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Scott D. Ganz, DMD

Through the lens of life

What can you tell us about your background?

In my undergraduate college years, my first official major was in Art, which was necessary to get into the studio art courses so I could gain actual hands-on experience. I was also an avid photographer, with my own darkroom (remember the days of film?). I never really thought that I could make a career from art or photography, and knew that I did not want to be in a medical profession dealing with life and death issues. At that point in time, I had not considered dentistry as a career path. While trying to decide a path for the future, my uncle, Dr. Mel Ganz, who practiced in Long Island, New York, invited me to visit his dental practice to see what it was like. I then realized how much "art" was involved with dentistry as a creative process, and I made the decision to pursue becoming a dentist. I attended undergraduate dental school at what is now Rutgers School of Dental Medicine, and then completed a 3-year specialty program in Maxillofacial Prosthetics at M.D. Anderson Cancer Institute and at the Dental School in Houston. Texas. I soon realized that I could combine my interests in art, photography, writing, and eventually educating others within this exciting field. Add to that my early interest in computers, graphical software applications, and video editing; you have the foundation for my career.

Is your practice limited to implants?

As a Prosthodontist specialist, my practice encompasses all aspects of oral reconstruction. Therefore, we offer all related services, including but not limited to crowns, bridges, removable partial dentures, complete partial dentures, porcelain laminate veneers, composite restorations, from single tooth to full-mouth reconstruction. That stated, my practice has been mostly implantspecific for a large majority of my patients who are missing, or will be missing teeth.

Why did you decide to focus on implantology?

I was very fortunate to be exposed to dental implants early in my postgraduate training, when Brånemark's work was introduced in the early 1980s. I was surrounded



With my colleagues, Dr. Ernesto Moran and Dr. Carlos Rubio: Our live surgery courses held in Los Algodones, Mexico, help educate clinicians, while providing needed dental work for local patients. More information can be found at www.hands onsurgery.org

by forward-thinking clinicians at the University of Texas Health Science System in Houston and San Antonio, when Brånemark first introduced his root-form implant system to the United States. I was initially intrigued and then totally convinced that dental implants would become the future of restorative dentistry. I followed that path, learning as much as I could, early on, and then decided to focus my efforts on dental implants to improve the quality of life for patients under my care. When I completed my residency in Houston, I moved back to the New York area to work with a well-known Prosthodontist. Unfortunately, he was not in favor of dental implants, as were many specialists of that era. I then had a dream opportunity to work with one of the true dental implant pioneers, Dr. Leonard Linkow. During my 3-year term with Dr. Linkow in the mid-1980s, I was exposed to every aspect of implantology, including blade and subperiosteal implants. It was at Dr. Linkow's office that I first learned about 3D imaging and CT scan technology, used at that time for the diagnosis, design, and fabrication of subperiosteal implants. 3D diagnostic imaging technologies (CT and CBCT), and interactive treatment planning software became one of the cornerstones of my practice as noted in dozens of



It has also been a great thrill to present and moderate at the annual Imagina Dental CAD/CAM 3D Imaging Conference held in Monaco each year

publications and a main focus for most of my presentations worldwide.

How long have you been practicing, and what systems do you use?

I have been placing and restoring dental implants since 1982. During that time, I have

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accumulated over 20 systems in my office so that I could become knowledgeable in the variations of implant design, surgical protocols, and restorative components. It's important to me to understand what works well in different clinical situations. It wasn't long after I started placing and restoring root-form implants, that potential restorative limitations were found with the original 0.7-mm high external hex, and therefore, I moved to an internal connection in 1986. I have continued to use internal connection implants from various implant manufacturers

ever since. I have used systems ranging from the original Brånemark, to Core-Vent[®], LifeCore[®], Zimmer (in the various company names and incarnations), Dentsply, Astra, Straumann[®], BioHorizons[®], and many others.

Who has inspired you?

Within our industry, I have been inspired by so many individuals that it would be hard to name them without leaving someone important off of the list. I have been inspired by people who pursued their passion, who put pen to paper to express their ideas, who documented their clinical expertise, who educated others without ego, did meaningful research, treated patients with

respect, maintained high ethical standards, and who were generous with their time for those who were curious.

What is the most satisfying aspect of your practice?

Being able to communicate effectively to our patients on how their quality of life can be changed, and then having the opportunity of being able to deliver on that vision. When patients leave with their new smile, it is extremely satisfying for my staff, and me.

Professionally, what are you most proud of?

I have been very fortunate to have been involved with the advent of 3D imaging (CT/CBCT), interactive treatment planning software, CAD/CAM technology, and the ever-evolving world of "digital dentistry." It has been a great experience having helped introduce many concepts and digitally related products like SimPlant[®], and Atlantis[™] patient-specific CAD/CAM abutments to our industry. However, I am perhaps most proud that my first book, *An Illustrated Guide to Understanding Dental Implants*, has served to educate patients, staff, and dentists since 1993, in a simple,



Thanks to my wonderful office staff! Lillian, Mary Lou, Stephanie, and Michelle — I couldn't do it without them



What a great moment meeting Prince Albert II, whose foundation through the Principality of Monaco helps sponsor this meeting, making Monaco one of the centers for digital dentistry and innovation in Europe

vet direct manner. The full-color illustrations have had a direct influence on case acceptance for dental implant applications in many countries around the world, and is still in demand today. The book was conceived and created entirely on the computer, never on paper. This was guite an accomplishment in 1992-1993 when computing power was not even as good as our smart phones today. Now 22 years later, I cannot be more proud of my recent collaboration with Drs. Marco Rinaldi and Angelo Mottola co-authors of our recently released textbook, Computer-Guided Applications for Dental Implants, Bone Grafting, and Reconstructive Surgery published by Elsevier. Finally, I was honored to have been asked to become Editor-in-Chief of Cone Beam International Magazine of Cone Beam Dentistry, a publication by Dental Tribune International, now in its second year, reaching thousands of interested clinicians worldwide.

What has been your biggest challenge?

Trying to find solutions for every patient who presents for treatment. Certain patients present more of a challenge than others, but they all have individual issues based on their



It was 2 years ago that I was able to introduce the inaugural issue of our new *Cone Beam International Magazine of Cone Beam Dentistry* at the Grimaldi Forum in Monaco



All surgical procedures are done under supervision in our state-of-the-art facility with HD video capturing each procedure. Clinicians also have the opportunity to utilize instrumentation like the innovative shadowless headlamp worn by the clinician doing the surgery (3D DEX, Langhorne, Pennsylvania) or the Osstell IDx device (not shown) by Osstell USA.

individual anatomy, lifestyle, dental/medical history, and their desires. Finding the right solution for each patient remains a day-to-day challenge.

What would you have become if you had not become a dentist?

I can only dream about that question ... If I could have been good enough, I would have liked to become a professional golfer, a professional wildlife photographer, software developer, or perhaps a graphic artist.

What is the future of implants and dentistry?

While it is easy to say that our future is "digital," it has been a long time coming. I started with CT scan imaging modalities for the diagnosis and treatment planning of dental implants in 1985. When I was first invited to present on the national podium in the early

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1990s at the Academy of Osseointegration and other professional organizational meetings. I was naive enough to think that in 3 to 5 years, every case would be planned with 3D technology and interactive treatment planning software. When we started to develop CAD/CAM technology for milling of titanium bars, patient-specific abutments, or zirconia crowns, it seemed to me that our industry would move quickly to adapt to advances in materials and manufacturing processes. Cone Beam CT, intraoral optical scanners, in-office milling machines, guided-surgery applications for the placement of implants - all of these technologies have evolved for general use much slower than I originally thought.

Our industry may be slow to adapt to change for many reasons, especially within the educational system. However, we are moving forward. I am thankful that dental implants have finally become such an important part of everyday dentistry. We do need more education at both the undergraduate and postgraduate levels because today, dental implants ARE conventional dentistry. But, I do believe that the future is the refinement of the digital workflow for all aspects of dentistry, and specifically dental implants. With advanced diagnostic imaging from CBCT devices, we can take the guesswork out of the equation for most situations and determine in advance if we can place an implant, need bone grafting, or have the ability to deliver a transitional prosthesis the day of placement with the appropriate restorative components. But 3D imaging alone cannot confirm implant stability. This can only be determined at the time of implant placement. One new digital device, the Osstell IDx (Osstell USA) can reduce subjective measurements of implant stability for most available implant systems,

I have had the great opportunity to combine great skiing with exceptional learning, meeting colleagues from around the world at the Meisinger High Altitude Comprehensive Implant Symposium (far left). Thanks to Alex Miller (second from right), President of Meisinger USA, who has sponsored this educational event for the past 5 years. Next year a great lineup of speakers back in Vail, Colorado!

providing meaningful data for clinicians at the time of surgery, and after healing. ISQ values or "implant stability quotients" are obtained through the use of Resonance Frequency Analysis, which allows a more precise and objective measurement of the osseointegration process. I feel much more confident having a baseline ISQ number, which helps me decide when to load an implant.

The next best thing? Watch out for significant developments related to 3D printing!

What advice would you give to budding implantologists?

Follow your passion. Always keep learning. Use 3D imaging to assess patient anatomy even in cases that you think may be simple — it's always better than guessing, and you might be surprised with what you find. Today there are endless opportunities to learn more about dental implants, avoiding complications, surgical and restorative techniques, bone grafting, etc. Find out which procedures you enjoy most. Try to combine your hobbies such as photography, video editing, or computer

Top 10 favorites

- Having fun with my granddaughter
- Barbecuing on my backyard grill
- 3. Great sushi
- 4. Hawaii
- 5. Golf
- Implants with high ISQ values (above 75) for immediate restorations
- 7. Cone Beam CT and interactive treatmentplanning software
- 8. Everything Apple®: Apple® computers, iPhone[®], Apple Watch[™], etc.
- 9. Watching our four dogs playing together 10. Watching our three daughters grow up

Our four dogs - keep us all busy and happy!



Education is universal, and the demand is high for many types of surgical procedures including implants and bone grafting. This past June, I co-directed a live hands-on sinus augmentation surgery course with the doctors of the CIAEO group and Dr. Patricia Uribe in Bogota, Colombia

imaging to improve documentation of your cases. It's amazing what you learn from the photos you take of your own work!

Join implant organizations, and get involved. You might make a new friend, and meet colleagues from all over the world. There are three major implant organizations: the Academy of Osseointegration (AO), the American Academy of Implant Dentistry (AAID), and the International Congress of

> Oral Implantologists (ICOI). These organizations all offer many opportunities for on-site learning at their annual meetings, online webinars, videos, and satellite meetings. Join a committee, and get involved!

What are your hobbies, and what do you do in your spare time?

I am having a great time being a grandfather and spending quality time with my family. I am an avid golfer, although it takes up a lot of time, which means I don't get to play often, but wish I did. I continue to pursue photography, and enjoy incorporating my photographic and video skills in creating clinical presentations, but really enjoy photographing bald eagles in the wild. Photography allows me to be creative outside of the office. I am very thankful that I have had the wonderful opportunity to meet and learn from colleagues through my travels to different regions of the world bringing a unique perspective and appreciation to my life through the many truly meaningful friendships that have developed over the years. Social Media has enabled us all to keep in touch on a regular basis, no matter where we are.

