



Is Dentistry Getting Too Easy?

by Howard Farran, DDS, MBA, Publisher, *Dentaltown Magazine*

This year I celebrated my 25th year of practicing dentistry and looking back over the last quarter century, sometimes I wonder if dentistry is just getting too darn easy.

The first five years I practiced, I had a 24-hour-a-day, 7-day a week, callous on my thumb and index finger from carefully moving stainless steel endofiles up and down all the time. When I graduated from dental school, it literally took me two hour-and-a-half appointments to manually clean out a tooth. Dentists today are so lucky! Now we have 300RPM nickel-titanium files that takes care of business in less than half the time – and in a single appointment, no less.

Radiology is also undergoing a complete revolution right now, and endodontics has become so much easier because of it. There is a high percentage of American dentists who use two-dimensional X-rays and it's so surprising to me how few have moved over to the new 3D technologies. I have still not met a single dentist who's gone from 2D to 3D and will ever go back. So many skeptics who still use 2D ask: "Well does insurance cover it? Will I have to charge extra?" Yet every single dentist I know who uses 3D says they don't even care. It's just amazing what you can see with the new technology. I mean, look at endo again. For years, every time a root canal failed we just assumed

we did something wrong. Like, maybe we were just short of the apex and we didn't get it all cleaned out. When you use 3D imaging, you can plainly see the root is fractured. If you can see that, just imagine how much more dentistry you can diagnose and treatment plan!

I predict, within a few years, general dentists will not refer to endodontists who don't have 3D X-rays – how would the endodontist even know if the tooth had a vertical fracture if she can't even see it?

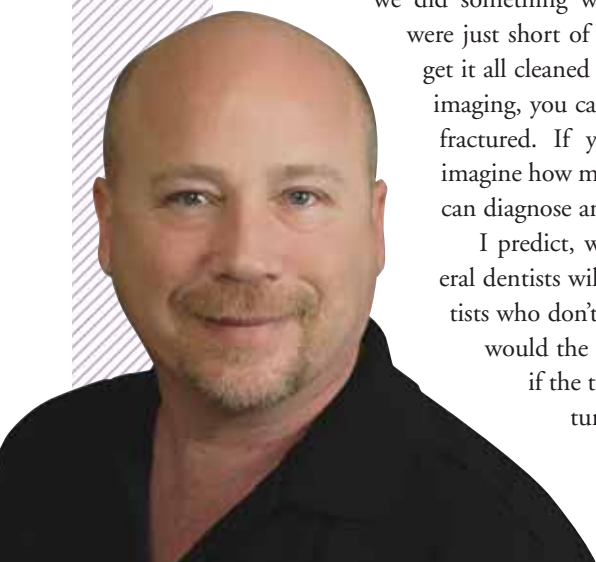
Root canal failure is why so many endodontists warranty their work. If it

fails in the first year, the patient will get 3/4 of their money back; if it fails in two years, the patient will get half of their money back and so on. If the root canal lasts four years, it's good enough. The best endodontists, on the other hand, outright refuse to warranty their work. They're good at what they do, and if they're using 3D imaging, they can see everything! You're telling me you're OK with taking \$1,500 of someone's hard-earned money to perform a root canal that's not going to last a year and you don't feel any shame or guilt about it? That ruins endo and root canals for *everyone*! What sort of connotation does it carry when someone tells you: "I don't want a root canal. Just pull the tooth. My cousin got a root canal and they had to pull the tooth a year later anyhow. What a waste of money."

The American Dental Association was way ahead of the curve when they granted specialty status to oral radiologists. In the future, the dentist isn't going to be the person reading X-rays. Oral radiology is going to explode – not just in the United States but internationally. That's all thanks to the Internet! I see practices taking 3D X-rays and e-mailing them to an oral radiologist somewhere else on the planet, and within a few minutes, the oral radiologist reads the X-ray and tells you what you've got.

The best endodontists in the profession use 3D cone beam computed tomography (CBCT), and they have the ability to place implants. I want my retreats to go to an endodontist who can take an accurate 3D X-ray and if she decides that the tooth isn't salvageable, the money isn't an issue because she can either make \$1,500 doing the retreat or she can make \$1,500 pulling the tooth and placing the implant right then and there. That is outstanding customer service to the patient!

You'd have to agree with me; dentistry is getting so much easier! Look at CAD/CAM. Since I've been a dentist all the best labs that I know will tell you that all the best dentists have about a six percent remake rate (couple that with the dentists who say they have never had a remake in 25 years, you know the truth is somewhere in the middle). Now with impressions going digital with optical scanning, those same labs



continued on page 16

say remakes drop from six to one percent. One percent! When you digitally scan the teeth, if you've got a huge monitor that's two feet by a foot, you just can't see a prep better than that. You can't even see a prep that well with loupes on. Taking it further, if you have a milling machine right there in your office you don't even have to send the impression out to the lab, and you can take care of your patient in the same day. I mean, CAD/CAM technology is something we only dreamed about and wished for 25 years ago. Now it's a reality, and there are still some of you who won't give it a shot. You can't afford to sit on the sidelines with

CAD/CAM. If you've been thinking about it, take the next step!

Look at implants! I got my fellowship from the Misch Insitute, I got my diplomat from the International Congress of Oral Implantology and I'm telling you, just thinking about placing implants in the 1980s makes my stomach turn. Placing implants has come such a long way since then. When you placed an implant back then, you were talking about long incisions, and when you thought you had an inch of bone to work with, you really didn't know until you got in there, and you'd receive such a shock that you really only had half as much bone. You had to stay so far away from the mental foramen for fear that an anterior loop could ruin your day. It was such a difficult procedure! Today, you don't even need to extract the teeth before you get started on placing an implant. You take a 3D X-ray, send it to a lab, the lab makes a snap on retainer with a pilot hole, you get it back, numb the patient up, snap on the retainer, drill right through the pilot hole and the tissue and place the implant. There are dentists who come up to me at seminars to tell me they don't pull wisdom teeth and that they can't stand the sight of blood, but they purchased a 3D CBCT machine and are placing seven to 10 implants a month. They've gone from zero to 60 in about three seconds in the implant world. I mean, tell me dentistry hasn't gotten too easy!

And then there's orthodontics! I remember doing ortho in my practice from 1987 to about 1992, bending stainless steel with these three prongs, trying to figure out the best way to improve someone's smile. You could literally get a migraine headache trying to figure out what you had to do with the wire. Some things are extremely difficult to wrap your head around and orthodontics in the 80s and early 90s was one of them. There's a reason orthodontists take so much more school! Then nickel-titanium wires came out, where they could pre-cast the archwire so everything was at the right angle, and all you have to do is bend it into the bracket. The wire straightens all by itself and drags the teeth with it! It's just gotten so much easier!

What's even more amazing is thinking how much easier dentistry is going to be in another 25 years! Think about it!

What ways has dentistry become easier for *you*? When you've finished reading my column, I wish you would jump onto Dentaltown.com and post your thoughts under my column this month. See you online! ■

Howard Live

Howard Farran, DDS, MBA, is an international speaker who has written dozens of published articles. To schedule Howard to speak to your next national, state or local dental meeting, e-mail colleen@farranmedia.com.

2013

19
MAY

Indian Dental Association
Cerritos, California
Tushar Patel – 626-917-7400
Tpatel273@yahoo.com
www.ida-ca.org

22
MAY

Western Essex Dental Association
West Orange, New Jersey
Jason Rothenberg - 973-822-2308
jrothenberg2002@yahoo.com

25
MAY

San Diego Dental Technology Expo
San Diego, California
Chris Ippolito – 619-277-4743
chris@ceadental.com

22
JUN

Asteto Dent Labs
Fort Lauderdale, Florida
Marc Daichman – 800-447-7750
mdaich@aol.com

23-30
JUN

Asteto Dent Labs Cruise
Departs from Fort Lauderdale, Florida
Marc Daichman – 800-447-7750
mdaich@aol.com