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One Stop Implant

Dr. Todd Shatkin and his Shatkin F.I.R.S.T. dental laboratory are revolutionizing the placement of mini dental

by Benjamin Lund, Editor, Dentaltown Magazine

Implant dentistry has certainly come a long way in the last decade, further advanced by the mini implants introduced at the turn of the century, resulting in quicker, high-quality results. Dr. Todd Shatkin was one of the first practitioners to catch the mini implant wave 10 years ago and has been riding it ever since. Now Dr. Shatkin aims to share his expertise with dentists who want to effectively place mini dental implants. *Dentaltown Magazine* recently spoke with Dr. Shatkin to learn more about his career in placing conventional and mini implants, and his implant dental lab – Shatkin F.I.R.S.T.



Dr. Shatkin, why did you get into dentistry and how has it shaped your career?

Shatkin: As you may know, my late father Samuel Shatkin, DDS, MD, was a dentist and a plastic and maxillofacial surgeon. I graduated from the University of Pacific School of Dentistry in 1989. Originally I had planned to follow in his footsteps, but I loved dentistry so much I decided to stay as a practicing dentist and perform cosmetic dentistry and dental implants. I joined in practice with my father and my brother Samuel Shatkin Jr., MD, who is also a plastic surgeon. We formed the Aesthetic Associates Centre for Plastic Surgery and Dentistry. Now, I own and operate Shatkin F.I.R.S.T., and also practice full time, at least four days a week. I typically perform cosmetic and mini implant dentistry. I lecture about two weekends a month in different cities and countries. I take mostly cosmetic and implant CE programs.

What sparked your interest in mini implants?

Shatkin: I had been placing conventional implants for nearly 12 years when the minis first became available. In 2000 I saw an ad for mini implants; my dad and I were intrigued by the claim a lower denture could be stabilized in an hour. We started doing them and we were amazed. I was one of the first dentists in the country to do mini implants more than 10 years ago. I initially started using them just on lower denture cases and had such good success I started to

experiment... I used them on the upper denture and removed the palate. After having great success with dentures I began using them for single and multiple teeth replacements.

What is the difference between conventional and mini implants?

Shatkin: The major difference between conventional and mini implants is that with conventional large diameter implants there is far more surgery involved. Typically, a patient will need a bone graft, oftentimes a sinus lift procedure, and requires many months of healing prior to placing the implant. Then at the time the implant is placed, it usually requires a flap surgery and large osteotomy sites. Large diameter implants can be very costly and can require multiple treatment visits to numerous dental specialists.

With a mini implant, there is no flap needed, no sinus lift or bone graft required and the procedure can usually be completed in a one-hour visit. The cost of a mini implant is significantly less than the large diameter implants which have numerous parts required to purchase — abutments, healing collars, waxing sleeves, analogs, screw retention parts, etc. Mini implants are usually a one-piece design and are a quarter of the cost of large implants. The dentists can pass this savings on to the patient, reducing the overall cost by half of what they would charge for conventional larger implants.

Shop

implants while offering unique reassurances and support.

What is the F.I.R.S.T. technique and from its development, how did you form Shatkin F.I.R.S.T.?

Shatkin: After placing mini implants for single and multiple tooth replacements with nearly 100 percent success, I thought it would be great to be able to place an implant and a crown at the same time. I tried it and it worked! I was so excited about the concept that I met with a patent attorney to discuss my invention.

In 2003 I applied for the patent for the immediate tooth replacement using a surgical guide stent and a laboratory fabricated crown – all made in advance from a set of study models and a good quality panoramic X-ray. This idea predated the "teeth-in-a-day" concepts that later came about for conventional implants. My patent was accepted by the United States Patent and Trademark Office in late 2006.

Not only was the technique the first of its kind, but also an acronym for the procedure. I coined and trademarked the acronym F.I.R.S.T. – Fabricated Implant Restoration and Surgical Technique.

Immediately after applying for the patent in 2003 I started a company named F.I.R.S.T. Laboratories, with my father and I performing all of the case reviews and planning of the surgical stents. We later became known as Samuel Shatkin F.I.R.S.T. and after my father passed away last year I changed the name to Shatkin F.I.R.S.T., LLC.



We are a mini implant consulting laboratory that plans cases, makes surgical stents and crowns and bridges, as well as dentures for mini implants. We have laboratory technicians who have the most experience with mini implant restorations anywhere and have fabricated more than 100,000 restorations on mini implants. We also sell and distribute the MDL and MILO mini implants made by Intra-Lock. They are available in a 2.0mm, 2.5mm and 3.0mm diameter. They also come in 10, 11.5, 13, 15 and 18mm lengths.

What is your current business philosophy?

Shatkin: My dad said he would not be involved with the business unless we could help the dentists – our customers – achieve the same high degree of success that I had achieved with my own patients. That meant we would need to review every single case that came into the lab and assist in treatment planning and selecting the appropriate implants for the dentists' cases. We would also reject any cases that were a high risk of failure as I would in my own practice. This philosophy remains to this day! I personally review every single case that comes into Shatkin F.I.R.S.T. Laboratory and work closely with all our customers to help them achieve success with their cases.

Walk me through the F.I.R.S.T. process from impression to cementation. What can a dentist expect when sending you a case?

Shatkin: The dentist sends a polyvinyl impression, a panoramic X-ray and a bite registration. Once I get the case in the lab and it is poured and mounted, I personally review the case looking at the panoramic X-ray or CT scan (whichever the dentist sends). CT scan is not required and is not necessary for the mini implants, but some dentists prefer to use it. I compare the X-ray, the model and plan the position for the mini implant placements. I then perform the surgery on the model and our laboratory technicians fabricate the surgical stent and restorations based on this model surgery.

We work for dentists using all different mini implant systems. In other words, they are not required to use our Intra-Lock system, however we do encourage them to try Intra-Lock implants. We are a major distributor of these in the U.S. and abroad.













Why should a general dentist incorporate mini dental implants into their practice?

Shatkin: In my opinion, every general dentist in the country should be offering mini implants. It will change the way every dentist practices dentistry, increase their income dramatically and help their patients with an affordable, comfortable, non-surgical procedure to stabilize loose dentures or replace their missing teeth.

How many implants have you personally placed? What's your success rate?

Shatkin: I have placed more than 10,000 mini implants in the last 11 years with an overall success rate of around 95 percent. I have achieved a 98 percent success rate with fixed restorations and approximately 94 percent for denture stabilization procedures.

What is the most memorable experience you've had in placing mini implants?

Shatkin: By far the greatest memory I have had was the day I placed 12 mini implants and a PFM fixed roundhouse in a single visit — with my surgical stent and the bridge all made in advance! I have now done that a number of times and it is always very gratifying for the patient and for me.

What is the most common problem dentists will come across when placing an implant? What advice do you have for them in alleviating this issue?

Shatkin: The biggest problem is poor planning, which is why I advise they pre-plan every case carefully and use a surgical stent to guide the placement of the implants into the proper position.

There are dozens of implant systems in the dental market today. Why should a dentist choose Shatkin F.I.R.S.T.'s mini implant system?

Shatkin: No other company has put the entire package together for dentists. We offer free case consulting on every case, and we fabricate stents and crowns and dentures in the most experienced mini dental implant laboratory in the world. We guarantee that the case will work or we will remake the case. Simple as that! We have had to remake less than three percent of the cases.

Describe the guidelines you've put together for successful placement of mini dental implants. What do you do differently? What can you offer GPs who use your system?

Shatkin: We provide one- and two-day training programs that give GPs all the information they need to get started placing our Intra-Lock Mini Implant System. We have mentioned all the things that Shatkin F.I.R.S.T. does to assist the dentists along the way. They can count on us to be there to help them anytime.

When a dentist submits a case to Shatkin F.I.R.S.T., who reviews the case? Who can the dentist contact for further questions/recommendations?

Shatkin: I review all of the cases. And our office, including Tom Fitzpatrick, director of sales and marketing; Tom McQuillen, director of new business; Robert Zielinski, laboratory case customer service; and Valdi Blaszak, director of laboratory operations, are happy to assist a dentist at anytime. We are all located in Buffalo, New York.

How does Shatkin F.I.R.S.T. compare in cost to other mini implant systems?

Shatkin: Our mini implants are less expensive, stronger then the competing brands, have the most advanced patented coating (OSSEAN Hybrid Bioactive Surface) and include the O-ring and housing at no additional charge. Most mini implants on the market charge extra for these housings and O-rings. We charge \$85 per mini implant which includes these housings. We also have the most versatile system offering numerous different cement over abutments for the minis as well as a one-piece 3mm implant design.





You are very passionate about educating the public about mini dental implants. How can you help a dentist who signs on with Shatkin F.I.R.S.T. to educate their own area?

Shatkin: We have embarked on a multi-tiered 24/7 campaign geared to the public - online and via television with the World Progress Report. This includes a six-minute informational documentary featuring Joan Lunden as the host. This will be seen on PBS stations throughout the country. There will also be a 30-second commercial spot aired around the country which will feature our 866-GET-MINIs phone number, in order to increase public awareness of our procedures at Shatkin F.I.R.S.T. and to help them find a dentist near them who uses minis.

How else is Shatkin F.I.R.S.T. a "one-stop-shop" for the dentist placing mini dental implants?

Shatkin: It is a one-stop-shop because we provide the implants, the free case consulting, the lab work for both crowns and dentures, surgical stents and phone assistance at any time a dentist needs help - pre-op, intra-op or post-op.

Most of the dentists love the fact that they can call me anytime with questions or concerns about cases they are working on. They also love the fact that they can get the implants shipped with the lab cases so they do not have a large inventory of implants in their offices.

For more information about mini implants, services and available AGD-approved CE programs, contact Shatkin F.I.R.S.T. at 888-4SHATKIN or, visit www.shatkinfirst.com/dentaltown.





Shatkin F.I.R.S.T.

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exceptional educator. The center is our educational mini dental implant learning facility designed for our expanded two-day mini implant course, which includes live mini implant procedures viewed by the course attendees. Since opening the center we have had dentists from 46 states and five countries come in for the course. In 2012, Dr. Gordon Christensen was an esteemed presenter at a special three-day course.

Our lab has grown from six to 20 highly experienced technicians currently led by a well-respected lab manager who gives our lab director, Valdemar Blaszak, the time to concentrate on advanced technology like zirconia milling, 3D printing and the 3Shape Digital Scanner in our lab. This benefits our valued customers by the superb quality of their lab restorations at reasonable fees. No longer do our customers have to depend on traditional impression techniques, as we now are a distributor of the 3Shape TRIOS Digital Impressioning System. We provide a "fixed-on-six" hybrid fixed restoration with zirconia framework offering a valuebased alternative that is retrievable by the dentist. To help dentists build profitable practices with mini dental implants we have F.I.R.S.T. Mini Dental Implant Marketing so dentists can reach the right patients with the right mini implant messages to achieve cost-effective marketing results.

How has Dentaltown impacted your business?

Shatkin: We track how our course attendees discover Shatkin F.I.R.S.T. One of the more prevalent streams of course attendees is dentists who have learned about us through Dentaltown. These dentists, because of their entrepreneurial spirit, think outside the box and are more open to change, which is important to the procedures we offer.

Are you still personally reviewing all the cases you receive?

Shatkin: This is a question I am frequently asked and the answer is yes. Every morning before I start with my practice, I review all the cases that arrived the day before. We have developed an excellent system where all the required information I need to diagnose the case is present before I even view the case. Rob Zielinski, who has been with the company since the beginning, works closely with me handling all the administrative details and lab tasks with the

cases. I also now have a great associate dentist in my practice, which frees up more of my time for Shatkin F.I.R.S.T. I am still available to take pre-op or post-op calls and texts from dentists who need my assistance. I enjoy providing this personal attention to our Shatkin F.I.R.S.T. customers.

Tell us why dentists should work with Shatkin F.I.R.S.T. if they're placing mini implants in their practices?

Shatkin: Since 2003 we have helped dentists around the globe by providing training, case planning, surgical stents, crowns, bridges and dentures. By 2011 we were a well-established one-stop shop for mini dental implants. We provide thorough training and customer care on mini dental implants. Dentists value the simplicity of receiving their finished lab case together with the prescribed implants and not having to invest in a large inventory of implants in their offices.

What is the most rewarding experience you've had in training dentists and working with them in placing mini dental implants?

Shatkin: The most rewarding aspect of training other dentists is when I receive personal notes or phone calls from dentists who have had tremendous success with our procedures.

Why do you suppose more dentists aren't placing more mini dental implants?

Shatkin: I believe there are a number of factors. First, dentists are generally careful in adopting new technology and are cautious of change. Second, the complexities we face in operating and managing our practices can cause us to be distracted from seeing the positive opportunities available to us for treating our patients and building our practice earnings. Third, dentists might be reluctant to start placing mini implants to avoid possible hard feelings with the oral surgeons to whom they refer their implant patients.

I firmly believe, from the positive results I have obtained in my practice with mini dental implants and from the 9,500 dentists I have trained, it is just a matter of time until mini dental implants become mainstream in general dental practices.