

# PROBING THE PRACTICE



A newsletter brought to you by **Drs. Palermo-Edwards & Cacchillo** to share news and provide education to ensure our offices continue to “measure up”.

**JUL | 2015**  
**PECDDS.COM**

## WELCOME!

We are so excited to share with you the inaugural issue of ‘Probing the Practice’, a biannual newsletter, from our office! It has been a long term goal of our practice for many years to create an additional means of communication to interact with our referring offices.

Our intention is that you find this newsletter educational and informative, as well as fun, for both yourself and your practice! We hope it provides some insights into our practice philosophies and personalities. We would love for our newsletter to become one of the useful tools utilized in your practice. For each issue, we will remain committed to providing an evidence-based continuing education article, a ‘For Your Practice’ section on tips/information beneficial to any type of dental office, and an update on our staff and community events that we participate in. Enjoy!

Lisa A. Palermo-Edwards • David A. Cacchillo • James M. Palermo

## OUR IMPLANTS ARE “SHIFTING”



With much research and clinical consideration, as of July 1st 2015 PEC will be changing implant systems within NobelBiocare™ from our current implant the Replace™ Tapered Groovy, to the Replace™ Conical Connection.

The new Conical Connection features a built-in platform shift and internal connection. In short, platform shifting is a concept in implant dentistry where narrower diameter abutments are placed on wider diameter implants in an effort to preserve bone and soft tissue levels around the implant. Each office will receive an informational letter and our doctors and/or Marc Jasinski (the Nobel Implant Rep) plan to meet individually with your offices to review the new pieces and parts that will be associated with this change.

We understand this change will require a learning curve for us all. We will continue to strive to provide excellent communication by sending a surgical report (including the type of implant placed) as well as emailing a letter on the uncover day (also including the type of implant placed) that goes to you AND your Dental Implant Rep (Nobel or Astra/Dentsply), to insure you have everything you need when the patient sees you for their final impression.

This decision was made based on the desire to provide the highest level of patient care following evidence-based findings, as well as our doctors own clinical experiences and expertise. We will also continue to use the ASTRA TECH™ EV implant system, which also features a built-in platform shift. As always, we enjoy working with doctors on treatment plans that will provide the most ideal, functional and esthetically pleasing implant restoration possible.

## WHAT'S INSIDE...



LIKE US ON FACEBOOK  
@ Palermo-Edwards & Cacchillo, DDS, Inc.

### FREE CE CREDIT:

COMMON SOFT TISSUE GRAFTING PROCEDURES

FOR YOUR PRACTICE

DR PALERMO-EDWARDS 20 YEAR “REFLECTION”

COMMUNITY SUPPORT

HEALING ABUTMENT RETURN PROGRAM

UPCOMING EVENTS

**FREE CE CREDIT:**  
**COMMON SOFT TISSUE GRAFTING PROCEDURES**

These are the three types of soft tissue grafts most commonly used to thicken tissue, cover roots or improve gingival esthetics.



Subepithelial Graft: Before

Subepithelial Graft: After

The subepithelial connective tissue graft was first introduced in 1985. Its clinical indication is for areas of recession that lack keratinized tissue as well as areas that are of high esthetic concern for the patient. For this type of graft, tissue is harvested from a donor site within the patient's mouth, most commonly from the palate. A flap incision is usually made between the canine and first molar and the tissue is elevated to display the underlying subepithelial tissue. A portion of this underlying tissue is removed to be used as the graft. Once the tissue has been harvested, it is placed onto the recipient site and sutured for retention. The elevated flap is readapted and sutures are placed over both the donor and recipient sites to encourage primary healing. A stent may be provided for the patient to protect the healing donor site from trauma and minimize discomfort. According to the American Academy of Periodontology, this type of graft provides the most keratinized tissue and best root coverage out of all the grafts (1,4).



Free Gingival Graft: Before

Free Gingival Graft: After

The free gingival graft was first introduced in 1966, this graft can be used in areas where esthetics may not be of high concern for the patient due to its unpredictability of matching the color of surrounding tissues. An example of where this graft may be indicated would be for a patient that has a high frenal attachment which has contributed to recession on the lower anterior teeth. Similar to the subepithelial grafts, tissue is taken from a donor site within the patient's mouth and transplanted to the graft site. The two grafts differ in that the donor tissue for the free gingival graft is taken to include both the outer layer of epithelial keratinized tissue as well as a portion of the underlying subepithelial tissue. These patients may also be provided with a stent to protect the donor site while healing. The first two soft tissue grafts are considered autografts because they come from the patient's own body (3,4,6).



Acellular Dermal Matrix: Before

Acellular Dermal Matrix: After

A third type of graft, an acellular dermal matrix, is considered an allograft because it comes from another human donor. This was introduced in the early-mid 1990s and is the newest type of soft tissue grafting. This may be indicated when the graft area is large and there is not enough tissue available within the patient's mouth to be used as donor. This can prevent patients from undergoing multiple surgeries in an attempt to harvest an adequate amount of tissue. This can also be an alternative for patients who for various reasons do not want their own tissue to be used. The only healing area of concern for the patient is the graft site itself. AlloDerm® is an example of a graft substitute; this product contains donated tissues, from a cadaver, that have been sterilized and are engineered to work similarly to subepithelial and free gingival grafts (2,7). While these three are the most commonly used types of grafts, the procedures for placing them can vary (e.g. pouch, tunneling). The type of graft that is needed, as well as placement technique, is determined by the surgeon based on the patient's needs, treatment goals, quality of existing tissue as well as patient desires(8).

Questions

- 1). Which type of graft includes both the outer layer of keratinized tissue as well as a portion of the underlying subepithelial tissue?
  - A). Free gingival graft
  - B). A cellular Dermal Matrix
  - C). Subepithelial Connective Tissue Graft
- 2). Which type of graft prevents the patient from having a surgical donor site as well as a recipient site?
  - A). Subepithelial connective tissue graft
  - B). Acellular dermal matrix
  - C). Free gingival graft
- 3). Which graft according to the American Academy of Periodontology, provides the most keratinized tissue, best root coverage and evidence of long term stability.
  - A). Subepithelial connective tissue graft
  - B). Free gingival graft
  - C). Allograft
- 4). Which is the type of graft that results in the poorest color match and is used in non-esthetic zones?
  - A). Free gingival graft
  - B). Allograft
  - C). Subepithelial connective tissue graft
- 5). Where is donor tissue most commonly harvested from for autografts?
  - A). Retromolar pad area
  - B). Palate
  - C). Canine area

Sources

- 1). Richardson C, Allen E, Chambrone L, Langer B, McGuire M, Zabalegui I, Homayoun H, Zadeh, and Tatakis D. Periodontal Soft Tissue Root Coverage Procedures: Practical Applications. Enhancing Periodontal Health Through Regenerative Approaches. Journal of Periodontology. 2015;5(1), pg 2-10.
- 2). Tahrani. A Comparative 6-Month Clinical Study of Acellular Dermal Matrix Allograft and Subepithelial Connective Tissue Graft for Root Coverage. J Dent. 2010; 7(3): pg 156-164.
- 3). Horowitz R. Optimizing Root Coverage with L-PRF. Inside Dentistry. 2011;7(10).
- 4). Anand V, Gulati M, Bahuguna R, Anand B. Connective Tissue Graft and Root Coverage - A Case Report. Clin Den Res Edu. 2012.
- 5). Agudio G, Nieri M, Rotundo R, Franceschi D, Cortellini P, Pini Prato GP. Periodontal Conditions of Sites Treated With Gingival-Augmentation Surgery compared to Untreated Contralateral Homologous Sites: A 10- to 27-Year Long-Term Study. J. Periodontol. 2009.
- 6). Paolantonio M, di Murro C, Cattabriga A, Cattabriga M. Subpedicle connective tissue graft versus free gingival graft in the coverage of exposed root surfaces A 5-year clinical study. J Clinical Perio. 1997;24(1), pg 51-56.
- 7). <http://www.biohorizons.com/gumgrafting-about.aspx>. About gum grafting with AlloDerm® RTM. Accessed via the world wide web May 2015.
- 8). Salama H, Salama M, Garber D. The Tunnel Technique in the Periodontal Plastic Treatment of Multiple Adjacent Gingival Recession Defects: A Review. Inside Dentistry. 2008;4(9)

KEY: 1 A 2 B 3 A 4 A 5 B \* Updated from the print version

DR PALERMO-EDWARDS 20 YEAR "REFLECTION"



When looking back over my 20 years in practice I feel so fortunate and thankful to be in a career that I am passionate about. Working every day with people that make me want to be the best I can be—my patients, the doctors, my partners (Dave and Dad) and my staff. My heart still goes into every procedure I perform and I am continually grateful for the confidence offices and patients put into the care I provide. I am proud of my career as well as my very first hire as a new Periodontist, Lori Connor, RDH, who is also celebrating her 20th year in practice with us!



WE'D LOVE TO HEAR FROM YOU ABOUT YOUR FAVORITE MEMORY FROM YOUR LAST 20 YEARS IN PRACTICE!

Email us at [pecstaff@periohealth.org](mailto:pecstaff@periohealth.org) Subject: **Memories**  
We'll share your favorite memories in a future issue!

HEALING ABUTMENT RETURN PROGRAM



Nobel CC



Astra Tech EV

We purchase and place healing abutments on our dental implants when we uncover them for the restorative impression. When the patient sees their restorative dentist for the final restoration, this part is removed. We ask that these healing abutments then be returned to our office. Returning the healing abutments to us will decrease excessive product orders and allow us to maintain an adequate stock for maximum individualized patient (& restorative) abutment selection. If you have healing abutments just "sitting in a drawer", please contact us for a stamped Healing Abutment Return Envelope. We use both ASTRA TECH™ & Nobel Biocare™ implant systems.

- When you accumulate 3-5 abutments, call for Healing Abutment Return Envelope. (They will perforate a standard envelope and get lost in the mail.) Mail in with your office name.
- Once we receive your envelope, your office will be entered in a quarterly drawing for a delivered **FREE OFFICE LUNCH!**

Congratulations to our 1st and 2nd quarter winners: Drs. Geza Locsey & Linda Smith (French Run Family Dental) and Dr. Sonya Moesle (New Leaf Family Dental). **THANK YOU!!**

OFFICE APPRECIATION NIGHT



Members of our staff having fun at an Office Appreciation night, June 11th at the Columbus Clippers baseball game!



**Palermo-Edwards & Cacchillo**  
Periodontics & Dental Implants

7535 East Main Street  
Reynoldsburg, OH 43068  
pecdds.com | 614.861.8077

## UPCOMING EVENTS

**October 2015** : Periodontal Seminar for the Dental Hygienist

**Early Spring 2016**: Instrument Sharpening

**2016**: Dental Implant Mini Residency Course Series

### FREE CE CREDIT INSIDE!

#### CE CREDIT RETURN INSTRUCTIONS:

1. Read the CE article, record your answers to the 5 questions and write your name on the blank answer key provided above (please self-grade your answers).
2. Make a photo copy of this entire page and return to our office.
3. PEC will e-mail your **FREE, 1 HOUR CE CERTIFICATE** to the office address.

## FOR YOUR PRACTICE

### Don't let hard water & biofilm invade your Cavitron!

- Did you know you can save your office on costly Cavitron® repairs by implementing a monthly Cavitron® filter replacement program?
- Preventing reduced water flow and increasing the life of your Cavitron®.
- Order Part Number 90158 from your local dental sales representative and set up a maintenance program that fits your office.



Source: [http://www.dentsply.es/DFU/eng/Cavitron\\_Jet\\_SPS\\_eng.pdf](http://www.dentsply.es/DFU/eng/Cavitron_Jet_SPS_eng.pdf)

## COMPLETE FOR 1 CREDIT HOUR

Name: \_\_\_\_\_

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ |          |

## COMMUNITY SUPPORT

### Give Kids a Smile 5K

Give Kids a Smile (GKAS) is a national program sponsored by the American Dental Association. This day-long event is held multiple times across the country and provides FREE dental care for children under 18, including radiographs, exams, cleanings, restorations and extractions. Dental hygiene students from The Ohio State University, College of Dentistry, host 5K events to raise funds for supplies for this biannual event held at the college.

For 2015, PEC is proud to be a corporate sponsor for these events. On April 19th, eight members of our staff participated in (the pouring rain) spring 5K at Fred Beekman Park on the Ohio State campus. **Visit our website for information on participating in upcoming events!**

