

Updated Prophylactic Antibiotic Protocol for Maxillary Sinus Grafting Procedures

by *Randolph R. Resnik, DMD, MDS*

Background

Amoxicillin-clavulanate (Augmentin) has long been the first-line antibiotic for both prophylactic and therapeutic management of sinus graft procedures due to its broad-spectrum activity and beta-lactamase resistance. For patients with penicillin allergies, fluoroquinolones (e.g., Levaquin, Avelox) were historically prescribed as alternatives.

FDA Safety Warning on Fluoroquinolones:

The U.S. Food and Drug Administration (FDA) has significantly restricted the use of fluoroquinolones (Moxifloxacin (Avelox), Ciprofloxacin (Cipro), Levofloxacin (Levaquin), Ofloxacin) by issuing a Boxed Warning—the agency's strongest advisory. These antibiotics have been associated with potentially disabling and irreversible adverse effects involving the tendons, muscles, joints, peripheral nerves, and central nervous system.

FDA adds "black box" warning to fluoroquinolone antibiotics

Janice Hopkins Tanne NEW YORK
The US Food and Drug Administration has told manufacturers of fluoroquinolones to warn doctors and patients of the raised risk of tendonitis and tendon rupture. The "black box" warning, the most stringent, must be added to drug labels and prescribing information, and manufacturers must also develop a treatment guide for patients.

accomplished "two of the three steps Public Citizen has urged the agency to do for nearly two years." The third step, which the FDA did not take, was to send a warning letter to doctors "clearly describing possible adverse reactions, such as tendon pain, so that patients can be switched to alternative treatments before tendons rupture."
Public Citizen, together with the Illinois

FDA Black Box Warning

A black box warning is the strongest warning issued by the FDA pertaining to particularly strong adverse effects caused by a pharmaceutical. A black box warning is the toughest step taken by the FDA short of removing a drug from the market. In 2008 the FDA ordered that fluoroquinolones carry a "Black Box Warning" to alert

(cont'd. pg 4)

UPDATED 2025 DATES

- July 16, 2025
- August 20, 2025
- September 17, 2025
- October 22, 2025
- November 19, 2025
- December 17, 2025

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More concerning, fluoroquinolones have been linked to collagen degradation, which can contribute to aortic aneurysms and dissections.

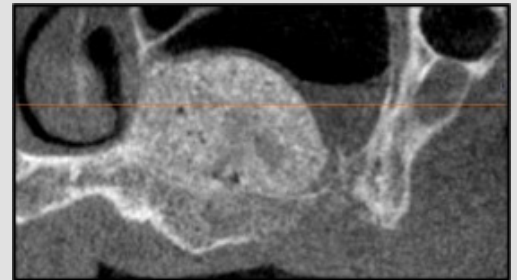
- A JAMA study reported a two-fold increase in the risk of aortic aneurysm or dissection within 60 days of fluoroquinolone use.
- A British Medical Journal (BMJ) study tracking 1.7 million patients found nearly a three-fold increased risk of aortic aneurysm among fluoroquinolone users.

Revised Resnik Institute Protocol for Sinus Grafting

First-Line Antibiotic

Augmentin (875/125 mg):

1 tablet BID for 7 days, starting 1 day prior to surgery



Penicillin Allergy – Non-Anaphylactic Reaction

Cefuroxime (Ceftin) 500 mg:

1 tablet BID for 7 days

- Second-generation cephalosporin with beta-lactamase coverage and effective against gram-negative cocci, bacilli, and anaerobes.



Cefdinir (Omnicef) 300 mg:

1 tablet BID for 7 days

- Third generation cephalosporin which is effective against a broad range of respiratory pathogens, including many gram-negative and gram-positive bacteria and beta-lactamase-producing organisms



Penicillin Allergy – Anaphylactic Reaction:

Doxycycline (100 mg):

1 tablet BID for 7 days

- A broad-spectrum tetracycline with strong activity against respiratory pathogens and excellent pharmacokinetic properties.

Azithromycin (Zithromax) (500 mg):

1 tablet daily for 7 days

- A macrolide antibiotic with broad-spectrum activity against respiratory pathogens, but due to increasing resistance—especially from *Streptococcus pneumoniae* and *Haemophilus influenzae*



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IMPLANT STUDY OF THE MONTH

Topic: *Enamel Wear from Monolithic Zirconia*

Monolithic zirconia is widely used in implant dentistry due to its strength, fracture resistance, and biocompatibility. A common concern is its potential to abrade opposing enamel surfaces.

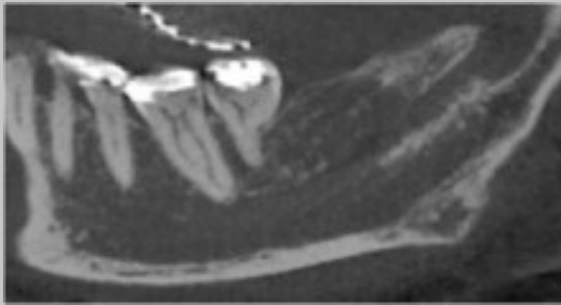
A clinical study by **Esquivel-Upshaw et al.** (University of Florida) compared in vivo enamel wear against:

1. Monolithic Zirconia
2. Porcelain-Fused-to-Metal (PFM)
3. Natural Enamel



Question: Which material caused the most wear on opposing enamel?

CBCT PATHOLOGY OF THE MONTH



Upon CBCT evaluation of a patient, you notice the following incidental finding which is generalized throughout the maxilla and mandible.

What systemic disease does this patient have?

PROSTHETIC QUESTION OF THE MONTH

Topic: **Complications from Cement-Retained Implant Prostheses**

Cemented prostheses offer advantages such as low cost, esthetics, and passive fit. However, residual cement can act as a bacterial nidus, potentially causing peri-implant disease.

Question: What is the average time between cementation and diagnosis of peri-implant complications?



(cont'd. pg 5)

LEGAL QUESTION OF THE MONTH



Topic: What is an "Excess Verdict" in Malpractice Litigation?

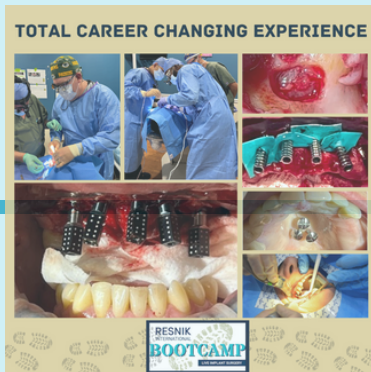
An **Excess Verdict** occurs when a jury awards damages that exceed a provider's malpractice insurance policy limits. In such cases, the provider (or their corporation) is personally **responsible** for paying the amount exceeding the policy.

Example:

If a dentist has a \$1 million policy and a jury awards \$2.5 million, the dentist is liable for the **remaining \$1.5 million**.

Recommendation:

To mitigate risk, practitioners should consider increasing policy limits (e.g., to \$3 million or \$5 million). Additionally, **retain personal legal counsel** if facing a case with potential for an excess verdict.



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MASTERING THE BUSINESS OF DENTISTRY

ROGER P. LEVIN DDS



Hello Readers,

I am very excited to provide the latest installment of "Mastering the Business of Dentistry" in the Resnik Implant Institute newsletter. I have great respect for the educational importance of the Institute, and I sincerely hope that I will be able to contribute ideas on the business of dentistry and increasing practice production that will benefit all students and alumni. My own career as CEO of Levin Group began with one question that I am still asking 40 years later – how do you increase production in a dental practice while reducing stress? Based on this critical question, I look forward to providing more practical recommendations that can be implemented quickly to benefit all your practices.

*All the best,
Roger*

BUILDING A WORLD-CLASS DENTAL TEAM

INTRODUCTION

Many of you have dedicated yourself to learning implants, mastering them clinically and increasing the number that you place annually. One of the elements of sustaining a strong implant practice is the dental team. It can be challenging to determine exactly what the team should do to increase the number of implants placed and/or restored, but inherently every dentist knows that this is important. This article will focus on building a world class dental team, specifically around the service of implant dentistry.

WHY AREN'T ALL DENTAL TEAMS "WORLD CLASS"?

Many articles, webinars, and seminars are available on the topic of how to build a world class dental team. I will make a number of recommendations in this article. The truth of the matter is that most dental teams are never properly provided with a clearly defined practice culture and world class set of business systems. Let me explain.

1 Every practice has a culture. It is unavoidable. Unfortunately, in most cases, the culture is not determined by the practice leaders, but rather "just happens." If you have not been proactive in identifying and intentionally establishing a culture, something will fill the void. Sometimes the culture will turn out well by accident and other times not so well (also by accident.) Your team will never become world class if you don't purposefully create a world class culture. Levin Group recommends what we call a "culture of positivity" where the entire practice environment is one of extremely positive nature every day.

2 Most practices do not have leading edge business systems. Your practice success will be directly proportional to one word – systems. Most practices do not have leading edge business systems. Your practice success will be directly proportional to one word – systems. If you have gone through extensive education in implant dentistry, or any other procedure or dental service, then you need new systems. If you have great systems, and your team is well trained in those systems you will experience growth and increase practice production every year. If you do not have world class systems, you will not build a world class team.

Further, in an era of staff shortage and turnover you will also have new people joining you with less experience and they take longer to train or never become fully trained. Documented systems are the best tool available to help new team members have success in their jobs. Isn't that exactly what happened when you took continuing education programs to learn implant dentistry? Step-by-step education with checklists and protocols around every business system in the practice will enhance the overall sense of a world class team. (cont'd. pg 8)

3

A focus on excellent customer service is essential. If everyone on the team knows that they come to work to serve patients, provide excellent care, treat people like VIPs, make every patient happy then you will know that they will typically make excellent decisions in their interactions and interpersonal relations with patients.

HOW DO YOU BUILD A WORLD CLASS TEAM?

The answers are simple, but also complex. To build a world-class team you have to be willing to start with your own leadership abilities.

- **Leadership** is often the key to success in creating a world class team because it gives the team something to emulate. People with positive mentors do far better in life. They have better accomplishments, higher levels of success, and better results because they learn what to do by watching. Think of it as an apprenticeship and never underestimate the beneficial contributions of a great leader in building a world class team. Become the day-to-day example of what you want your team to be. Positive? Hard-working? Punctual? Customer service oriented? Happy? Energetic? Proactive? Decisive? Any or all of these go to the heart of what the leader needs to exhibit to build a world class team.
- **Leadership** means creating a pathway for other people to be successful. Think about what you can do to help your team get their work done, move forward and get great results. Great leaders go to work to find a way to help the team get their work done. They put great systems into place and train the team to follow them.
- **Leaders** provide inspiration. Most people are not internally motivated, they are externally motivated, and they need that motivation repeatedly. Part of the leader's job is inspiring and motivating others. You, the leader, are the external motivation. You are the energy source for your team. But you have to do it every day. Think of it like food. If you don't eat for 24 hours you will probably be very hungry. The same is true for

inspiration and motivation. And it all starts with the leader's attitude and personality. Do you come to work enthusiastic and energized so that other people can feel it and feed off of it? Do you constantly compliment your team, let them know you appreciate them and recognize people for a job well done all day long. In the midst of practicing dentistry this can be hard to remember to do but not doing it could be the biggest mistake of a career. If you want to build a world class team, you must have world class inspiration and motivation for your team.

leadership leadership leadership

HOW LONG DOES IT TAKE TO BUILD A WORLD CLASS TEAM?

There certainly is no exact answer to this question but generally speaking, allow yourself a year. You can't build a world class team any more than you could train a world class athlete in a couple of days or a week. It takes time, repetition, and practice. If you don't have great systems, it won't matter. If you don't work to be a great leader, it won't matter. The next level of your team will be directly proportional to how you follow the above recommendations. Bad culture, bad team. Bad leader, bad team. World class culture, world class team. World class systems, world class team.

It will take time, but it is well worth it. A world-class team builds a much more successful practice. The realization of all of the work you have done to learn implant dentistry will allow you to increase practice production every year. If you can put this all together you can build a world-class team

ROGER P. LEVIN, DDS

Roger P. Levin, DDS is the CEO and Founder of Levin Group, a leading practice management consulting firm that has worked with over 30,000 practices to increase production. A recognized expert on dental practice management and marketing, he has written 67 books and over 4,000 articles and regularly presents seminars in the U.S. and around the world. To contact Dr. Levin or to receive his Practice Production Tip of the Day, visit www.levingroup.com or email rlevin@levingroup.com.

RADIOLOGY TIP OF THE MONTH

CBCT & Hounsfield Units: What Every Implantologist Needs to Know

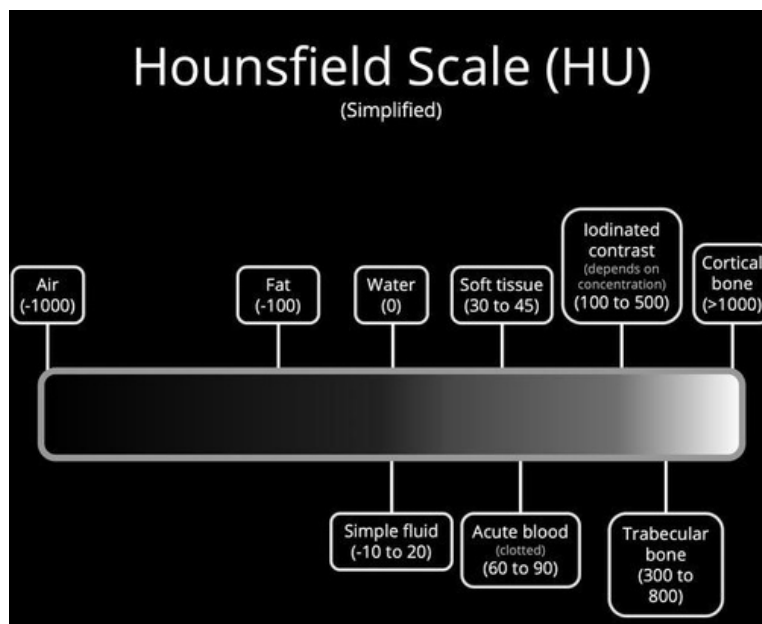
While CBCT (Cone Beam Computed Tomography) uses grayscale values to represent tissue density, it's not accurate for directly measuring Hounsfield Units (HU) in the same way as conventional CT scans. CBCT systems don't always produce values directly comparable to HU, and their accuracy can be affected by factors like scattering, imaging range limitations, and reconstruction algorithms.

CBCT vs. CT:

CT scans use Hounsfield Units (HU) to quantify tissue density, where water is 0 and air is -1000. CBCT, while also based on X-ray attenuation, often uses grayscale values that don't directly correspond to the HU scale.

Factors Affecting Accuracy:

- **Scattering:** CBCT images are more prone to scattering, which can affect the accuracy of density measurements.
- **Limited Imaging Range:** CBCT has a smaller field of view compared to CT, potentially affecting the accuracy of density measurements, particularly in larger areas.
- **Reconstruction Algorithms:** The algorithms used to reconstruct CBCT images can also impact the accuracy of grayscale values, making direct comparisons to HU difficult.



CASE STUDY

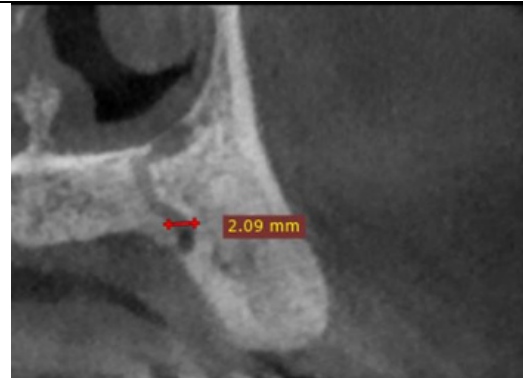
Canalis Sinuosus:

A 53-year-old female presented for implant treatment for her missing #12. Radiographic assessment identified a 2mm wide canal at the intended implant location

- The Canalis Sinuosus (CS) is a bone canal in the maxilla that branches from the infraorbital canal and ends laterally to the anterior nasal spine.
- If present, it may contain branches or the main anterior superior alveolar nerves and vessels.
- It may also affect the positioning and angulation of dental implants, as care must be taken to avoid damage to the neurovascular structures within the accessory canal.
- Studies have shown the canalis sinuosus to be present on 87.5% of CBCT scans.

Clinical Significance:

- It is important to investigate the canalis sinuosus's presence, especially when placing implants in the anterior maxilla.
- Cases of nerve affection (pain, paresthesia) and implant failure due to soft tissue interface have been reported in the literature when placing an implant within the canalis sinuosus.





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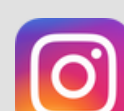


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LOCAL SEO FOR DENTISTS: DOMINATING THE "NEAR ME" SEARCHES

by Mark Romano, CEO of NOW MEDIA

Imagine a prospective patient experiencing sudden tooth pain. What's the first thing they'll likely do? Reach for their smartphone and type "emergency dentist near me." Or perhaps a new resident is looking for a family dental practice in their neighborhood and searches for the "best dentist near me." These "near me" searches are the lifeline for local businesses, and for dental practices, mastering them is no longer optional – it's essential for consistent new patient acquisition.

Local SEO writing is the process of optimizing your online presence to attract customers from relevant local searches. Think of it as making sure your business appears prominently when people in your immediate service area search for the products or services you offer, like a dentist searching for "dentist near me."

At **Now Media Group**, our professional marketing team understands the unique challenges and opportunities within dental marketing. Here are a few tips to help your dental practice reach the top of local search results and capture the attention of patients actively seeking your services.

Keywords are the terms potential patients use when searching for dental care. Identifying and strategically incorporating local keywords is crucial for attracting the right traffic. Beyond the basics, while "dentist," "dental clinic," and "toothache" are essential, think more granularly.

CONSIDER -

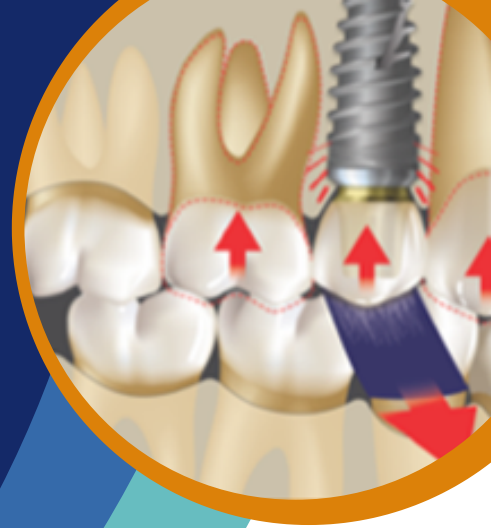
Service-Specific Keywords + Location: "Cosmetic dentist \[Your City/Region\]," "Emergency dental care \[Your Neighborhood\]," "Invisalign provider near me."

Problem-Based Keywords: Wisdom tooth pain relief, "chipped tooth repair," "gum disease treatment."

Question-Based Keywords: "How much are dental implants near me?," "Who accepts \[Insurance Provider\] near me?"

Long-Tail Keywords: These longer, more specific phrases often indicate higher intent. For example, "dental implant dentists accepting new patients in \[Specific Area\]."

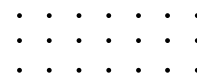
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Christopher Resnik, DMD, MDS
Lab Director



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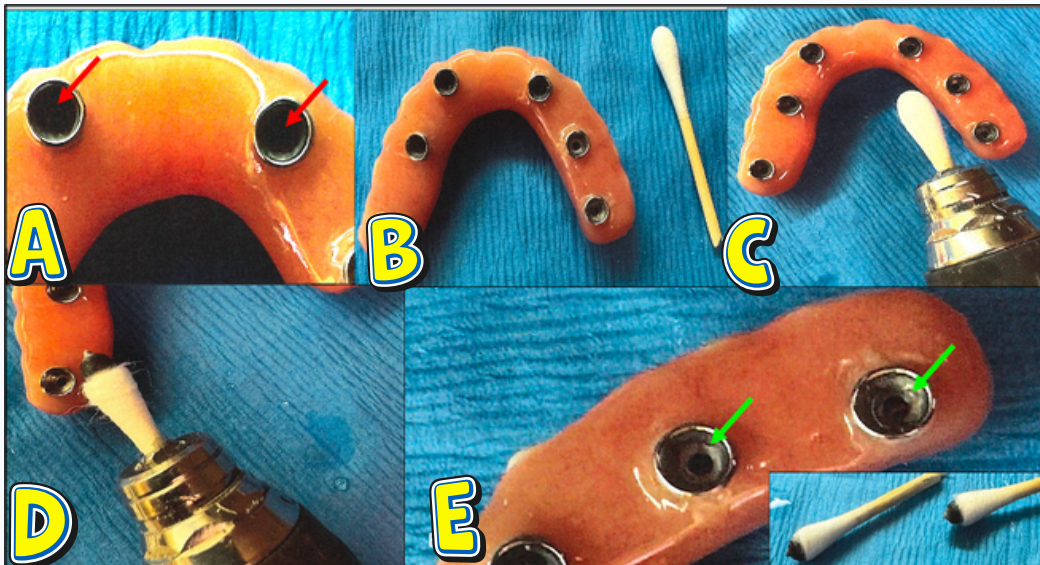
SAFE AND EFFECTIVE METHOD FOR CLEANING DEBRIS FROM THE INTERNAL ASPECT OF A PMMA TI-BASE

Clinical Challenge:

Debris may accumulate within the internal chamber of the titanium base (Ti-Base) of a PMMA provisional restoration. This contamination can compromise the seating of the prosthesis or prevent it from fully seating (**Figure A**). Mechanical cleaning using hand or rotary metal instruments poses a risk of damaging the Ti-Base surface or unintentionally dislodging the luted component.

Recommended Technique:

Insert a cotton-tipped applicator into a straight laboratory handpiece (**Figures B and C**). At low rotational speed and in a clockwise direction, gently insert the cotton applicator perpendicular to the internal chamber of the Ti-Base (**Figure D**). This approach allows for effective debris removal while preserving the integrity of the Ti-Base surface and minimizing the risk of debonding.



Outcome:

A clean, intact internal Ti-Base (**Figure E**) that ensures optimal seating of the prosthesis with minimal risk of mechanical compromise.

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See what past graduates are saying...



Dr. Resnik and his team are amazing! I took an extensive implant curriculum about 12 years ago and only placed the straight forward single or double implants since then. If you want to raise your implant game for your patients, your practice, and yourself - you don't have a choice: SIGN UP TODAY and you won't regret it! Cheers! -- **Dr. Chad Yenchesky**

The course gives you the confidence you need to place dental implants and allows you to meet like minded colleagues and instructors. \ Dr. Resnik is a great lecturer, keeps things interesting and presence scientific research to back up his claims. Most importantly the course will provide you with cook book instructions and protocols for everything you will encounter during your implant journey, from placement, to suture line opening to dealing with infections, consent form templates, medical clearance templates...etc. \. Strongly recommend! -- **Dr. J Chen**

This course gives you a comprehensive introduction to placing single, multi, and full arch implants mostly using guided techniques. This course is for anyone at any level. The audience is made up of beginners who have never placed an implant (like myself) to the well seasoned general dentists/ OMFS who has had years of experience placing implants. Best money I have spent to forward my career. -- **Dr. Natalie Sigwart**

I finished the 5-course curriculum just this past year. Dr. Resnik and the faculty are hands down the best in the business. The Resnik program gives you the education, tools, and the confidence to be proficient at implant dentistry. This curriculum gives you the knowledge and the skills to take your practice to the next level! -- **Dr Michael Buck**

After 30 years of practicing dentistry, my only regret is that I did not get involved with implant dentistry earlier in my career, specifically with the Resnik Institute. I never realized how rewarding and exciting for both me and my practice this could be. Dr. Randy Resnik and his entire staff are a major factor in this testimony! -- **Dr. Douglas Adel**

Dr. Resnik has an amazing depth of scientific based knowledge concerning his subject. He builds a very large zone of safety. If one stays within this zone the success rate will be maximized and complications will be extremely rare. -- **Dr. Terry Rigdon**

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