As D’Alise explains, “the standard of care for one missing tooth is not a three-unit bridge. It’s the dental implant with a crown. Because of the economy, most dental implants have come down in price. The abutments that go onto implants are still somewhat expensive, but we try to keep the prices down. Therefore, from the standpoint of time, laboratory costs, and material costs for the implant and accessories, a dentist can replace a single missing tooth for the same cost—and less time—as doing a three-unit bridge and possibly violating two perfectly viable teeth.”

With more general dentists placing implants, D’Alise sees a great future for this procedure. “Implants are becoming more and more user friendly. A lot of companies try to make their systems look complicated—so in the past, the general dentist probably was a little intimidated on the surgical side. However, now most of the people attending our courses are general dentists. First, it was the oral surgeons, then the periodontists, and now the general practitioners.”

D’Alise himself has been placing implants since 1967, and the company has been offering them since the late 1980s. “We started out with an HA-coated cylinder implant, then went to a non-HA-coated threaded implant. Next, we developed a proprietary surface treatment that we still incorporate, which is probably the most aggressive surface treatment on the market today. Our present dental implant is a highly adaptable patent-pending design for conventional placement or for immediate restoration. In other words, the clinician could place the implant and restore it with a temporary crown, and the patient could leave the office with a tooth within 35 minutes.

“Our difference is what we call dual stabilization—condensing bone around the tip of the implant through the engineering of the implant itself. The implant bottoms out and literally pulls bone from beneath and around the tip of the implant to condense it with tension around the tip and also lock it in at the crest of the bone with a collar and microthreads. This resists lateral pressure on the implant during normal function.

At OCO Biomedical, “our motto is safe, simple, and successful,” says David D’Alise, DDS, President and company founder. “We try to keep things as simple as possible, by making our restorative procedures more like the general dental procedures for restoring teeth and trying to restore dental implants the same way. This holds down the cost and makes it more affordable for patients.”

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“That’s why dentists can place it and load it immediately,” D’Alise explains. “When the implant is placed, if you tap on it, it sounds just like an osseointegrated implant. With most two-stage implants, it takes a minimum of 3 months in the lower and 6 months in the upper. However, in about 90% of cases, we get that stabilization at placement.”

The company’s implant line covers the full spectrum: a complete line of one-piece, single-stage implants, and two-piece, both single- and two-stage, which can be used to fit virtually every implant situation. Its present generation of dental implants was designed not only with immediate loading in mind, but also to be used in conventional or more complicated procedures in the two-stage technique when bone grafting, socket augmentation, and sinus lifting are required. “The most unique thing is that it was bioengineered to lock into place and condense bone around the implant with tension, which stimulates bone growth,” D’Alise says.

“Another feature of our products is what we call logical progression. When you see a complete lineup of our implants, they pretty much all look the same. So beginning dentists getting into mini or smaller implants can logically progress into more complicated or esthetic procedures—for example, the replacement of a missing front tooth or sinus augmentation—by merely adding another step to what they are presently doing.”

The company’s R&D process is dynamic, according to D’Alise. “We keep making small changes and modifying the implant as we see a new need for an improvement. We welcome feedback from our customers and take it seriously. We incorporate their suggestions into our implants if it’s something that’s going to make them better.

“We feel we have the best implant available on the market today. We don’t offer four or five different implant bodies or interfaces. Of course, there are different sizes and different configurations. But if you look at the body of the implant, it’s all the same. The reason we did that is because it’s so successful and because of important features such as the dual stabilization. As far as success rates, it’s been unbelievable. We haven’t compiled 2009 numbers yet, but in 2008, I think it was 1.7 reportable failures per thousand sold. I can see our implant being a viable treatment modality for some time to come.”

For training and education, the company offers courses locally and throughout the country, and the web site hosts educational material. “We give a primary course and an advanced course,” D’Alise says. “During our courses, we don’t talk just about our implant and how to place it. We also go through treatment planning and diagnosis, as well as other things about implants that most dentists—even ones who have been doing it for a while—don’t really know: for example, why implants fracture and the difference between placing loads on a tooth or an implant.”

The company’s sales people are known for their enthusiasm and expertise. “In fact, our sales people get real training, and they become involved in assisting and helping with the dental implants. Some of our sales people have radiation certificates, so that they can take x-rays and assist dentists in getting started with the system and placing implants. Some people have remarked that our sales force knows almost as much about dental implants as dentists do.” The company believes that many more general practitioners will soon be incorporating dental implants into their practices, and it’s committed to providing the most effective products, training, and service to help them.