

ORAL SURGERY CARE



Summer 2017

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Happy Summer,

We hope you are enjoying the tail end of what has been a beautiful summer! With the State Fair fast approaching, we are reminded to get out and enjoy this great weather whenever we can.

Many of you were able to participate in our Skype session with Sam Quinones, the author of *Dreamland: The True Tale of America's Opiate Epidemic*, which helped us understand our current opioid epidemic beyond what we have seen in the media. I believe we are all reassessing our opioid prescribing habits. Our increasing understanding of how vulnerable the adolescent population is to future opioid misuse if exposed to opioids before finishing high school, is also giving us pause when considering prescribing opioids to youngsters.



Oral Surgery Care

To provide another perspective on the opioid crisis, we will host an evening presentation of a mother whose 18-year-old Eagle Scout son disappeared into drug addiction and homelessness. Martha Wegner wrote *Dear David: Dealing with My Son's Addiction One Day at a Time* to help her cope with the heartache of addiction, and to share how it affected her family. Mark your calendar for Thursday, November 30 at 7PM at the Eagan Community Center.

As always, thank you for involving us in the care of your patients. We really appreciate it, and we welcome hearing from you for any reason.

Best Regards,

Brent Florine, DDS

Management of Dry mouth: Assessment of Oral Symptoms After Use of a Polysaccharide-based Oral Rinse

Epstein JB, Villines DC, et al.
Oral Surg Oral Med Oral Pathol Oral Radiol. 2017 Jan;123(1):76-83

Salivary dysfunction is associated with a range of oral/dental issues, and management of oral symptoms may improve oral function and overall quality of life. The purpose of this pilot study was to evaluate oral symptoms and function in a xerostomic population after use of a proprietary topical for dry mouth, Moisyn rinse is a polysaccharide-based product. A pre- and post-test survey was completed by 57 patients with

xerostomia. Patients rated their common oral symptoms, based on the Vanderbilt Head and Neck Symptom Survey, before and after 1-week use of Moisyn rinse and spray. Saliva production under resting and chewing stimulation was also assessed.

Most patients reported relief from dry mouth symptoms and thick saliva (81.7% and 76.0%, respectively) for more than 30 minutes after product use. Statistically significant reductions were found in 15 of 33 oral symptoms. Symptom improvement ranged from 10.7% to 28.4% for thick saliva, 8.4% to 30.6% for pain, 5.5% to 30.4% for dry mouth, and 12% to 21.3% for taste/diet change. Whole unstimulated/resting saliva improved by 100%, and whole stimulated saliva improved by 23.8%. *These findings suggest that the product has utility in symptom control in patients with xerostomia and may lead to an increase in saliva production.*

Opioid, NSAID, and OTC Analgesic Medications for Dental Procedures: PEARL Network Findings

Wong YJ, Keenan J, et al.
Compend Contin Educ Dent. 2016 Nov/Dec;37(10):710-718

Dental treatment is often categorized as a moderately or severely painful experience; however, no clinical data reported by the patient and dentist currently exists to support this degree of pain. This has contributed possibly *continued on back page*

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Opioid, NSAID, and OTC...continued

to the overprescribing of analgesics, in particular the opioid class of medications. The primary objective of the study was to document the dentists' post-procedural prescriptions and recommendations for analgesic medications and their effectiveness for a 5-day period. Medications prescribed or recommended in the patient-reported outcomes included: opioid, nonsteroidal anti-inflammatory drugs (NSAIDs), and over-the-counter (OTC) analgesics. This study used both dentist and patient responses to evaluate the use of opioid, NSAID, and OTC recommended or prescribed analgesics following one of seven classes of dental procedures encompassing over 22 specific coded procedures thought to elicit pain. The patient-centered study included a 5-day post-procedural patient follow-up assessment of the medication's effectiveness in relieving pain. Baseline questionnaires were completed by 2765 (99.9%) of 2767 eligible patients, and 2381 (86%) patients responded to the Day 5 follow-up questionnaires.

The data suggest NSAIDs, both OTC and prescribed dosages, may be a sufficient analgesic to treat most postoperative dental pain. Clinical judgment as to the use of an opioid should include the physiological principles related to the pharmacology of pain and inflammation and may include a central effect.

Immediate Versus Delayed Loading of Implant for Replacement of Missing Mandibular First Molar: A Randomized Prospective Six Years Clinical Study

Chidagam P., Gande V., et al.
J Clin Diagn Res. 2017 Apr;11(4)

Emergence of dental implants made the replacement of missing tooth easy. During the early days of introduction, implants were loaded three to six months after implant insertion, but understanding of healing cascade and improved production technology has changed the phase of restoration from delayed to immediate loading. The purpose of this study was to evaluate and compare the clinical outcome of immediate and delayed loaded implant supported prosthesis for missing mandibular first molar. The objectives were bleeding on probing, probing depth, implant mobility, marginal bone level and peri-implant radiolucency were evaluated during follow up period. Twenty patients were included in this study that were in the need of fixed implant supported prosthesis for missing mandibular first molar. Single tooth implant with immediate loading done within two days of implant insertion in one group and another group were loaded after three months of implant insertion. These groups were evaluated clinically and radiographically over a period of 72 months after loading using appropriate statistical analysis.

The study consisted of 14 male and six female patients with the age range of 19 to 31 years. There was no bleeding on probing

and probing depth remained well within the normal range even after 72 months of loading among both the groups. Minimal marginal bone loss was observed with no mobility; peri-implant radiolucency supported prosthesis for missing mandibular first molar with immediate loading can be used as a successful treatment modality. It reduces treatment time, provides early function and prevents undue migration of adjacent tooth. *Immediate loading showed similar clinical and radiographic results as those of delayed loading, indicating it as an equally efficient technique for implant supported prosthesis.*

How Effective Is the Tent Screw Pole Technique Compared to Other Forms of Horizontal Ridge Augmentation?

Deeb GR, Tran D, et al.
J Oral Maxillofac Surg. 2017 Jun 13

The tent screw pole technique is one of the methods available for practitioners to perform horizontal ridge augmentation to facilitate dental implant placement. The purpose of this study was to evaluate the efficacy of the tent screw pole technique for horizontal ridge augmentation and to compare the results with those of the tunnel technique and open ridge augmentation. In this retrospective cohort study, 35 patients underwent horizontal ridge augmentation with the tent screw pole technique, a 1:1 ratio of mineralized freeze-dried bone allograft and particulate bovine hydroxyapatite, and a resorbable collagen membrane. The incidence of early wound dehiscence and membrane exposure, the number of courses of antibiotics and postoperative visits required for their management, and the number of sites that subsequently had successful implant placement were recorded. These parameters were compared with those in 21 patients who had undergone horizontal ridge augmentation by the tunnel technique and 31 patients who had been treated using an open procedure and a resorbable polytetrafluoroethylene (PTFE) membrane in the authors' previous study.

Implant placement rate was similar for all 3 methods (71 to 97%). However, there were significant differences among the 3 surgical techniques for membrane exposure and wound dehiscence, graft loss, courses of antibiotics, and postoperative visits. The PTFE method consistently had the highest rate of complications, whereas the tent screw and tunnel techniques were comparable. *All 3 techniques allowed a high rate of implant placement; however, the PTFE technique was consistently associated with increased postoperative complications compared with the other 2 methods. The tent screw technique might be more favorable than the tunnel technique in cases in which the bony deficiency is flat.*

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