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The Tatum Times

Bon Temps

Good Times! It was wonderful seeing so many of our very dear friends, both old and new, at this years AAID meeting in beautiful "Nawlins". We are pleased that so many of you stopped by the booth to say, "hi".



Bon Amis

Good Friends! As always, we feel that the most valued friends are "Tatum Friends". We are grateful for the mutual friendships and common bonds that have been created through the years. Until we meet again... Au revoir!

Bon Appétit

Good Eating! Caroline Tatum did another amazing job this year putting her special touch on the hospitality suite. Our appreciation goes out to those who spent their evening with us.



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"To live for a time close to great minds is the best kind of education."

John Buchan

Tatum Surgical would like to extend congratulations to the graduates from the AAID approved Maxi Course in Puerto Rico. They traveled to Puerto Rico every month for ten months gaining extensive knowledge and training in advanced implantology.

L to R: Dr. José Pedroza (Director), Dr. Kaz Zymantas, Dr. Hilt Tatum, Dr. Thomas Carroll, and Dr. Christopher Hughes.



*Registration for the January Bone Expansion and Sinus Augmentation Class is closing soon. Please call for more details.
 727-459-4910*

Introducing the “RHA”

The Resnick Healing Abutment (RHA) adds a new dimension to the already uniquely versatile Tatum Surgical Implants.

The RHA is made of a titanium alloy (T90-A6-V4) and is made from the same metal stock as the Tatum Surgical Implants. The RHA consists of two parts - 1) The abutment (figure1) and 2) The flanged abutment placement screw (figure1).

The RHA is designed to fit precisely over the chosen diameter of the implant and can be positioned over the implant and rotated a full circle (360 degrees) depending on the surrounding soft tissue.

The purpose of the RHA is to preform an initial sulcus and provide adjacent papilla support prior to placement of the final abutment and abutment preparation. The RHA also allow for better visualization and access of the coronal aspect of the implant for prepping. The unique design features of the RHA include an intimate fit over the implant, two “flat” sides, two “convex” sides, a knife-like (similar to a dermal soft tissue punch) apical margin, and a flare of 2.0 mm larger than the implant it is being fitted over. It also has a height that matches that of the polished collar on the coronal aspect of the implant.

Now, a look at each of these four features.

1) Inside diameters that match to the implant you have placed. The RHA’s come in diameters of 3.5, 4.0, 4.5, 5.0, 6.0 mm. Currently, there is none for the 7 and 8 mm implant.

2) Two “flat” sides (figure 1). The flats will typically be placed next to the papillae of adjacent teeth on anterior teeth and premolars (figure 2). On larger diameter implants in molar positions, especially mandibular molars, the “flats” will typically be placed in a buccal and lingual (or palatal) orientation (figure 3).

3) Two convex sides (figure 1). The two convex sides on anterior and premolars will typically be placed in a buccal and lingual (or palatal) orientation. On larger diameter implants in molar positions, especially mandibular molars, the convex sides typically will be placed towards the papillae of the adjacent teeth (figure 3).

4) A knife-like apical margin (figure 1). No anesthetic is needed to slide the RHA on. It slides on with slight finger or instrument pressure. No patient has yet to complain of any Discomfort. There is no “pinching” of the tissue.

A tool is being developed to help with the placement. For now, a small hemostat (mosquito) often works to hold the RHA in place as the retaining screw is tightened. (figure 5) The protocol for placing the RHA is dependant on the case. The RHA can be placed at the time of the implant placement or, more typically, 4-6 weeks prior to the abutment placement and prepping.

So what is the purpose of the RHA?

It is twofold:

1) Starting to form the proper sulcus around the implant prior to abutment placement. This is critical for proper emergence profiles and/or development of papillae or support of already existing papillae.

2) Increased visual access of the polished (and mostly sub gingival) coronal aspect of the implant. (figure 4) This allows for less destruction of precious tissue during the prep. It also allows for easier access and visualization for placing the margins and the retentive groove.

The RHA can be further modified chair side with a diamond bur and a finishing bur depending on the uniqueness of the adjacent tissue features and the desired emergence profile of the crown to be made.

Tatum Surgical eventually will also offer RHAs that are unmodified (completely round on the top - no flats, no convexities) that the user can modify. There will be times when only one flat or no flats are appropriate to achieve the best emergence profiles. Ask Tony on these special items.

All the RHAs are flared and, depending on the user demand, future RHAs of greater flare (coronal diameter) can be produce as the users become familiar with these abutments.

Once again, the Tatum Surgical Implants combine the Arts and Science of implant dentistry.

In my experience of using these RHAs, abutment prepping has become much easier and less traumatic to adjacent tissues. Yet, in almost all cases, I’ll still do some tissue sculpting with a diamond bur at the time of abutment placement and prior to temporary fabrication. This is to achieve natural, esthetic, hygienic emergence profiles of the future cemented crowns. I have also found for anterior crowns in the esthetic zone, the best results come when I’ve had a temporary crown on for 3-6 weeks prior to the impression for the final crown.



Figure 1 The retention screw. The abutment showing the 2 "flat" sides and the 2 "convex" sides. A RHA on an implant.

Figure 2 RHA in a premolar position with the "flats" positioned towards the adjacent papillas, and the "convex" sides are buccal and palatal.



Figure 3 RHA on the #19 implant. The "flats" are to the buccal and lingual, the "convexities" to the mesial and distal.



Figure 4 Short Abutment cemented into #19. This shows how the RHA has formed a mature sulcus and given visual access for the prep.



Figure 5 Showing the placement of RHA using a mosquito forceps to maintain orientation when tightening the retentive screw.



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Users of the Month

We are pleased to announce our *Users of the Month* for July, August, and September 2009. For this accomplishment, these clinicians will receive four complimentary implants of their choice.

Visit us at
www.tatumsurgical.com

July
Dr. Ray Schneider
Green Bay, WI

August
Dr. Timothy Hacker
Bartlett, TN

September
Dr. Thomas Carroll
Texas City, TX

*Did you know...
RHA
Healing Cuffs
are only
\$25.00 each!*

*Did you
know?
10 or more
Implants
purchased in
the month of
December are
\$100 each.*

Upcoming Events

Clearwater, Florida

January 8, 2010
Sinus Manipulation
in Dentistry

January 9, 2010
Bone Expansion
and Manipulation

Atlanta, Georgia

July 23 and 24, 2010
Implant 101
Dx and Tx Planning,
Anatomy, Case Selection,
Osteotomy Preparation,
Implant Placement, Post
Placement, Impressions,
Lab Considerations.

***"A Journey to Remember"
2010***

*Tatum Institute International has fantastic news...
Dr. Tatum will be hosting two week long classes in
2010 for a week each in beautiful Normandy,
France. The trip will include: the course, lodging,
breakfast at the hotel, cocktail party and dinner at
the Tatum Chateau, guided trips to Paris, Rouen,
and Giverny for attending family members. This is a
chance of a lifetime for you and your spouse.*

May 16-22 or August 1-7



Happy Holidays!
In observance of the Holiday Season,
Tatum Surgical will be closed between
Christmas and New Year's Day.
As always,
We will be available in an emergency
situation.

