

# Implant

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## Focusing on FIXED Full-Arch

Dr. Michael Scherer discusses  
establishing and growing an  
implantology practice

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PROMOTING EXCELLENCE IN IMPLANTOLOGY

# Focusing on FIXED Full-Arch

**Dr. Michael Scherer discusses establishing and growing an implantology practice, tips for doing more LOCATOR FIXED™ full-arch implantology cases, and treating patients for life**

## How do you perform more fixed full-arch implant cases?

In the past 15 years of practicing, teaching, and doing research in dentistry, I have had so many wonderful opportunities to interact with clinicians from all over the country and world. Many clinicians want to know – “How do I grow an implant practice and do more cases?” That’s such a great question that has many avenues to discuss. I have grown my implant practice by focusing on a few key things. First, focusing on patients and communication skills; second, becoming experienced and credentialed in implant procedures, and finally, attending dental education courses to learn new techniques that allow me to distinguish myself within my community.

Start by investing in yourself and your teams! Focusing on patient communication skills is paramount since implant dentistry can be quite confusing for patients. The key items that I tend to address during appointments are lack of awareness in the procedures, the cost factor, and last but not least, the fear of going through the procedure.

Teamwork when managing the three factors starts on how patients learn about your office and creating awareness of your capabilities as a clinician. Simple and effective marketing strategies are the best, such as a well-constructed website, Google and social media local SEO rankings, patient reviews, star ratings, and search ranking. Ask patients to leave impactful reviews on focused procedures including using the key words that will help drive patients to learn about your office, such as “LOCATOR” or



*Dr. Michael Scherer, Chief Clinical Officer at Zest Dental Solutions*

“FIXED implant bridge.” When patients reach out to the office either via phone or messaging, ensure your staff is well-trained to focus on those key words and making the consultation appointment process as easy as possible. Once they arrive at your office, ensure your entire staff, from front desk to dental assistants, are well-trained in communication and patient management. Creating touch points of awareness for the patient from the beginning of how they learn about the procedure until they are in your chair is key. Ensuring that patients are aware that fixed full-arch is an amazing option is a critical step to helping grow your implant practice.

## How do you address costs and surgical fear?

Focusing on reasonable patient fees and addressing fear of the surgical procedures are regular and routine discussions one must have with patients in an implant practice. While tooth replacement of the failing dentition with standard tissue dentures is typically viewed as a necessary procedure, full-arch implant dentistry is often viewed as more elective than other options. Costs of implant procedures are important to consider — fixed full-arch procedures are typically 3 to 5 times higher than overdentures and substantially higher than standard dentures.

**Michael Scherer, DMD, MS**, serves as the Chief Clinical Officer for Zest Dental Solutions, is an Assistant Clinical Professor at Loma Linda University, a Clinical Instructor at University of Nevada – Las Vegas, and maintains a successful practice limited to prosthodontics and implant dentistry in Sonora, California. He is a Diplomate of the American College of Prosthodontists and the American Board of Oral Implantology. He has published numerous articles, books, and in-person and online courses related to implant dentistry, clinical prosthodontics, and digital technology with a special emphasis on full-arch reconstruction. As an avid technology and computer hobbyist, Dr. Scherer’s involvement in digital dentistry has led him to develop and pioneer new approaches with restorative and surgical full-arch implantology, 3D printing workflows, CAD/CAM systems, and outside-of-the-box radiographic imaging and digital design concepts. Over the past 10 years, he has given over 360 presentations at dental conferences, main podium presentations, in-office training, and hands-on workshops. He has coached thousands of dentists around the world on how to integrate digital dentistry and implant dentistry from a high tech yet “wet-fingered, real-world” clinical perspective that makes his presentation style well-received by clinicians.

Disclosure: Dr. Michael Scherer is the Chief Clinical Officer at Zest Dental Solutions.





Figure 1: A patient presents to the author's dental practice with existing overdenture treatment performed several years prior

I believe that the biggest competitor to a full-arch implantology practice is patients saying no to implant treatment and yes to denture adhesives! As clinicians, we tend to think our greatest challenge is the competition down the street; however, in my clinical practice, my goal is to focus less on competition from other clinicians and focus more on why patients are choosing less optimal alternatives. In our education courses, we address this goal through encouraging clinicians to study their expenses, evaluate their overhead, and focus on how they can leverage creative clinical workflows and new implant systems to help control ballooning patient fees. As a result, we can increase access to care for our patients and do more implant dentistry!

Tackling surgical fear of implant procedures is an aspect of an implant practice that we clinicians sometimes don't spend enough time paying attention to. While it's straightforward to control fear and pain during a surgical procedure with anesthetics and/or sedation protocols, growing an implant practice is often more focused on controlling the fear of the patient before the surgical procedure. Fear can be challenging to overcome as we have to dive into what is scary to the patient — is it fear of needles or simply fear of the unknown? I have found that fear of the unknown is often a bigger challenge than anything else related to the procedure. I often ask patients up front what concerns them and how I can help address those concerns. For example, many patients are concerned about invasiveness and bone-reduction procedures associated with fixed full-arch procedures. Expressing confidence, focusing on clear communication strategies on procedure risks, and having physical educational models and tools dramatically decrease fear of the procedure.

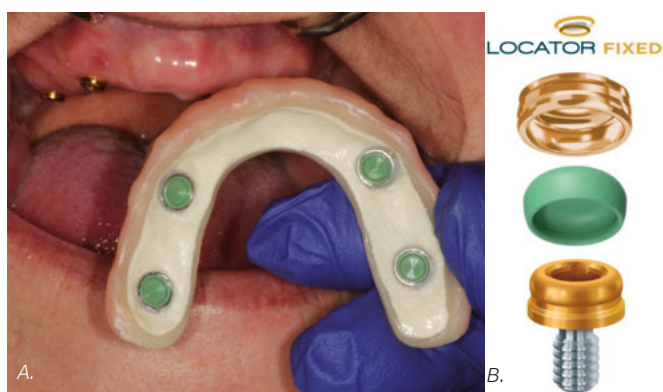
### What are your new approaches to FIXED full arch?

Newer technologies and implant workflows are a driving force to help grow the implantology practice. My goal of new technologies is to help increase awareness of implant procedures, reduce the fear of the dental procedure, and to help control costs of clinical procedures by becoming more efficient.

A new fixed full-arch system was introduced by Zest Dental Solutions called LOCATOR FIXED™. By using the same abutment as used in a removable overdenture, LOCATOR FIXED allows the clinician to easily and quickly convert from a removable overden-



Figure 2: LOCATOR abutments were placed in strategic positions with future planning for FIXED prosthetics



Figures 3A-3B: 3A. Digital impressions were made, and a new polymer-based prosthesis was fabricated. 3B. LOCATOR FIXED Housings were luted to the new prosthesis using CHAIRSIDE Attachment Processing Material. Processing spacers were changed to LOCATOR FIXED Inserts

ture into a full-arch fixed prosthesis simply by changing housings and inserts.<sup>1</sup> LOCATOR FIXED utilizes a newly designed housing and insert pair that combines a super-strong snap-in style retentive mechanism together with a uniquely designed titanium housing that results in a prosthesis that is firmly attached to implants with no movement. Since the prosthesis is fabricated without screw channels that can weaken a prosthesis, patients can be restored with less prosthetic space requirements compared to traditional screw-retained bridges. Hygiene is also simplified because the snap-in-and-out mechanism allows for fixed function; however, rather than screw-retained bridges that take 20 to 30 minutes of clinician time to remove, removal of the LOCATOR FIXED prosthesis is done quickly by clinician and/or a dental auxiliary using a specialized removal tool. Clinical procedures of LOCATOR FIXED are fundamentally the same as that of overdentures including from the same impression techniques as overdentures to the same procedures to pick-up housings. Because clinicians can use removable clinical workflows with LOCATOR FIXED, it helps dramatically enhance simplicity of performing full-arch fixed procedures compared to that of screw-retained techniques. The combination of the simplicity and efficiency allows the clinician to keep the total cost of the procedure substantially lower than that of screw-retained restorations.

LOCATOR FIXED was developed to aide clinicians who encounter patients who are concerned about rising costs of dental procedures, want to have flexibility of the prosthesis going from one option (fixed) to another (removable) quickly and easily, and to minimize fear of the procedure by minimizing bone reduction and invasiveness of the surgical procedure.

### Tell us about the patient who converted from LOCATOR Overdenture to LOCATOR FIXED.

A 57-year-old female patient recently presented to my dental practice with the chief concern of, “Doctor, I love my overdenture, but I would like to change to permanent teeth!” The patient was treated by me several years ago, and she was happy with her overdenture; however, she always told me that she was interested in teeth that are more like her natural teeth. Her overdenture was treated with four LOCATOR abutments, and the prosthesis was completed with a metal framework-based acrylic overdenture prosthesis. She was worried because she was quoted our traditional screw-retained fee which was beyond her budget. While she was happy with her overdenture, she yearned for something more.

When I learned about LOCATOR FIXED, I instantly thought of this treatment option for this patient’s case. When performing her original treatment, the implants and abutments were placed in positions for an overdenture and with approximately 10 mm of prosthetic space from the top of the implant to the outside of the prosthesis. While her implants were placed in strategic positions to potentially upgrade her to a fixed prosthesis, the prosthetic space would have been a challenge for traditional screw-retained prosthetics.<sup>2</sup> Since it can be performed using prosthetic space requirements of traditional overdentures, she is a great candidate for fixed full-arch using LOCATOR FIXED. Finally, because the same LOCATOR abutment can be used for fixed and removable prosthetics, I could keep her costs much lower than my traditional screw-retained restorations. I presented this option to the patient, and she said yes to LOCATOR FIXED.

Digital impressions were made using LOCATOR Scan Bodies and of her existing prosthesis. The scan files were sent to a laboratory where a technician utilizes the scans to fabricate a fiber-composite polymer-reinforced PMMA arch restoration. The prosthesis was fabricated with recesses built into the intaglio of the prosthesis in the areas corresponding to the LOCATOR FIXED Housings. The patient returned to my office and placed the prosthesis onto the ridge, and the fit and occlusion was spot on. To keep my procedure simple and ensure passivity of the final prosthesis, I used CHAIRSIDE® Attachment Processing Material to lute the FIXED Housings to the new prosthesis using an intraoral pick-up technique with the patient biting lightly into occlusion while the resin polymerizes. After polymerization, the prosthesis was removed, polished, and occlusion and esthetics verified prior to final placement using the processing inserts that come with the FIXED Housings. The processing inserts were changed to definitive LOCATOR FIXED inserts and the prosthesis seated using finger pressure to engage the prosthesis.

I showed the patient her new smile, and instantly she began to tear up and said, “Doctor, wow, these teeth are so beautiful and SOLID! I can’t wait to eat with them!” I called her later and




Figure 4: The prosthesis was placed using finger pressure to completely engage the prosthesis with embedded housings onto the LOCATOR abutments. A radiograph was made to verify the adaptation of the prosthesis onto the abutments



Figure 5: Esthetics and occlusion were verified; the patient was thrilled with her new teeth

she was thrilled beyond belief. She mentioned she can now eat anything — including nuts!

### What is the favorite part of your implant practice?

An implantology-focused clinical practice is exciting, challenging, and absolutely rewarding in so many ways. Building the practice requires focusing on what matters the most — engagement with your patients, teams, and yourself. One key aspect of patient treatment is ensuring you choose treatment that allows you to be able to have flexibility for the patient at all touch-points along their lives, from the beginning of their journey to when they are looking for something more. LOCATOR facilitates me as a clinician to be able to treat the patient for life! 

#### REFERENCES

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