



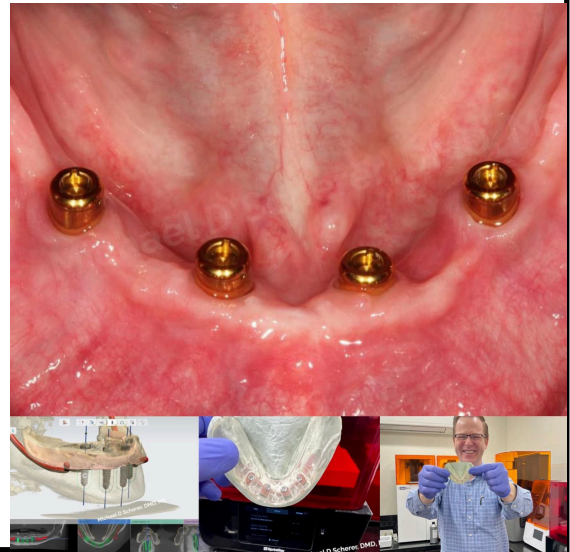
**Michael Scherer** • 1st  
Digital Dentistry Technology Nerd -  
Chief Clinical Officer at Zest Dental...

To guide or not to guide?!

I have found that I use surgical guides nearly all of my cases because I just simply love having the flexibility. Even relatively simple implant overdentures cases can benefit from using a surgical guide.

In this case, I show a follow-up of a Zest Dental Solutions LOCATOR overdenture case. Patient needed approximately 4-5mm of bone reduction, but I find bone reduction guides so complex and a pain to work with. I imported this case from my 3Shape TRIOS scanner using a radiopaque PVS reline technique, imported into Implant Studio software, designed a soft-tissue supported surgical guide using a sleeveless surgical protocol.

I performed osteotomy preparation through the guide, then flapped, alveoplasty the bone, and placed implants. This is the follow-up photos and final laboratory case.



**Gerald Niznick DMD, MSD**  
Dental Implant Pioneer

I pioneered the use of free-standing implants for over-denture retention 40 years ago with the first such case published in AAID's journal using patented Core-Vent implants and attachments. The motivation for the concept was to stabilize a complete lower denture by attaching to 2 free-standing implants. Today that has become minimum standard of care by the ACP. An additional implant in the center provides indirect retention for the distal extensions of the denture by resisting the teeter toddler effect of rotation around just 2 implants. Placing 4 implants in the lower for a lower overdenture restoration is overkill. If you place 4 in the maxilla, at least make it a roofless denture. In either jaw 4 implants are adequate support for what I called a fixed-detachable bridge. It is a higher level of service and what patients deserve if they are paying for 4 implants. When I developed the GoDirect 1-piece implant for Implant Direct in 2006, I built in versatility such that it can be used for overdenture retention using the Locator or an improved attachment called GPS but the GoDirect had internal threads so it will accept a MUA.

Oral Implantology: Vol.10, No. 3, 1982

[https://issuu.com/dr.niznick/docs/1982article\\_oralimplantologypdf](https://issuu.com/dr.niznick/docs/1982article_oralimplantologypdf)



## Gerald Niznick DMD, MSD Dental Implant Pioneer

My motivation for developing implant supported overdentures 40 years ago was to offer a cost-effective, low risk solution for loose lower dentures. Use of a surgical guide for placement of 2-3 implants in the edentulous symphysis for overdenture implants is total overkill as is a 4th implant. After laying a flap, plateau the ridge until it is wide enough to place 3.2mmD or 3.7mmD implants-no need for anything wider. Implant length selection can be determined on a panorex radiograph using a 25% magnified schematic with all implant lengths, available free from most implant companies. Parallelism is not needed between the implants and there is no need to angle the implants to redirect a fixation screw or shorten the length of cantilever distal extensions. Any dentist who can prepare 2 teeth for a 3-unit fixed bridge can drill 2-3 relatively straight sockets in bone and screw in self-tapping implants. Because of the quality of bone, there is no need to maximize the diameter or length of these implants. The inferior border of the mandible is the limiting factor in length and you will be able to feel it during drilling in resorbed ridges.

The Lodi from Zest is a 2-piece implant compared to Implant Direct's GoDirect 1-piece implant, both with Locator Attachment compatible platforms. The chair-time savings and added strength advantages of a 1-piece implant are obvious but in addition, the GoDirect has a significantly lower height making attachment to the underside of the denture easier. If you are going to use a 2-piece implant, then it makes sense to use one with an internal conical connection and be able to attach a straight or angled overdenture attachment or convert to a MUA if you want to add more implants later and convert to a fixed hybrid bridge. Actually, the GoDirect can go both ways because it has internal threads.

**Implant Direct**  
simply smarter.

**GoDirect 3.0mm**  
Narrow Diameter Implants with LOCATOR\* Compatible Platform and Internal Threads for Abutment Conversion

**Narrow Diameter Implants:  
3.0mm GoDirect & GoDirect Mini**

Narrated by  
Dr Niznick

<https://youtu.be/0YJO6YAYRT0>



**Michael Scherer • 1st**  
Digital Dentistry Technology Nerd -  
Chief Clinical Officer at Zest Dental...

[Dr. Scherer's Video](#)  
[Encompass Step 1: Guidelines and](#)  
[Case Workup for Zest Encompass](#)

Dr. Scherer's video lays out 5 Steps needed to be completed before the patient's information can be sent to the Lab to create a surgical guide and print a replica denture. He states that prior to that, the dentist must be sure patient has a well fitting denture and if not, "Do a laboratory or chair side processed or soft reline or do an impression on the inside of the denture." Steps on the Data Collection Visit:

1. "Stick radiographic markers on denture"
2. "Place cotton rolls around denture to create an air pocket for the Cone Beam CT Scan"
3. "Make an optical scan of the prosthesis with the soft or hard reline material"
4. "Optional Step: Do a cone beam scan of the prosthesis with the radiographic markers will help fabrication of new printed prosthesis"
5. "Make photographs of the patient"



The lab will plan the locations of the implants and then contact the dentist to set up a remote surgical review. At this zoom meeting, the dentist will evaluate the surgical pre-plan and can make changes as required. Once review approval is received, the case is imported into guide design software and a NavaGation Precision Guidance® surgical guide is prepared. The surgical guide **is tissue supported** and is shipped with a standard fixation sleeve to guide a 2.0 mm fixation pin.

My concept, in developing implant retained (not supported) overdentures 40 years ago, was to create a cost effective solution to stabilize a patient's existing or new lower denture. If the patient presents with a "well fitting denture" or just needs the base relined, the overdenture attachments can be luted to the underside of the base chair-side after the implants have been placed. In the time it would take a dentist to complete the "Case Workup" and have the "remote surgical review" with the lab person selecting the location of the implants, I could lay a flap, plateau the symphysis as needed to create at least 1.0 mm of bone surrounding each implant and free-hand place two or three implants. There is no need to go wider than a 3.2mmD or 3.7mmD implant because of the good quality of bone. Given that there are no vital structures between the mental foramina, which are usually located between the 1st and 2nd bicuspid, placing 2 implants in the location of the lower cuspids with an optional third implant in the midline, does not require a surgical guide. Any dentist who can prepare 2 teeth parallel for a 3-unit bridge can certainly place 2 to 3 implants relatively parallel (within 10 degrees) in the symphysis. Gravity only works in the lower jaw to seat the posterior saddle areas. In the edentulous maxilla, if the patient is being charged for placement of 4 to 6 implants for an implant supported restoration, for very little extra lab cost, the patient would benefit from a fixed/detachable restoration.

# ENCOMPASS is All Inclusive!

1- NavaGation™ Pilot Guide and Plan w/ Fixation

2- All-in-one LOCATOR® Packaging (2,4 or 6 Implants)

- o LOCATOR Implants
- o LOCATOR Abutments
- o Processing Pack for each implant

2 Locator Implants  
incl. Attachment =  
\$400

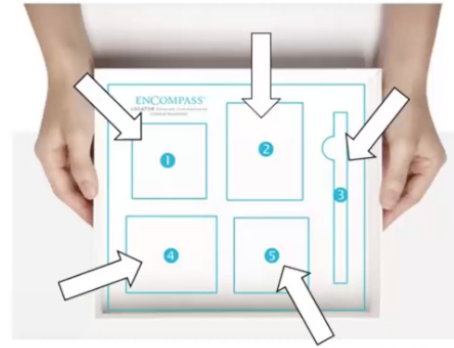
3- Patient Denture Removal Tool

4- Processing Components:

- CHAIRSIDE Attachment Processing Material
- CHAIRSIDE Polishing Bur
- CHAIRSIDE Tapered Carbide Bur

5- Premium Absolute Forever Denture™

- Denture ID microchip



- 1 Pilot Surgical Guide and Fixation
- 2 LOCATOR® Implants
- 3 CHAIRSIDE® Patient Denture Removal Tool
- 4 Processing Accessories
- 5 Absolute Forever Denture™



*"We integrated technology for efficient workflows to give our patients experience our highest level of care. Everyone wins—the patient, the doctor, and the lab technicians. The Zest solution is the total package."*

—Shea Tolbert, DMD, FAGD



Zest ENCOMPASS - Introduction & Unboxing

## Taking the Overhead Out of Overdentures

Streamline overdenture treatment which saves chairtime and reduces the number of appointments from 4-6 to 2-3. Digitally driven, this all-encompassing approach includes everything you need, including digitally planned surgical blueprint to give you confidence to deliver high quality results.

For beginners to experts, embrace the future of dentistry with ENCOMPASS - the all-encompassing overdenture solution.

BEST VALUE		
<p>2 IMPLANTS</p> <p>\$1999</p>	<p>4 IMPLANTS</p> <p>\$2399</p>	<p>6 IMPLANTS</p> <p>\$2799</p>

## ENCOMPASS Case Requirements

### CRITERIA FOR STARTING AN ENCOMPASS CASE

1. Patient must be fully edentulous
2. Patient must have a well fitting denture
  - \* Either hard relined or reline impression inside denture
3. Include digital opposing & bite

Why make duplicate if patient has well fitting

If doing reline, just pick up transfers in impression

If Occlusion acceptable, no need for bite

### REQUIRED ITEMS

1. Complete digital impression scan of denture with radiographic markers in place
  - \* Please be sure to include the full palate of the denture as well as the intaglio surface and flanges
2. CBCT of patient wearing denture with radiographic markers (out of occlusion) biting on cotton rolls
3. Patient photos with denture in:
  - \* Full Face Smiling
  - \* High Lip Line
  - \* Low Lip Line
  - \* Profile
4. Completed digital Rx form sent through NavaGation.net

**ALL UNNECESSARY ITEMS**  
Since patient has a "well fitting denture" OR "reline impression inside denture".