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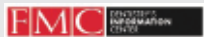
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A paradigm shift in implant dentistry

Impact of edentulism

Edentulism is considered a physical impairment, handicap, and a disability that impacts a patient's health, nutritional balance, and quality of life.¹ While the rate of edentulism has been declining throughout the past 3 decades, the subsequent increase in the United States and world population has resulted in an increase in the number of edentulous persons.² The number of edentulous arches is expected to rise to 61 million in the year 2020, which represents approximately 10% of people in the U.S. having one edentulous arch or more.³ This will ultimately increase demand for implant overdenture therapy.

First-choice standard of care

The placement of two to four implants for retaining a complete denture is an effective treatment option with long-term successful outcomes of prostheses and implants.⁴ As compared to traditional complete dentures, implant overdentures have the following benefits:⁵⁻⁷

- Greater comfort and less pain
- Enhanced chewing function, nutrition
- Enhanced stability
- Superior quality of life
- Psychologically and emotionally superior

The implant is key, but attachment choice is critical!

What do patients see every day when inserting and removing their dentures and cleaning the supragingival components? They see the portion that is holding the denture stable — the attachment! Attachment choice and its effect upon implant overdentures has been extensively studied. I use the Zest LOCATOR® because it has the lowest vertical height, enhanced long-term durability, dual retention, multiple levels of retention, and easy maintenance and interchangeability.

It is unfortunate that some patients must be excluded from overdenture therapy due to a lack of sufficient bone to accommodate an implant greater than 3 mm without adjunctive treatment. Many patients refuse bone grafting, osteotomy enlargement, or ridge splitting due to the actual or perceived invasiveness of these procedures. Also, any additional procedures enhance the potential morbidity, introduce incremental risk factors, and prolong healing and treatment duration.

Narrow diameter implants have been historically advocated for use in patients with inadequate bone volume and/or those who wish for minimally invasive therapy. While the one-piece ball and O-ring implant design is acceptable for certain indications, their tall prosthetic height, wear, and limited levels of retention present clinical challenges.

The LOCATOR® Overdenture Implant (LODI) System provides a narrow diameter dental implant with a simple and efficient drilling protocol, proven Resorbable Blast Media (RBM) surface treatment, self-tapping design for increased primary stability, and a two-piece design that offers superior prosthetic and surgical flexibility.

As a private practice Prosthodontist and an academic clinician, my patients who present with limited ridge width need a solution, one that I could feel comfortable with servicing over time in case attachment wear occurs, and one that allows me to fit the implant to the patient instead of the other way around. I have found tremendous growth of implant overdenture therapy in my clinical practice by being able to offer quality, affordable treatment using the Zest LODI System.

Michael David Scherer, DMD, MS, FACP



Dr. Michael Scherer is a full-time private practice prosthodontist in Sonora, California. He is currently an Assistant Clinical Professor at Loma Linda University, a former Assistant Professor in Residence at University of Nevada – Las Vegas (UNLV), and a fellow of the American College of Prosthodontists. He has published articles related to clinical prosthodontics, implant dentistry, and digital technology with a special emphasis on implant overdentures. Dr. Scherer also maintains "LearnLODI" - an interactive YouTube channel on narrow diameter dental implant procedures.

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