

# THE USE OF LASERS IN IMPLANT PROSTHODONTICS IMPROVES YOUR BOTTOM LINE

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Welcome back! This month's tip addresses the growing demand for the use of lasers in implant overdenture therapy. I recently presented a series of live patient programs at both the American Dental Association in Las Vegas and the Greater New York Dental Meeting. My Picasso laser was a lifesaver in two cases where I encountered obstacles in placing the final prostheses. The tissue around the healing sulcus formers impeded the placement of the abutment milled bars to be delivered. This was a live presentation in

front of an educated group of dentists. Instead of going into a panic, I recalled what Dr. L. D. Pankey once told me, "If you don't have it on the shelf, you can never use it." I then pulled out my diode laser and effortlessly contoured the impinging tissue around several implants in one case, and in the other case I removed impinging tissue under one of the milled bars to allow proper seating and hygiene access. In each case, a solution was at hand, and both patients avoid-

ed repeat visits and unnecessary postoperative situations. And, of course, I skipped the embarrassment of aborting the procedure and completing it later.

In the case where the tissue impeded the bar from seating, I altered the settings of my diode laser to increase the wattage to cut and coagulate, and proceeded to excise the impeding tissue. I knew that there was sufficient keratinized tissue thickness to reduce without violating the attachment zone. I was then able to demonstrate how I allowed hygiene access for optimal cleaning. The bar dropped in perfectly.

Any trained practitioner can accomplish this procedure in seconds. It is my practice to have my laser in each operatory, ready to go at a moment's notice. My practice is always evolving and it is not uncommon to utilize my laser five to 10 times a day. Lasers have become a permanent part of my implant overdenture armamentarium. Figure 1 shows

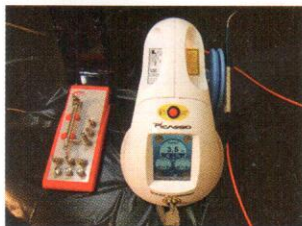


FIG. 1 — AMD Lasers / DENTSPLY: Picasso

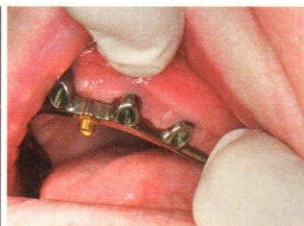


FIG. 2 — Tissue overlapping underside of bar



FIG. 3 — Laser contouring under bar



FIG. 4 — ProfessionalCare SmartSeries Power Tip electric toothbrush head

my usual setup for implant abutment placement. Figure 2 shows the setting I generally use to excise fibrous tissue in the palatal areas. Figure 3 demonstrates contouring and excising tissue beneath a titanium milled bar to improve access for ease of cleaning. Figure 4 shows optimal brush tip configuration needed to clean bar and tissue.

This diode laser is perfect for contouring around implant abutments, specifically when the tissue is covering part of the retentive portion. Other uses include soft tissue curettage, removal of highly inflamed edematous tissue, excising unwanted tissue impeding properly designed prostheses, and more. For my prosthodontic needs, even if I utilize the laser without charging an additional fee to my patient, I have improved the overall result and saved postoperative recall time to correct any minor deficiencies that would have otherwise been neglected. I also have avoided the need to refer the patient to a specialist to clean up any of the situations I have discussed in this article. My efficiency and quality of treatment are enhanced with the use of the laser.

I encourage all of you who do not yet have lasers to consider evaluating and taking additional continued education courses in this area. You will open up new possibilities and relieve much of your frustration. I believe it will improve your efficiency and your financial bottom line. With the cost of good, dependable lasers at an all-time low, the timing may be right to jump in.

Until next month, I hope my pleasure in dentistry will also be yours... Joe Massad **DE**

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