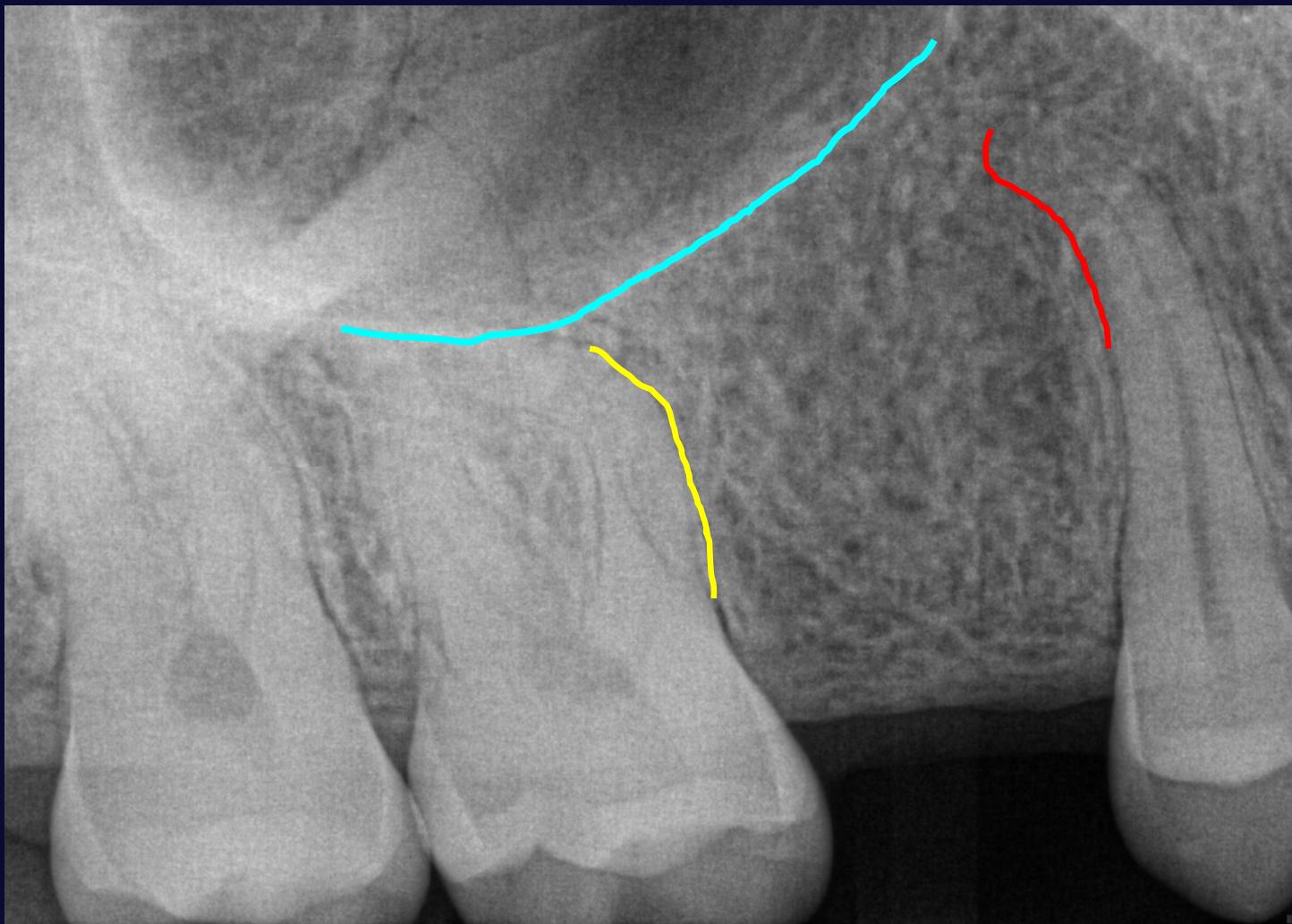


4SUN1

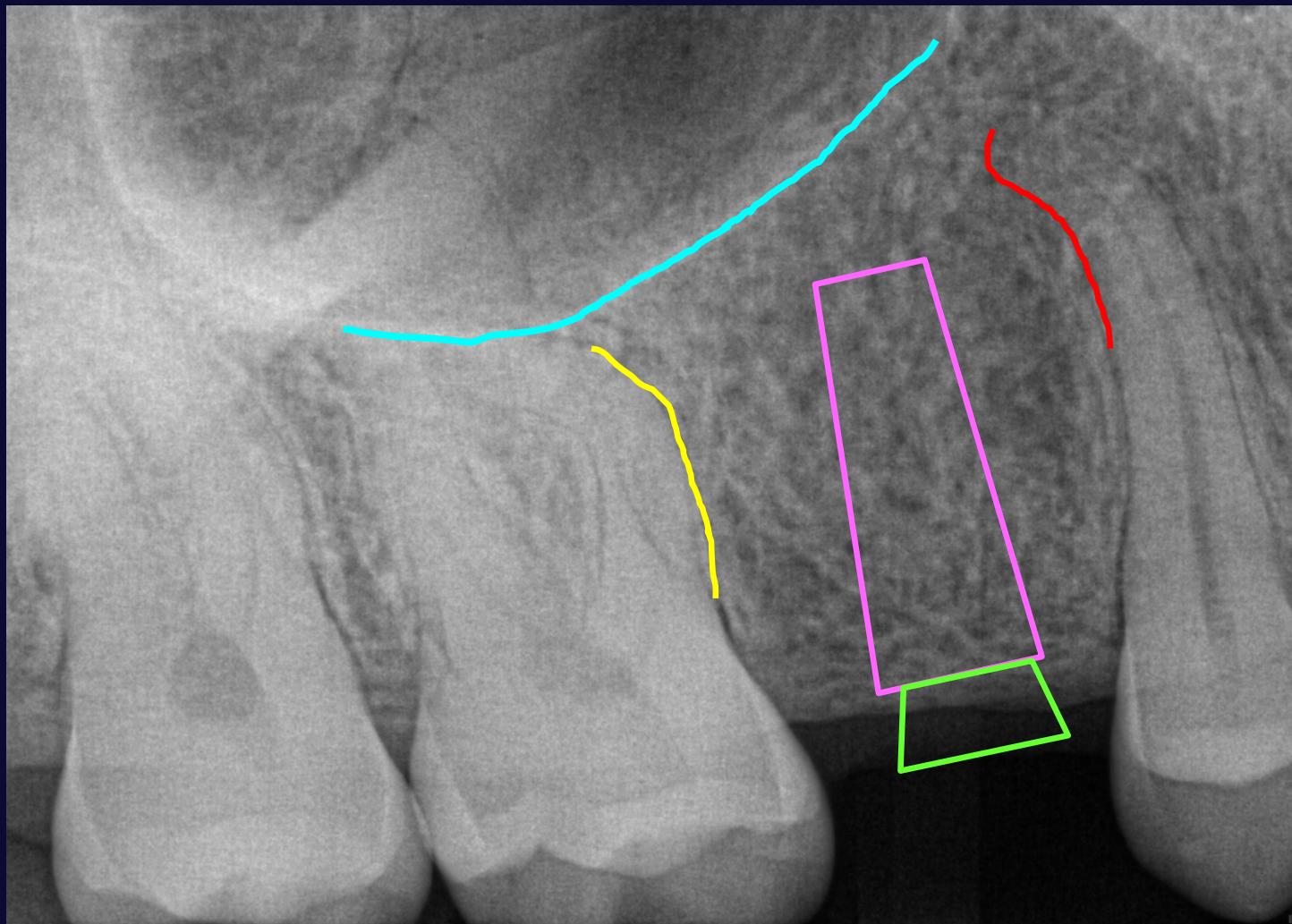
Correcting osteotomies



Correcting osteotomies



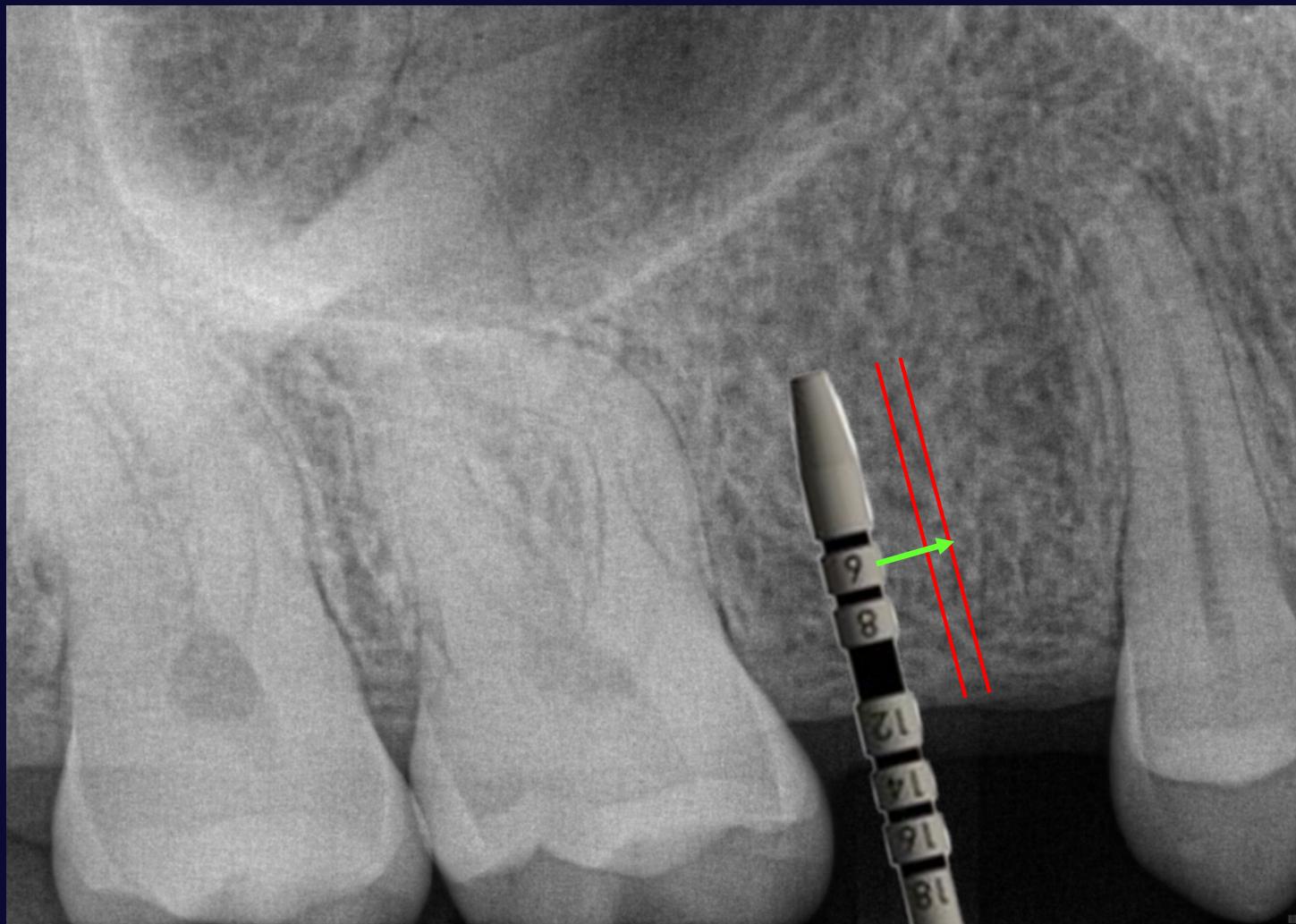
Correcting osteotomies



Correcting osteotomies

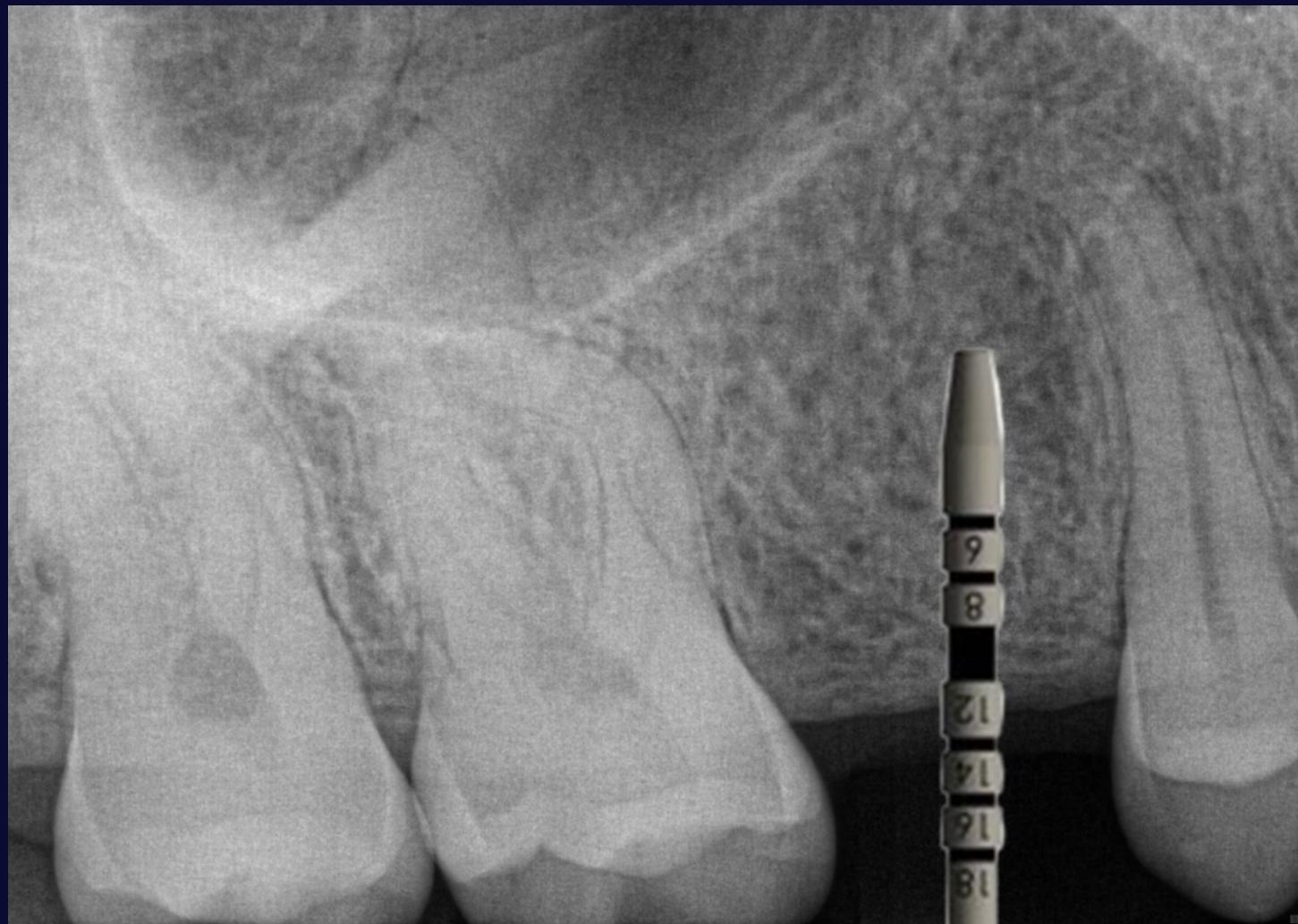


Correcting osteotomies

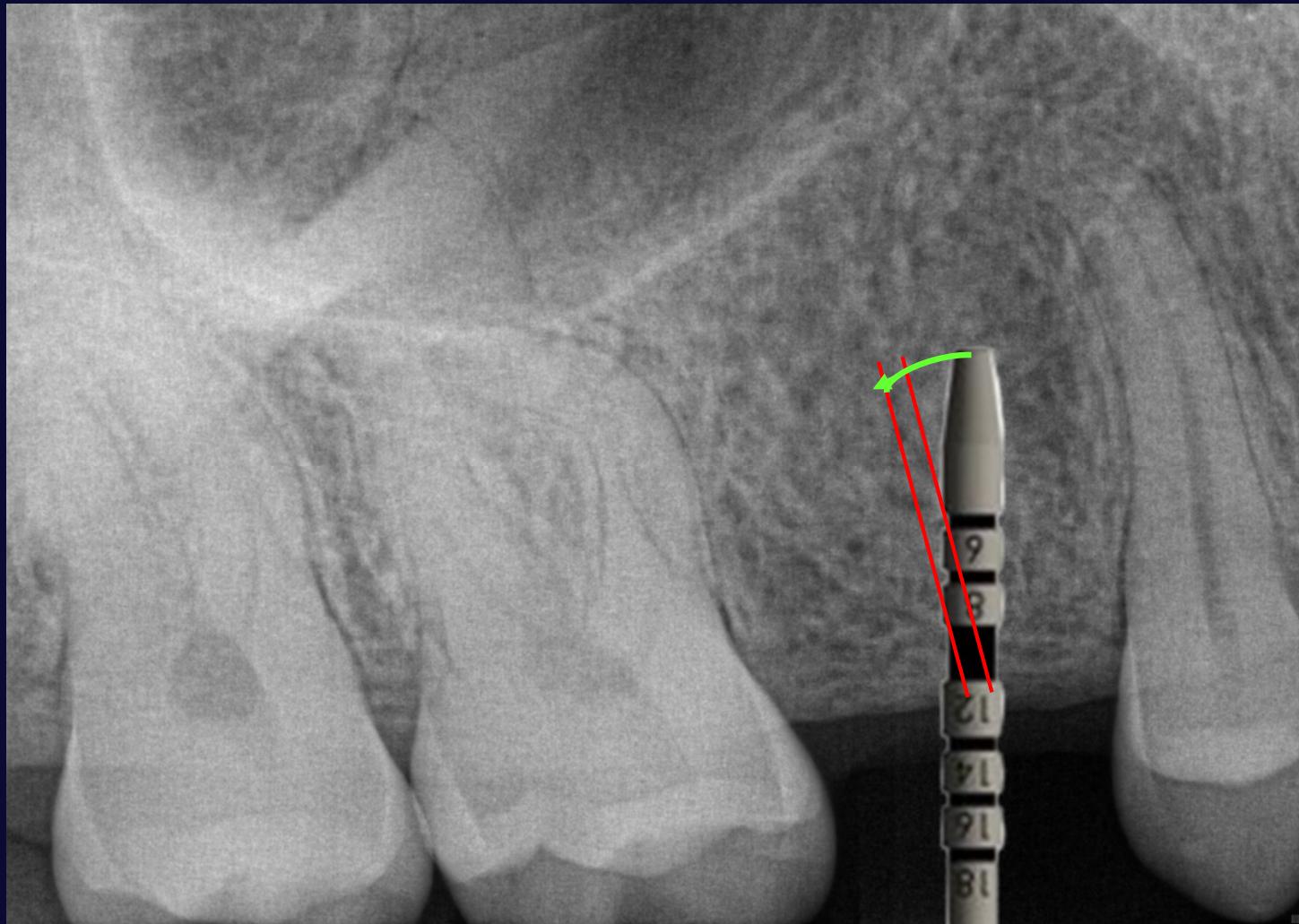


Correcting osteotomies

Q22
4
18
16
14
12
8
6



Correcting osteotomies



Correcting osteotomies

Q2.2

4

18

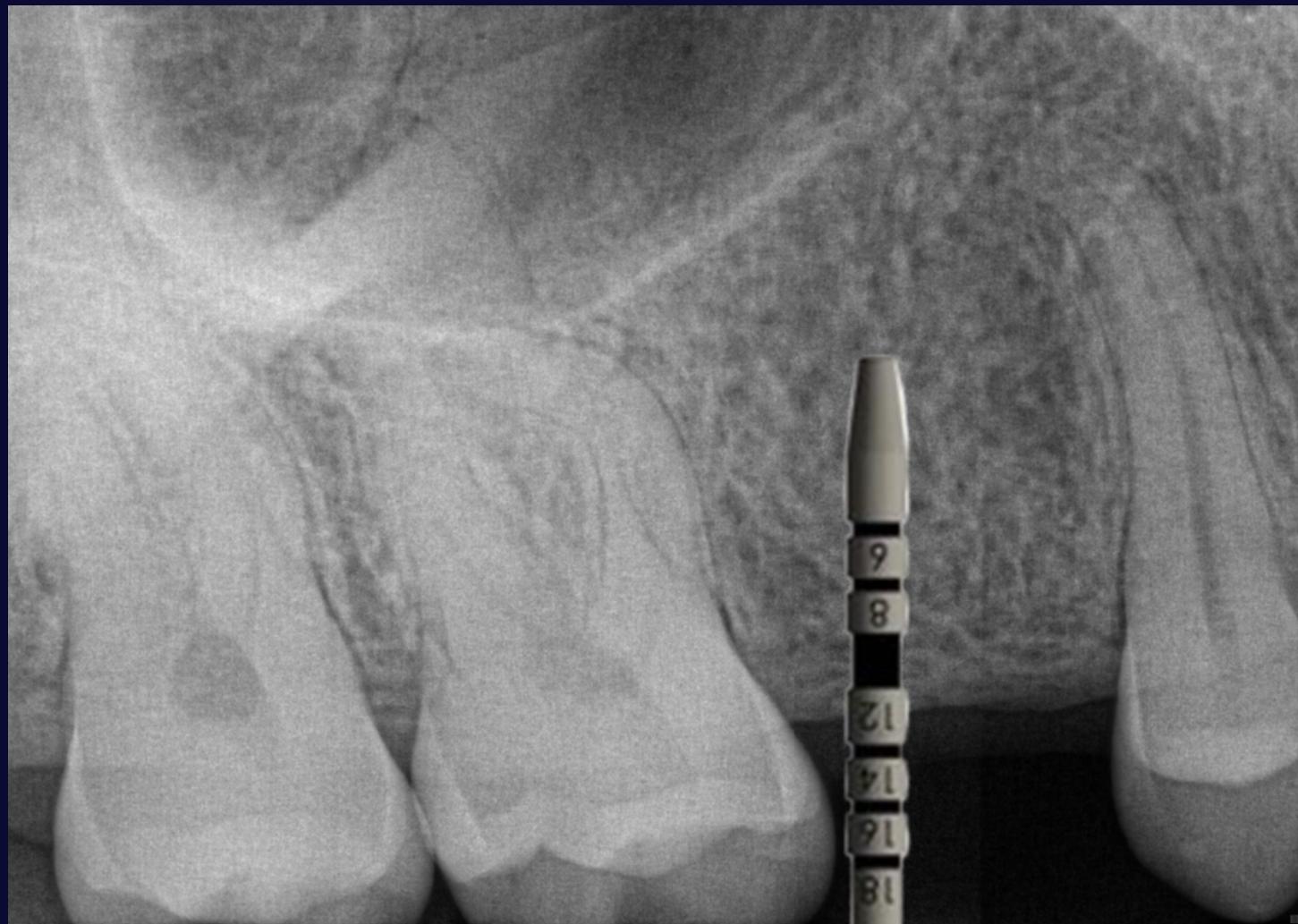
16

14

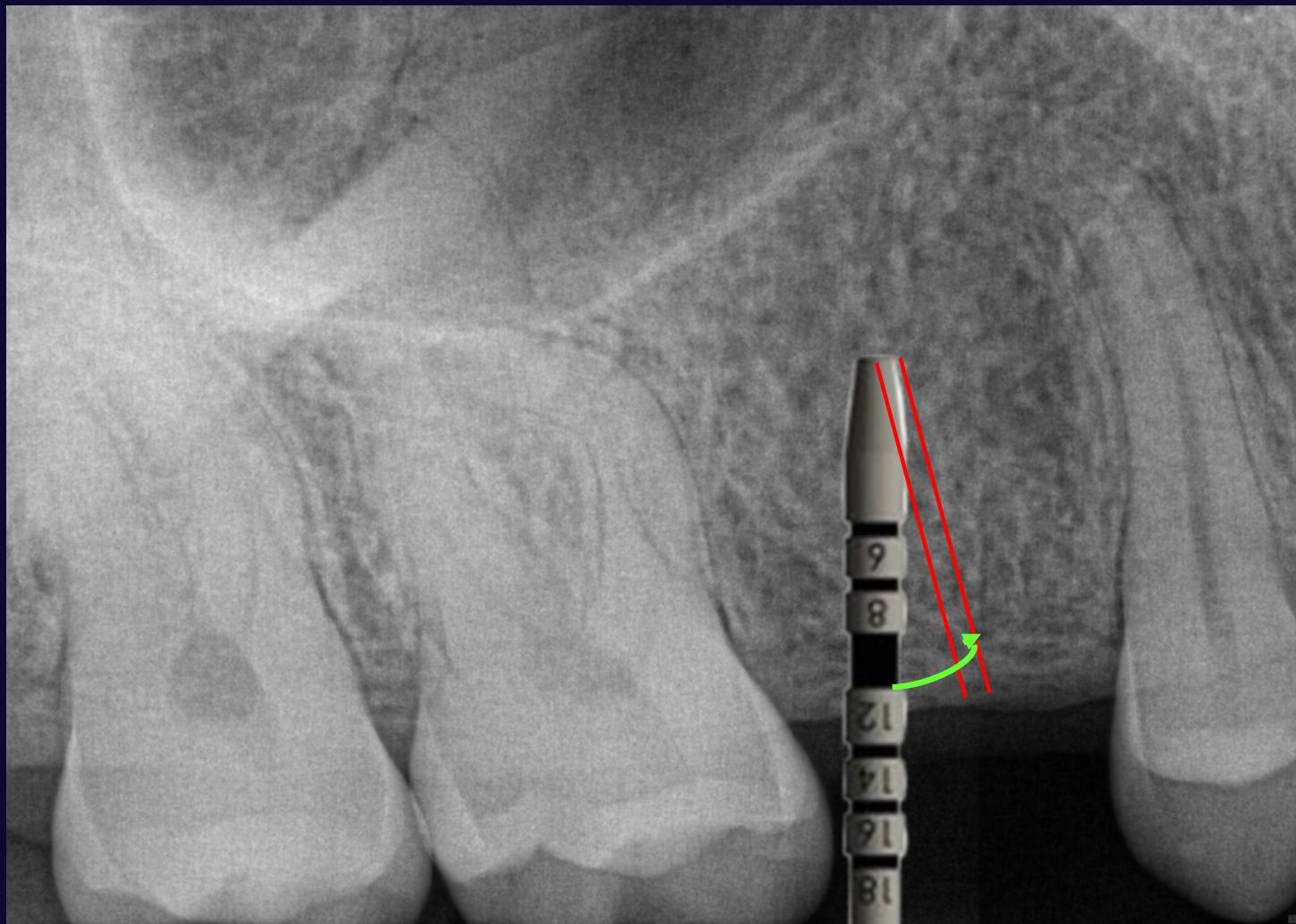
12

8

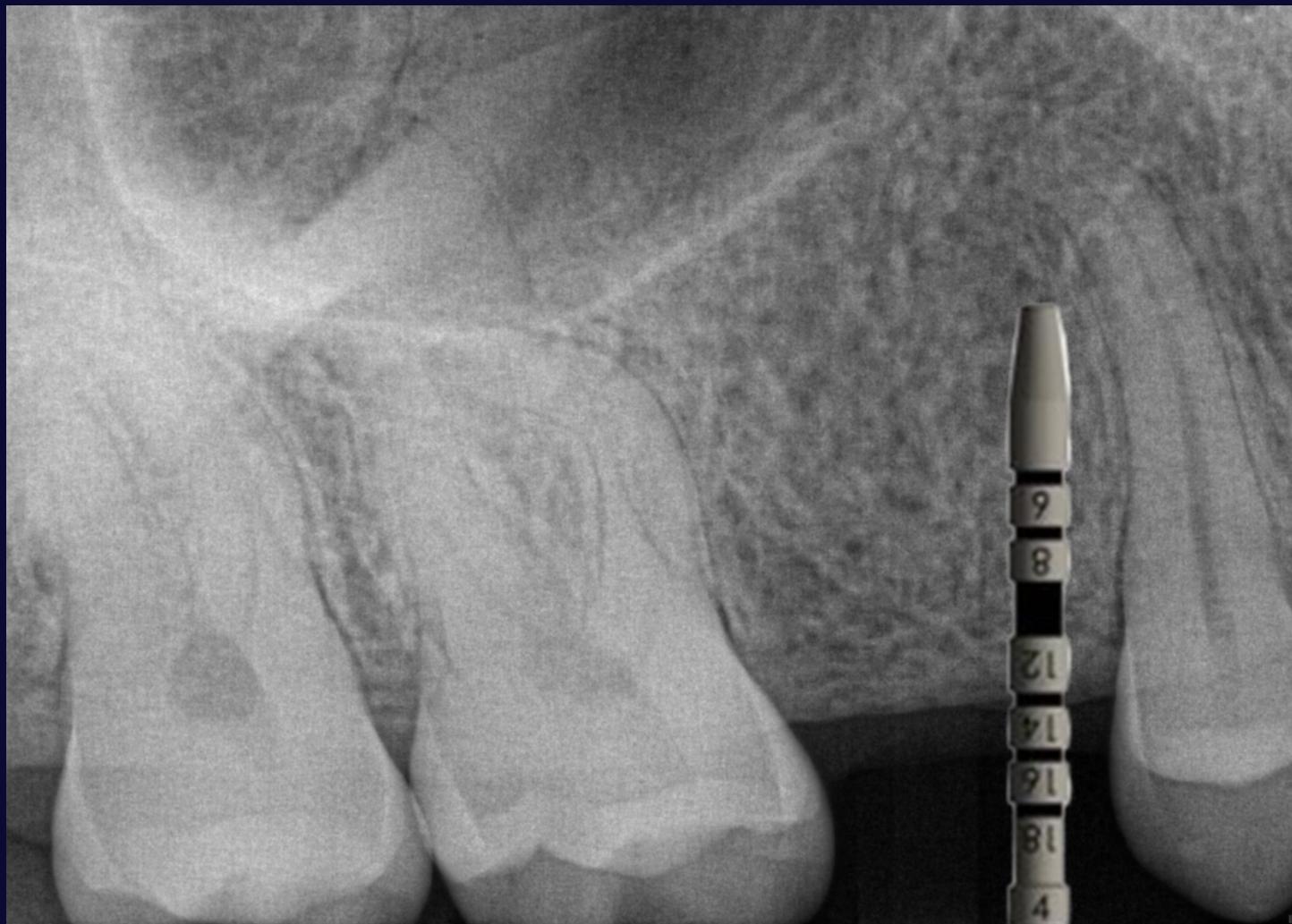
6



Correcting osteotomies



Correcting osteotomies



?

A few reminders on equipment processing and sterilisation...

- Your implant surg kit (and drill unit/foot pedal) may different than what you say yesterday
- Torque wrench comes apart
- Extra dish of saline for bits n parts after use
- Some implant handpieces come apart
- The implant motor cord is autoclavable, note motor cap
- Reprocessing healing abutments, etc., if tried in

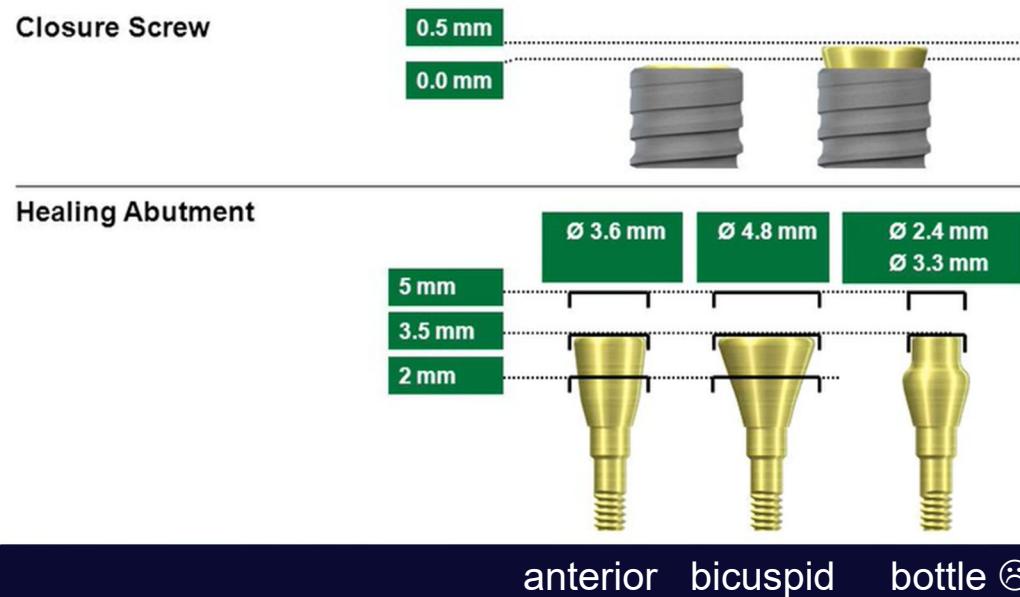
A few reminders on sterile technique and safety...

- Patient draping
- Scrub/gown mechanics for clean technique
- Tray and surg kit lids
- Use gravity when carrying implant on handpiece
- Beware the cookie cutter: take it out of the handpiece!
- Where to place implant drill when not in use
- Trapping suture needles, care with scalpel blades

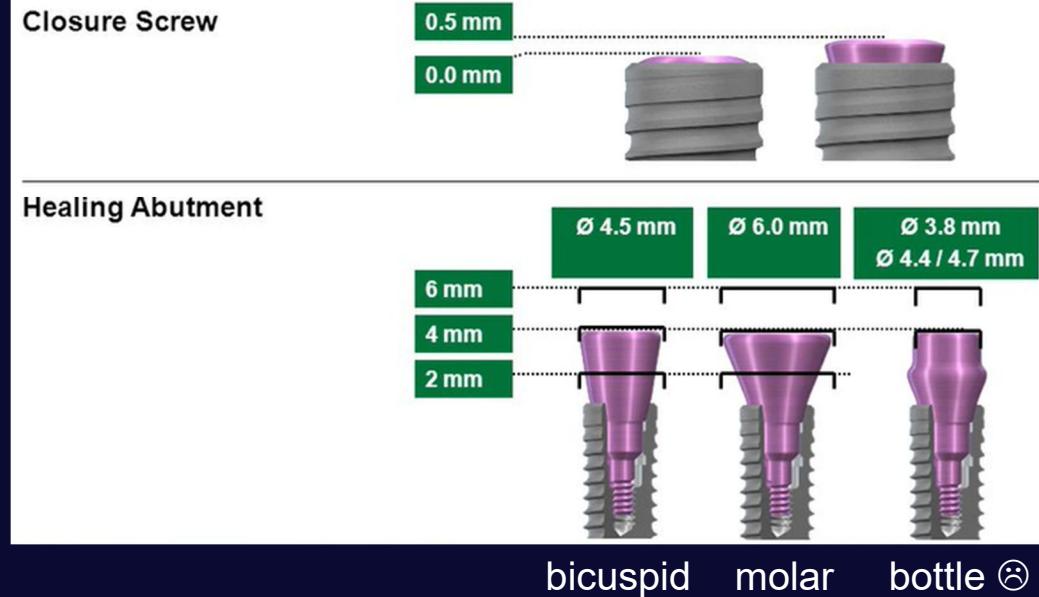
And a few more things we need to review...

- 850/30 protocol: benefits and risks, what about 1000 rpm?
- Importance of precise incisions and deliberate flap reflection
- Use Molt curet and use adjacent tooth as a fulcrum
- Set out your chosen drill sequence once you have settled on implant size
- Get in and get out—NO good comes of prolonged surgery
- Talk to your patients, they are nice people!

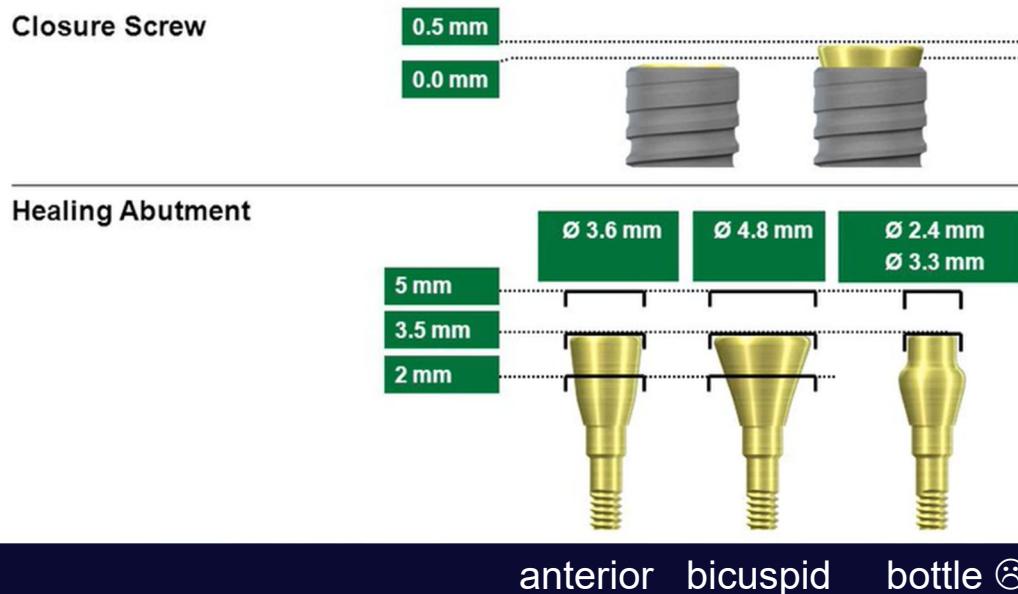
Closure Screw and Healing Abutment Portfolio for NC platform



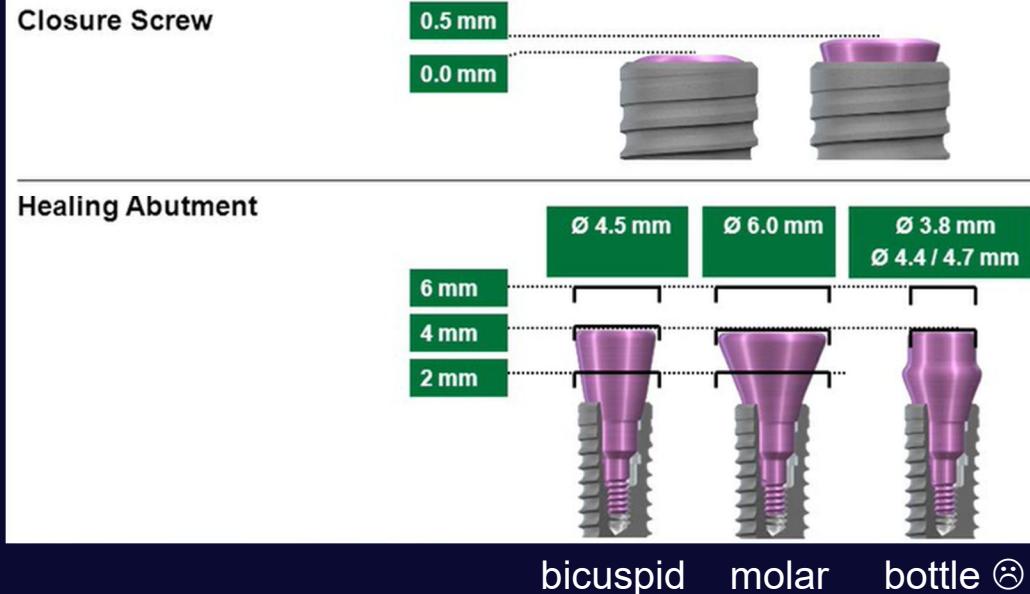
Closure Screw and Healing Abutment Portfolio for RC platform



Closure Screw and Healing Abutment Portfolio for NC platform



Closure Screw and Healing Abutment Portfolio for RC platform



BLT	NC	024.2224S		Sterile NC Healing Abutment conical	Height 3.5 mm, $\varnothing 3.6 \text{ mm}$	Titanium
		024.2226S		Sterile NC Healing Abutment conical	Height 5 mm, $\varnothing 3.6 \text{ mm}$	
	RC	024.4224S		Sterile RC Healing Abutment conical	Height 4 mm, $\varnothing 5 \text{ mm}$	Titanium
		024.4244S		Sterile RC Healing Abutment conical	Height 4 mm, $\varnothing 6.5 \text{ mm}$	

The most common HAs you will use are:

RC 4mm molar (6.0mm Ø)
 RC 6mm molar (6.0mm Ø)
 RC 4mm bicuspid (4.5mm Ø)
 NC 3.5mm bicuspid (4.8mm Ø)
 NC 5mm bicuspid (4.8mm Ø)

Implant maintenance and recall frequency



4SUN2

Review...healing times

How long until you can restore your lower implant?

12 weeks

And for an upper implant?

12 weeks minimum, often 16

And if poor initial stability or impaired healing?

6 months

remember these are all minimums

Evaluating an implant: what am I looking at?

1. PA at bitewing angle, to assess crestal bone
2. Tap implant (it should ring like a bell)
3. Check implant and adjacent teeth for mobility
4. Screw access sealed and not worn
5. Check occlusion with articulating paper
6. Check contacts with floss
7. Press on marginal gingiva from six aspects
8. Probe implant if any suspicious areas

Recall frequency...

...pretend it's an endo.

- Follow up check and PA in ~6months
- Check crestal bone height on posterior implants w routine bitewings
- Check **occlusion** and contacts on implants at regular recalls

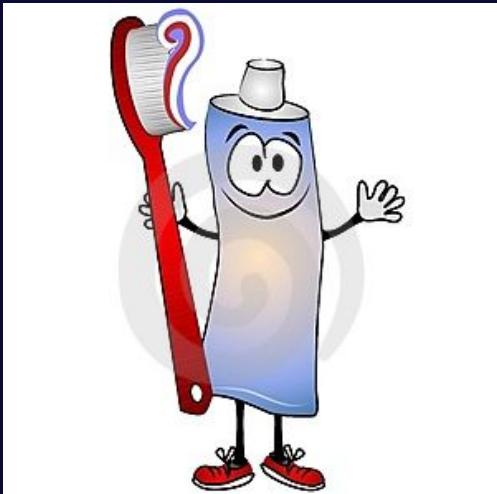
****If an implant or implant restoration is going to have a problem, often it is in the first several months.****

Homecare and implants

Single tooth implants:

Regular protocol PLUS you need to show the patient how to floss right up to the fixture.

If large embrasure spaces, consider Rx Soft Pics or similar.



TePe brushes, sold in
Canada by HuberMed

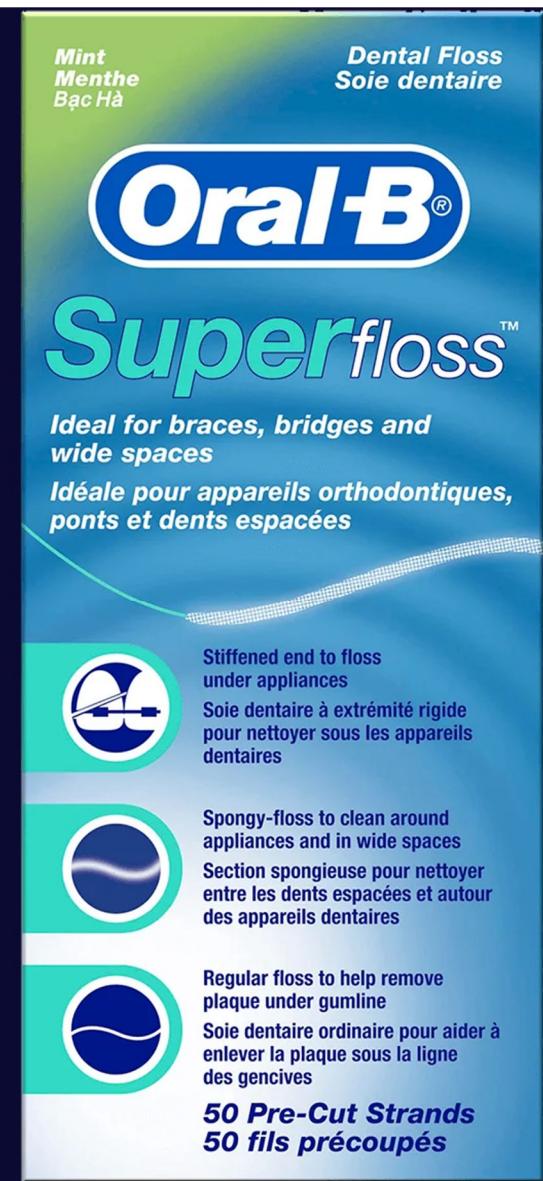


Classic Butler
Proxabrushes





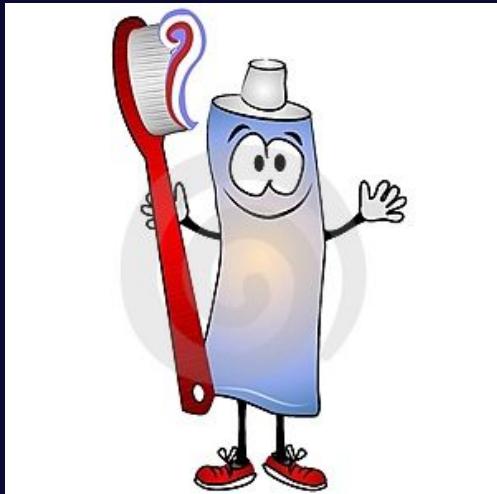
Our go-to tools
for implant
crown & bridge.



Homecare and implants

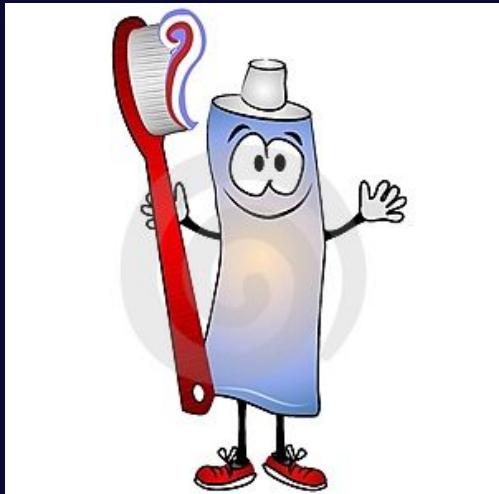
Overdenture abutments:

Rotary toothbrush is pretty well mandatory
24 hour wear of overdentures is not desirable



Homecare and implants

Bars and fixed prostheses:

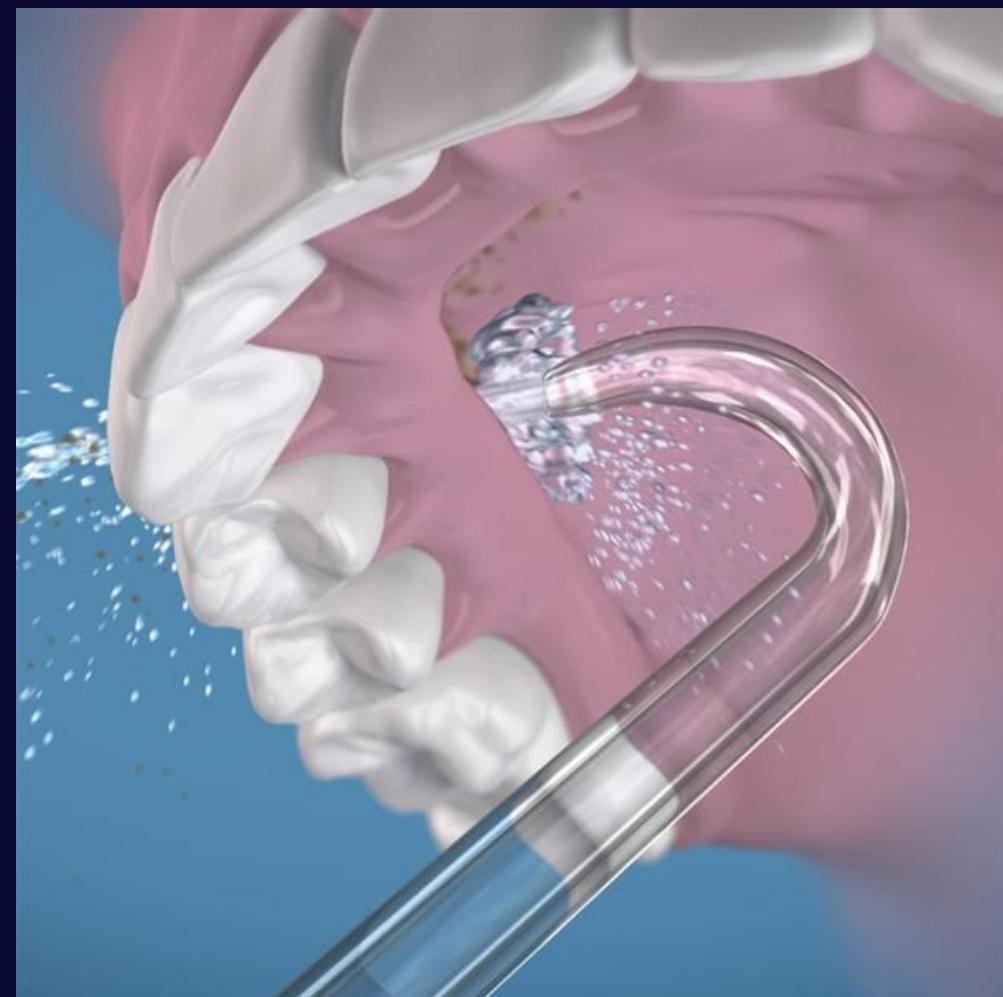


Most patients will have a WaterPik, Water Flosser, or Hydro Floss

Floss threaders/Superfloss another option

24 hour wear of overdentures is not desirable

The Water Pik “J hook” implant tip



Clin Oral Implants Res 2002 Dec;13(6):571-80.

Healing after standardized clinical probing of the perimplant soft tissue seal: a histomorphometric study in dogs.

Etter TH, Håkanson I, Lang NP, Trejo PM, Caffesse RG.

University of Berne School of Dental Medicine, Berne, Switzerland.

CONCLUSIONS:

Clinical probing around osseointegrated implants does **not** appear to have detrimental effects on the soft tissue seal and, hence, does not seem to jeopardize the longevity of oral implants. The 'healing of the epithelial attachment' seems to be complete 5 days after clinical probing.

We generally probe the peri-implant sulcus only when there is a reason, not as a random screening tool.

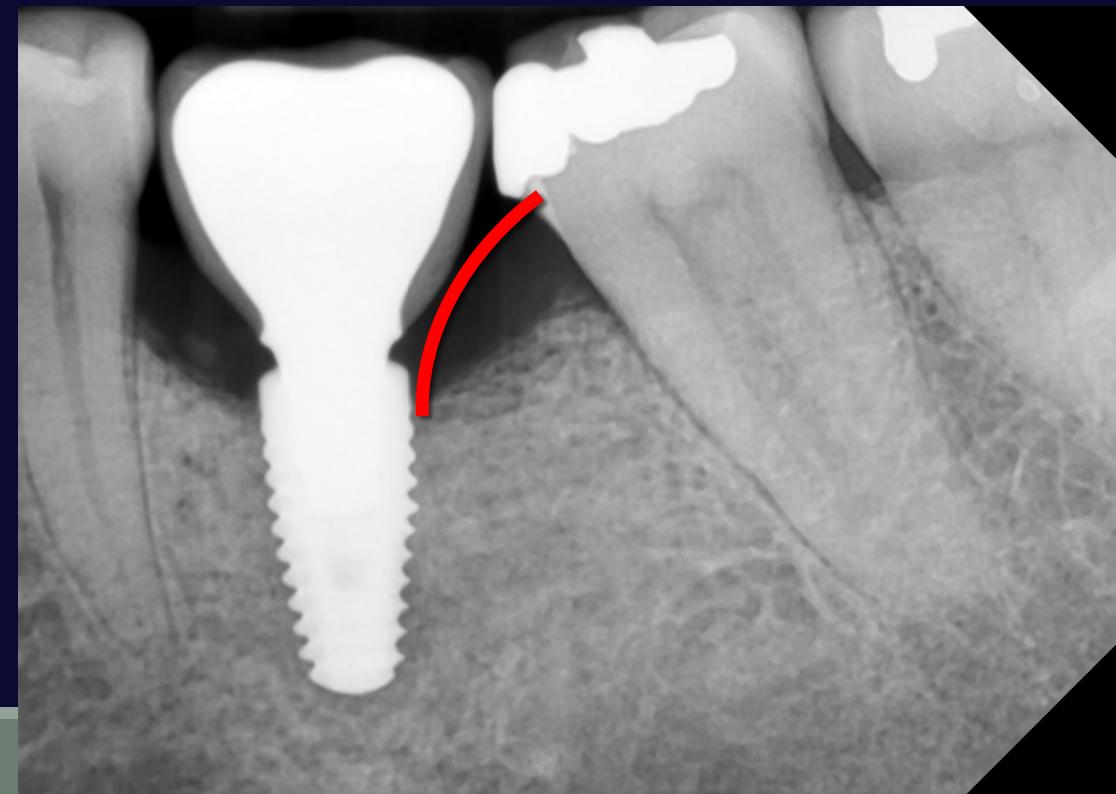
We DO, however, press on the peri-implant tissues with an instrument. Six aspects, MB B DB DL L ML.

Remember, exudate = bad news.



Plastic probes

-not because metal will scratch the implant, but because the flex lets you get into the implant sulcus.



Office hygiene procedures

- Do we clean implants and prostheses the same as teeth?
- Plastic scalers are worthless
- Graphite are almost worthless
- Titanium scalers are actually not that bad, we have a few sets
- Plastic Cavitron tips available for use on metal
- Some suggestion that plastic probes and Cavitron tips leave residue on the implant ☹

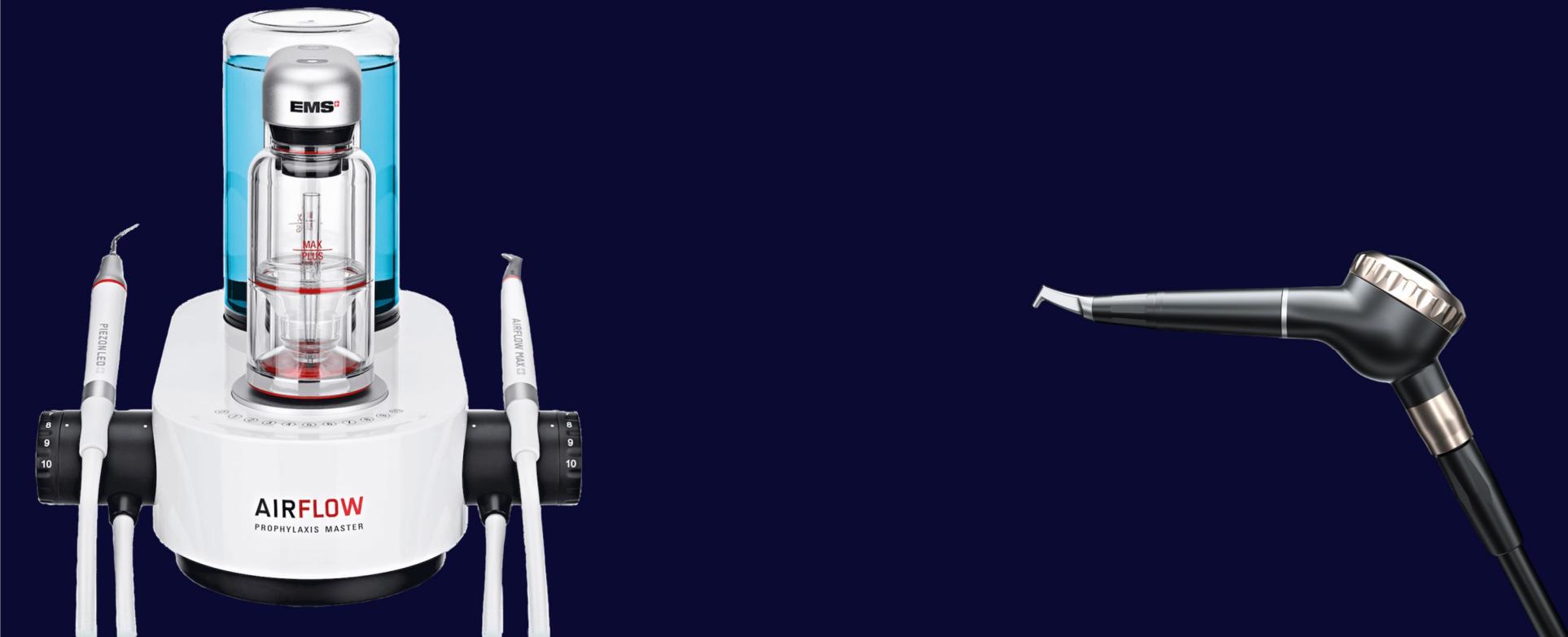
Office hygiene procedures

¿Should you scale around implants?

Calculus and plaque around implants are a much larger concern than a small amount of possible scratching of the implant surface.



Really, the most effective way to clean
any / all implant restorations is with AirFlow



Irrigating inside/around implants...what to use?

- Chlorhexidine?
- Hypochlorite (bleach)?
- Hydrogen peroxide?
- Betadine?
- Essential oils (Listerine, etc.)?
- Vodka?

Sadly there is no one great choice.

Common complications



4SUN3

How to get yourself in trouble with dental implants—a recipe:

1. Don't do a complete examination
2. Don't formulate a (written) treatment plan and estimate
3. Place the implants first
4. Treat one side/arch at a time
5. The “implant of the year” club

Beware of “Less Syndrome”

Common complications: their recognition and management

- Informed consent should include warnings of **reasonably foreseeable** complications
- You do have a legal and ethical obligation to recognise complications and either manage or refer
- If your work is within the standard of care, and the patient does not advise you of problems or does not return for recommended follow up (and you document this), you are **not liable**

Bottom line: cement sepsis is often treatable IF caught early.

Chronic sepsis usually results in the loss of the implant.

Exudate around an integrated implant with a cemented crown is cement sepsis until proven otherwise.

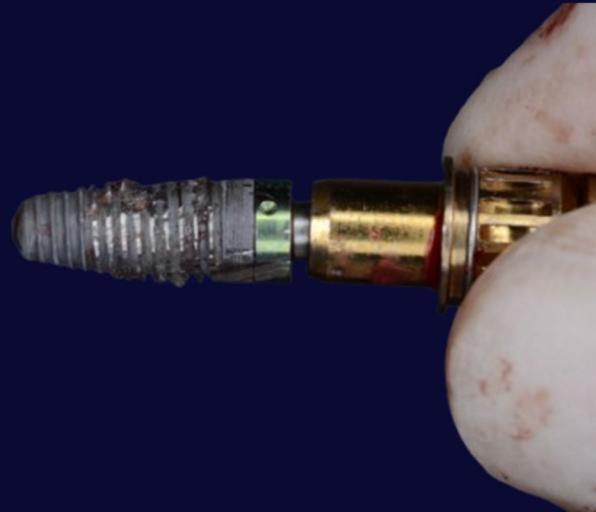
Implant failures ☹

Less common than, say, RCT failures.

Higher costs mean higher stakes.

You need iron guts to do this job. Sorry.

What to do if you have a cluster of failures?



10 x ☹

1. ☹ Not enough bone on access
2. ☹ Bleeding
3. ☹ Drill/implant in wrong position
4. ☹ Poor initial stability
5. ☹ Post op pain or infection
6. ☹ Recession or attached gingiva problems
7. ☹ Bone loss
8. ☹ Impression material
9. ☹ Implant screw loosening
10. ☹ Implant failure

Setup and implementation in your practice (!)



© 2004 HIT Entertainment PLC and Keith Chapman.

4SUN4

...and for restoring your implant

- Short and long screwdriver, torque wrench
- Impression copings
- Scan bodies if you are doing IOS
- Implant analogs
- **Teflon** tape to block out screw head prior to cementation, **blue** if angled screw channel
- Implant cement or permanent crown and bridge cement of your choice
- Shim stock if desired

*Remember: some of these items may be “single use”.

Homework project reminder: if you want to use IO scanning,
check with your lab as to which scan body they prefer you to use.



Suggested adjustments to the **Straumann** **BLT** surgical kit

- Add one Straumann short guide pin
- Add lance drill, Straumann calls it a needle drill 026.0054, or Meisinger from Surgical Room
- Buy 4.0 and 4.7mm (or similar) cookie cutters, but bag separately
- Optional: remove round burs and bag separately
- Add one Lindemann or Kirschner bur
- Buy bone profilers size 2 and 3 with guides, bag separately

RD Position Indicator

RD Position Indicator - Ø 2.2mm, AH 5.5mm, L 8mm, Ti

Categories: [Surgical Instruments](#), [PURE Ceramic](#), [Surgical Planning Aids](#), [for Regular Diameter PURE Ceramic Implant Monotype](#)



1

7 pieces available

Product details

REF Reference

031.143

Diameter

Ø 2.2 mm

Abutment Height

5.5 mm

[Home](#) > [Direction Indicator Ø2/Ø2.4-2.8 mm](#)



Direction Indicator Ø2/Ø2.4-2.8 mm

Article Number: 32112

\$53.00

Qty.

Additional guide pins

**Straumann short
2.2 mm guide pin
#031.143**

**Nobel long
2mm guide pin
#32113**

Lance drill options

Surgical Room (Meisinger)



MEI-186RF-018-RA

Pilot Drill - Lance Type - Latch
(RA) 1.8mm



MEI-187RF-018-RA

Pilot Drill - Lance Type - Latch
(RA) (1.8mm with stop)



stopper ☺

Straumann



Needle Drill - short, Ø 1.6mm, L 33mm, stainless steel

REF 026.0054



more than 20 pieces available



Needle Drill - long, Ø 1.6mm, L 41mm, stainless steel

REF 026.0056

(long)

more than 20 pieces available



Needle Drill - long, Ø 1.6mm, single use, TAN

REF 027.0007S

(single use)

9 pieces available

Machine tissue punches ("cookie cutters")

Straumann



Avail in 3.4 4.0 4.7 mm

Surgical Room
(Meisinger)



Henry Schein (ACE)



and many more suppliers



Kirschner or Lindemann drill—
Surgical Room or Henry Schein
(make sure latch)

Lindemann Carbide Bur - HM162 - RA L type 1.6mm

Use your **local pharmacy!**

They can order insulin syringes

dexamethasone solution

gentamycin solution (compounded)

If they can't, try

Dispensaries Wholesale 426-1664

Or get compounded items through

Strathcona Pharmacy 432-0394

Medical supply companies, e.g. **Canada Medical, Source Medical, Medi-Mart, Stevens**, and especially **Value-Med** (valuemed.ca) for dental items

They can supply CSR wrap

Iodine cups (also from dollar store)

Saline and syringes

Disposable towels, drapes, gowns

The best price on irrigation tubing is usually either the implant companies themselves, or **Precision Dental Handpiece** out of Vernon BC.

Our “Holden Implant Surgical Packs” are put together by **The Surgical Room** out of Markham ON. *Occasionally back-ordered.*

The Cadillac of implant stores is **Salvin Dental Specialties** in North Carolina. They have everything. Not cheap.

A Canadian grafting and instrument source is **Citagenix**, and they have a local rep. They were recently bought by Hansamed, the Canadian Geistlich reseller.

Sinclair Dental was recently bought by **Med-Line**, which we thought might make them a good source of surgical supplies. Still waiting...

Improv implant cement is now available again through **Nobel**.

Your **dental supply company** can supply

Most hand instruments

Irrigation tubing (usually under parts) but expensive

8.5 x 15" sterilisation bags

Surgical gloves

Several sizes CSR wrap

Henry Schein sells ACE surgical supplies, incl RCM6 membranes, RCTape, RCPlug, and common instruments including tissue punches and Kirschner burs.

Bone

We often bring in our bone grafting materials in large orders. This is not practical for your offices. The good news is that the implant companies and The Surgical Room now re-sell the simple products you will require.

[Straumann](#) and [The Surgical Room](#) both sell LifeNet Oragraft Min Cort 0.5cc other sources are Community Tissue Svcs, Salvin, Citagenix, BioHorizons, Rocky Mtn, etc.



And the giant plastic organiser boxes that fit all the little sterilisation bags full of bits and parts...come from **Practicon**



Extra-tall 16 Compartment Tuff 'Tainer Box

Unbreakable all-purpose divider boxes organize, store, protect and transport smaller supplies

The multi-purpose **Extra-tall 16 Compartment Tuff 'Tainer® Box** stores, organizes and protects supplies from airborne contaminants. "Lock-in" grooves with removable dividers allow for an infinite variety of compartment combinations and sizes. Hinged lid snaps tightly shut with two locking clasps. Made in USA of tough, translucent polypropylene plastic. Surface disinfect only. Features built-in handle and feet for upright storage. Measures 15 5/8" L x 9 1/2" W x 3 1/8" H. Individual compartments are 3 3/4" L x 2 1/8" W x 2 7/8" H.

Ordering

You can get almost everything you need between **Straumann**, **Valuemed**, and **The Surgical Room**

The Cheat Sheet that explains where we order stuff is on your handout disk.

But it won't help your staff if you don't actually share it with them!



Getting ready for your first patients in your own office

- Get your staff on board
- Choose good starting cases and BOOK them
- Use the implementation sheet to make sure you have everything you need
- Involve your rep early
- Keep good records
- Ask us for help, and share your first cases with the group

Get your staff on board...

- Make an official announcement to all of them
- Make it about the patients, not the \$\$
- Spend time with your front end reviewing fees, codes, appointment lengths, and typical appointment sequencing
- Spend time with your back end explaining the procedure and what to expect
- Help at first with setup and takedown
- Consider sending an assistant to our training course
- Say *Thank You!* A lot!

Set up for success

- Where should you store your implant stuff?
- Which is the best **operatory** in your clinic?
- Where will the tray, drill unit, etc. go?
- Do you have an **assistant who is better at surgery?**
- What is the best time of day/week for implant placement appts?
- Do you know who will handle ordering implant stuff?
- Set up a separate expense line item for implant stuff

Involve your rep early. A great rep will...

- Make sure you have everything you need
- Unpack and setup surg kits and drill units
- Help your staff with operatory setup and infection control
- Be there to make sure everything goes smoothly
- Loan you any obscure parts or equipment
- *Possibly* bring donuts



Brittiny

Dan

Marketing



4SUN5

The “S” word:

Selling

- Is it a dirty word? (no)
- Are we really “selling” treatment, or are we educating patients about their condition and options? (hopefully b)
- Can you improve your skills for doing so? (yes)
- Are we doing it for us or them??? (hopefully both)

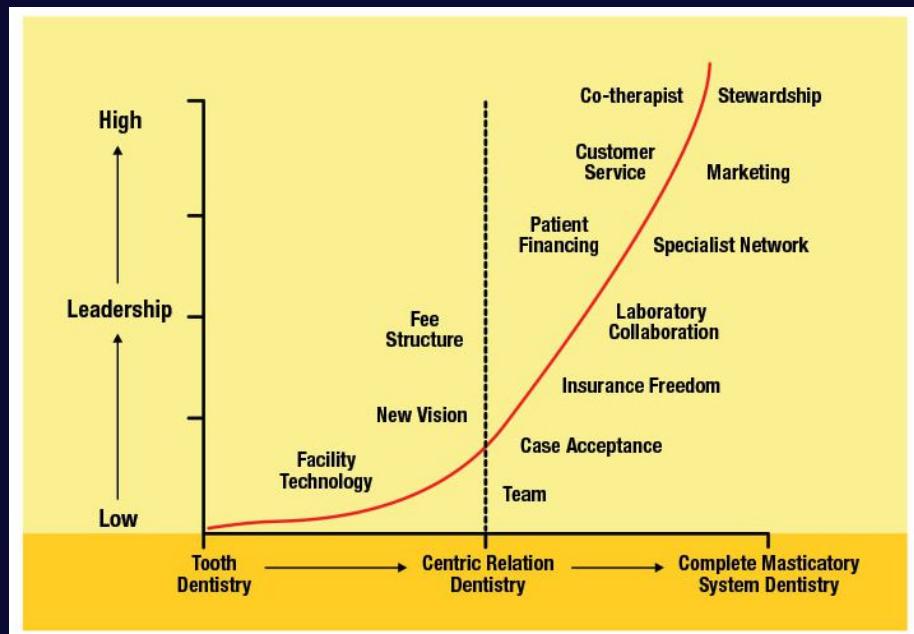


Whether we like it or not, everything we do is selling.

Many general dentists run into “the wall” trying to do more complex cases.

As a referral-based practice, most of our patients are already pre-qualified as good candidates. But they still won’t necessarily proceed. You can still get stuck at “the wall”.

More training, even a residency, will not help, you need soft skills and **leadership**.



What makes patients
trust **you** and take
your advice?



Professional website
Clean modern office
Confident manner
Caring manner
How you dress/look
Positive, thorough
consultation experience
Details. Even your pen.

It is always showtime
Think about 2nd opinions

What motivates patients to proceed?

- trust in you and your recommendation
- desire for improved health
- desire for improved quality of life
 - pain/problems or fear of pain/problems
 - aesthetics
 - function
- status symbol accumulation

usually some combination of the above

What motivates patients to proceed?

More important than any technical data about their condition, and the most important things in case acceptance are...

1. Establishing rapport
2. Showing patients that you care
3. Making patients feel better about themselves

A common mistake is to over-educate patients!

So how do we consistently accomplish all these things for our patient?

- “Right-size” the amount of information
- Show the patient we care
- Make them feel good about themselves

You’re going to need a “spiel”.



Your spiel



You need to develop a consistent, reproduceable spiel that you use to explain treatment to patients.

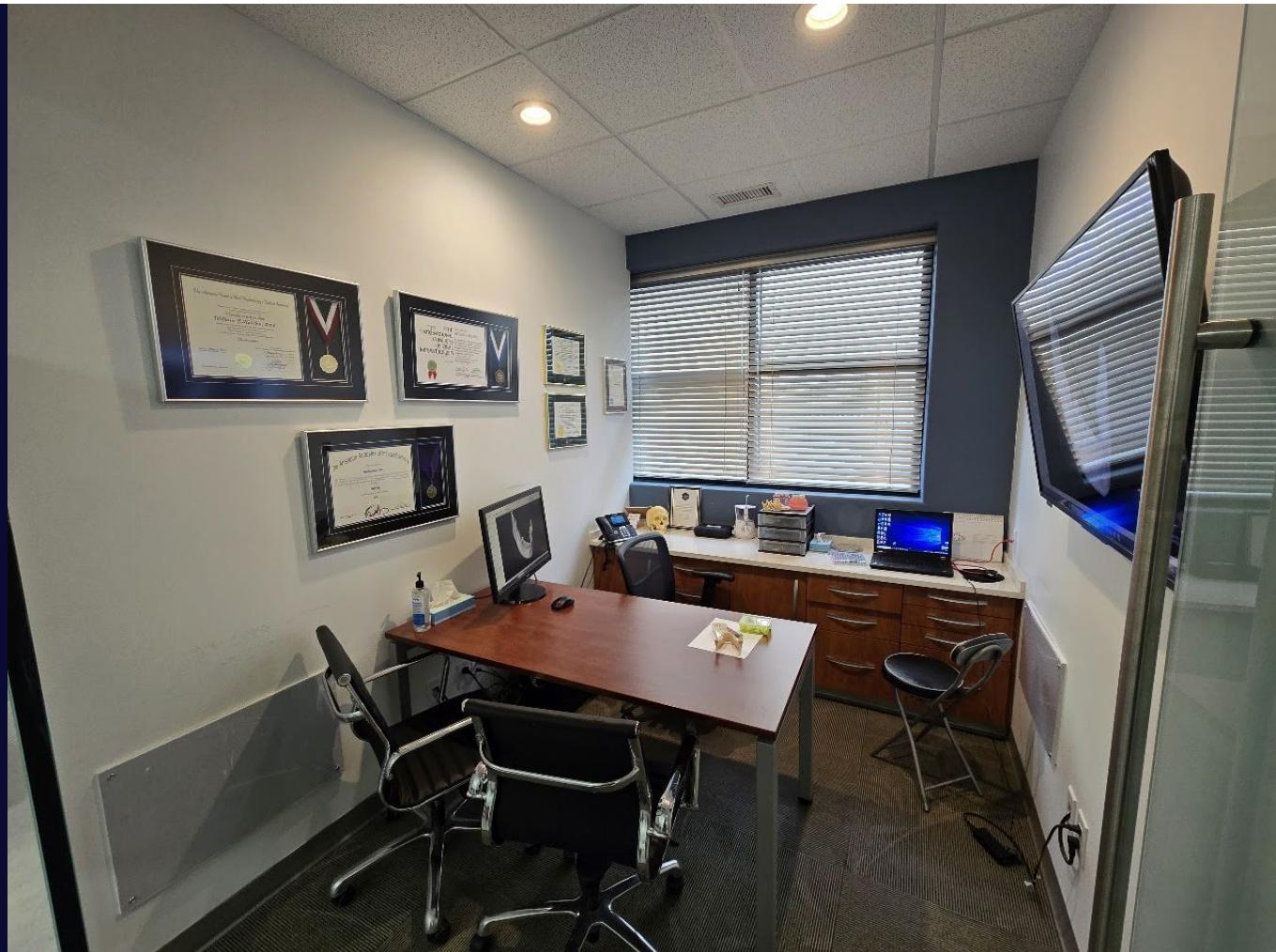
Scripts can give you guidance and ideas, but it has to be in your own words.

It will evolve over time, and that is a good thing.

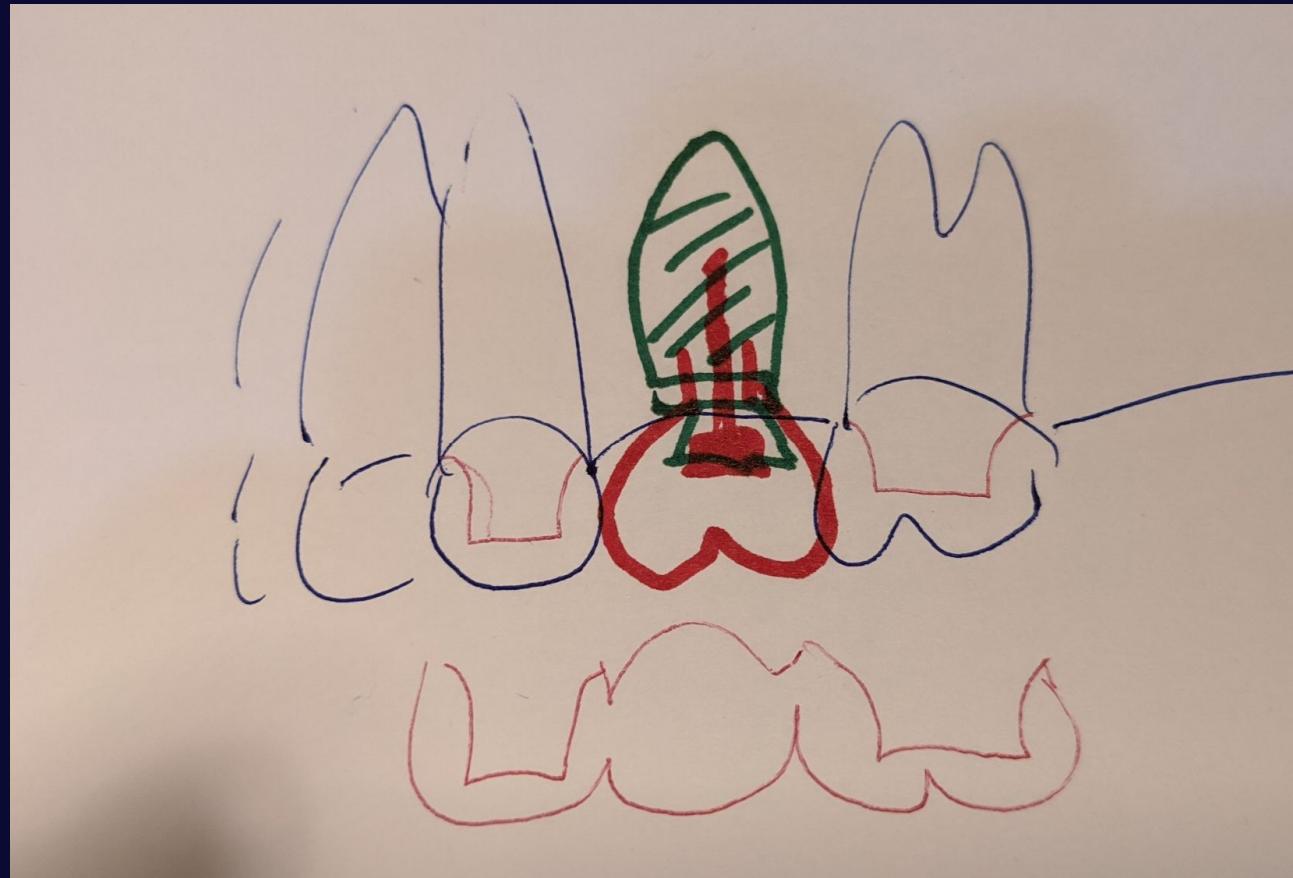
If you are really, really terrible at it, maybe you need to delegate case presentation to a treatment coordinator.

First let's talk about consult rooms. A consult room:

- is less threatening to many patients
- cleaner, quieter, more private and professional
- **a better space**
- cost is a fraction (1/8?) of that of an operatory
- not helpful if nobody uses it, aka the “breastfeeding room”



Women are visual learners, and it is critical to show them models and drawings to explain treatment.





Life size models are
an indispensable
tool.

Important takeaways:

- your case presentation started three months ago, before you ever met the patient
- co-diagnosis, esp reading CBCT, and photos
- establish a treatment goal (often first molar occl)
- explain a range of options, but not too many
- implants are “artificial roots”, not screws
- everything is “small”
- include cost, but not as a focus, and later in spiel
- when you are done, stop talking!

Answering patient's concerns about proceeding

How long will I need to take off work?

How long will I be without teeth?

It all sounds painful. Will it hurt?

Do you have to put me to sleep for this?

Wow, that's more than I expected.

Where does graft material come from?

How long will the procedure take?

Do you have a payment plan?

I need to find out how much my insurance will cover first.



Tell patients to call with questions; offer a second consult at no charge. Many will have questions for your RDA after you leave.

Ten tips for selling this therapy



1. Use physical **models**.
2. Show patients a **dummy implant**, and let them handle it.
3. Draw **pictures**. Lots of pictures!
4. Refer to **quality of life**, as opposed to clinical need.
5. Use **flat fees** to eliminate fear of the unknown.
6. Make sure **everyone** in your office is on board. And be **confident**.
7. Use **testimonials**.
8. Use the **eyeglass analogy** (or other prosthesis).
9. Emphasize that it is the **best from a range** of options.
10. **Discuss forward compatibility!**

Last few things to remember:

Patients will decide based on both
LOGIC and **EMOTION**

Caring and leadership trump information

The patient may not be ready today, & that's OK

If they decline treatment for now, it's not personal

Implant fees and codes

```
011100111100010011011000010001110100010011111011000111
1011101100000011111101111001100001111111111110111110
111111111001111010001101010011000111000100101111001000
11110001101010110011110110111100100111101111111111111
110011111100110000000000110111110100101100111111101111
111111110000011100011100111110011110000000110101111110
0000111010011100100111110111110000111111001100110001011
1001111100001100011001101011110011111000101110101111111
100100111111110011110001111110001101111100011111110
11011110111010111101111001111111001111111001111000100111
1111000100101111000110001111100011111111111111110111
11101111111100001110000010111100111111100000000111001100
10100000111001111101111111111100000000110001000011000
111001111011011110111111110010111110111101111000001111111
1100110011000100001000111111110001111110010000100001000
000011111011100100111000011111011111111111000100111
1000011001100100111001000110001001011111000011000111111
00111100111111001111110011110011011011111100101111111
11100111111110111100010011111110111111100111111110000
010110110111011011111110100110101010111111101000010
```

Sample placement calculation:

- Implant \$485
- Healing abutment 65
- Disposables 100
- Reusables 80
- Drill set/surg kit 160
- Training 100
- 2hrs overhead 420
- Profit 750
- total 2160

Sample restorative calculation:

- Lab fee & parts 800
- Disposables & reusables 160
- Restorative kit 30
- Amortisation on IOS 50
- 1hr overhead 210
- Profit 750
- total 2000

Our sample calculation:

Surgical fee would be \$2160

Restorative fee would be 2000

total 4160

Profit would be \$1500

Obviously this is just a sample exercise
and your clinic's situation is unique.

What do Ali and Bill charge?

2025 typical fees...

- STI to completion \$4970
- STI to healing abutment \$2585
- Implant crown incl lab \$2385

incls CBCTs at pan fee, meds, minor grafting, radiographs, follow-up, witty banter

Basically implant + crown = approximately \$5K.

27205

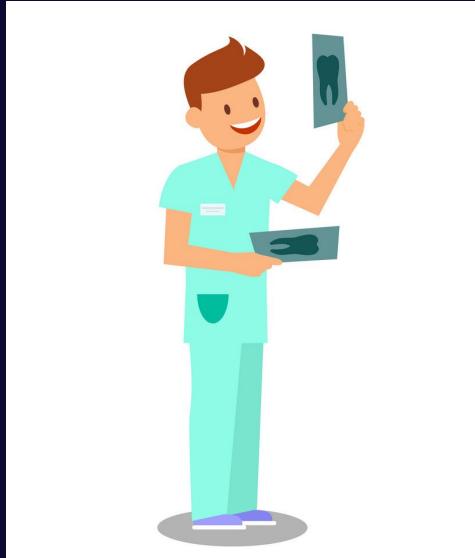
Crown ceramic/porcelain

Restorative Permanent Implant

What if you are an Associate?

Figure things out with your Principal BEFORE you start.

- Who owns the surgical kit?
- Who owns the inventory?
- Are parts you supply part of “lab”?
- Is a different % of collections needed?



And remember: if you leave, a copy of the **Implantable Device Record** goes with you.

Dental insurance plans

Myth: “insurance won’t touch implants”

- More than 50% of dental plans cover some portion of the implant procedure
- In some cases, alternate benefit clause applies
- Note the GWL adjacent tooth rule
- Note that some plans will not pay for the implant placement until the crown is in
- And after 40 years, the annual maximum is *still* \$1500 [sigh]

Assignment of benefits

- Never a great idea to accept assignment
- Especially risky with implants
- Will put you in a bad position if there is a disagreement between pt and their carrier



Payment plans

- Implants have a “built-in” payment plan!
- We offer three monthly post-dated cheques
- You are not a bank



Paperwork and handouts thumb drive



4SUN8

What to do next?

Place some implants! Lots of implants!

You will get **much** more out of your next course if you already have a bunch of implants under your belt.

- Grafting and anterior/aesthetic courses
- Mini-residencies (we hate that term)
- Cadaver courses
- Study clubs
- Our implant seminar series
- Maxi-courses or similar



1. Get your staff on board.
2. Acquire a system, stock, and sundries.
3. Set fees, create paperwork.
4. Plan ideal appointment time, operatory, staff.
5. Book patients and treat them.
6. Repeat 5. above.

Thanks!

Ali and Bill

