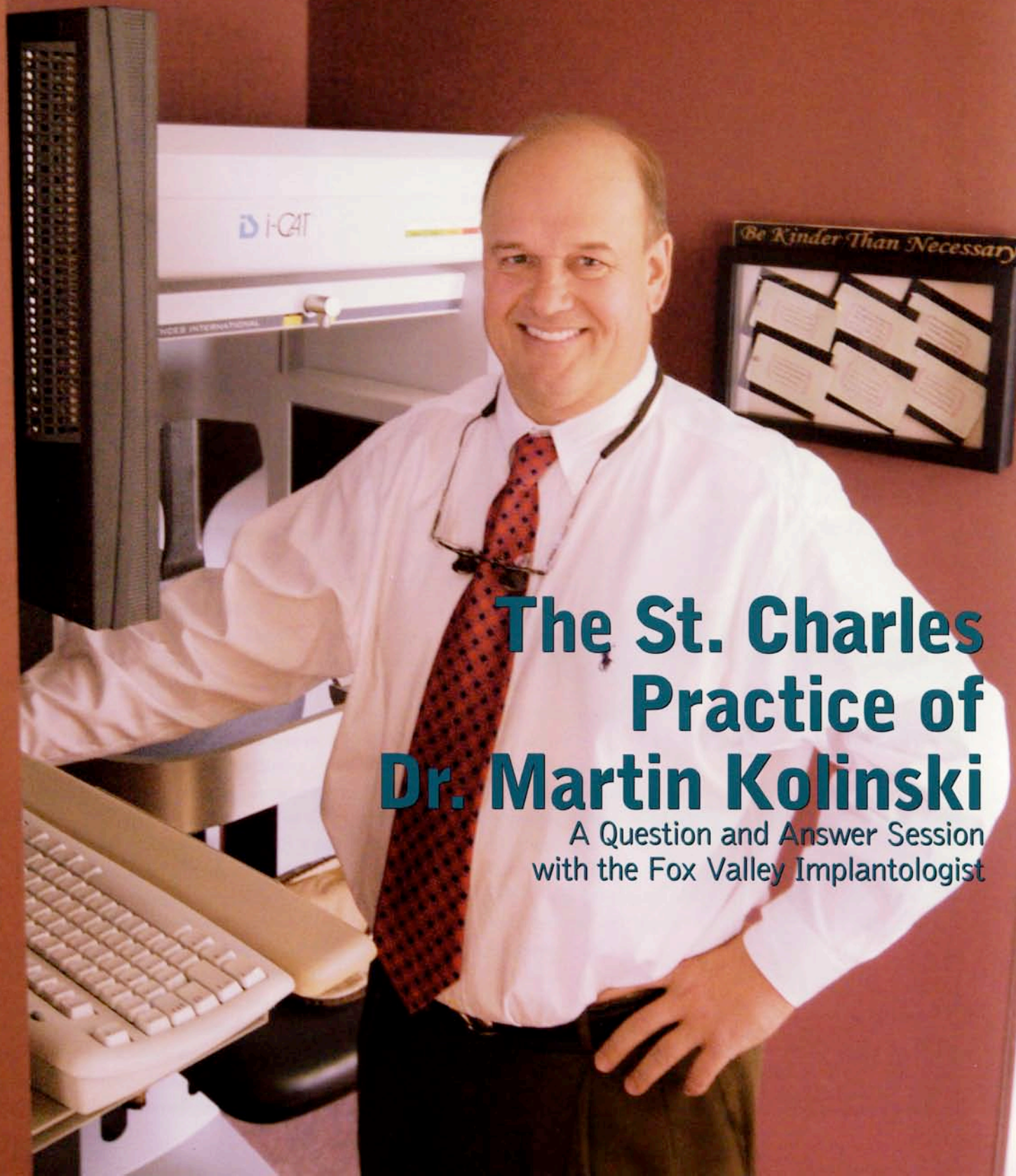


# DOCTOR *of* DENTISTRY

A BUSINESS AND LIFESTYLE MAGAZINE FOR DENTISTS



## The St. Charles Practice of Dr. Martin Kolinski

A Question and Answer Session  
with the Fox Valley Implantologist

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## A Question and Answer Session with the Fox Valley Implantologist

By Margo Steiner

Dr. Kolinski viewing I-CAT images.

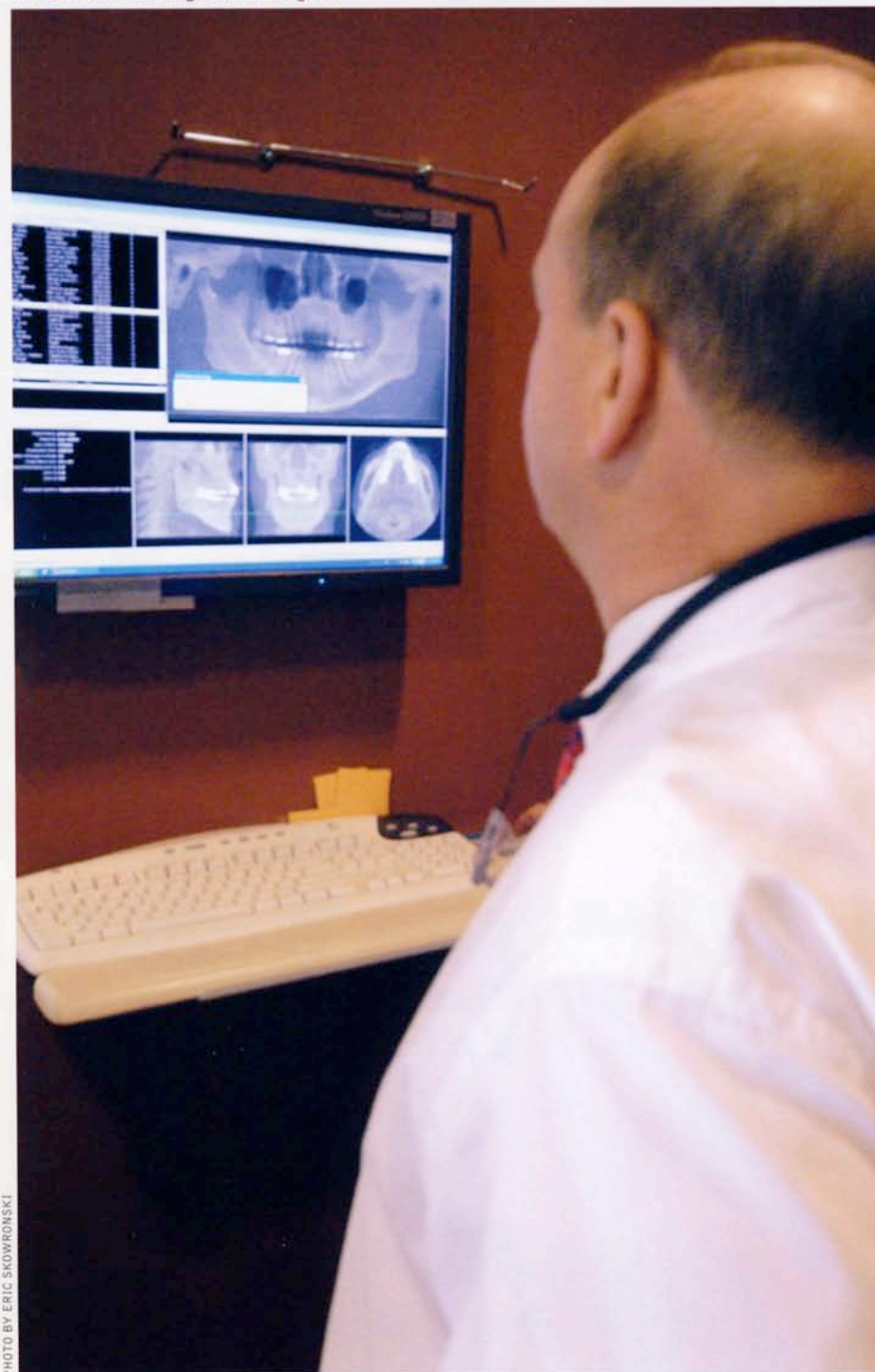


PHOTO BY ERIC SKOWRONSKI

For our pilot issue of *Doctor of Dentistry's* Greater Chicago edition, we've chosen St. Charles periodontist and dental implantologist Dr. Martin Kolinski for our lead story. The married father of three lives in Wheaton and is a graduate of University of Illinois at Chicago College of Dentistry where he also received his specialty certificate in periodontics. He has lectured to many groups, including the Academy of General Dentistry, the Chicago Dental Society and the American Academy of Periodontology. He has placed over 10,000 dental implants and is currently placing over 1,000 implants per year. His background and experience in implant dentistry were the basis for choosing him for our inaugural issue.

We sat down with Dr. Kolinski to get his views on a variety of subjects pertaining to implant dentistry. Below are the highlights of that interview.

***Doctor of Dentistry:* Given a choice of technique or technology, which do you feel plays the biggest role in your work?**

**Dr. Kolinski:** Technique, ability and experience will always triumph over technology in patient treatment. Although our practice is very technology driven and we use the most advanced equipment and software available to help us do our jobs better, it's the experience of doing cases one after the other that allows us to handle case variations very routinely.

As an example, we placed implants without the use of CT scans for years on a regular basis and got very good results. Some cases, however, required scans so we would have to send them to a center with a



Dental assistant Liz Swaufield prepares patient Lily Trout.

medical-grade scanner. The data would then be converted by special dental software, and could then be used for patient treatment. As technology changed, we added software that could manufacture placement guides to aid us in the surgery we used to do freehand.

Today, we are one of the few offices in the Fox Valley with a Cone Beam CT scanner (I-CAT) in our office. Though expensive to purchase, this scanner allows us to collect far more data than conventional radiography and without a significant increase in radiation exposure or cost to the patient. Additionally, we can send the data to the referring dentists and they in turn can download it and view it on their computers without having to buy any additional software. Inarguably, the technology is there to identify potential problems and improve communication, but if it is a difficult case we still need the experience to successfully treat the case.

**DOD: How has the field of periodontics changed since you entered it?**

**Dr. Kolinski:** As a specialty, our field has changed tremendously. In the early to late '80s, for instance, we treated many patients with periodontal disease ranging from early stage to very advanced. As the field has matured and treatment knowledge has become more common, much of the periodontal disease that we used to treat as specialists is now handled in general practices.

When I graduated, the field of implant dentistry was not even taught in the dental schools. Interestingly, when I finished my

specialty training, anyone who was placing implants was ostracized from the dental community. Dental implantologists were viewed as experimenters on patients. Dental implantology was in its infancy, and the techniques used then weren't nearly as successful as today's. Early on, with no formal training in dental implantology, I learned by visiting offices all over the country. Just this April, I visited an office in Portugal that is a recognized world leader in a technique referred to as "all on four." The technique allows us to provide a fixed restoration for a patient with no teeth the same day the surgery is performed. Today, 95% of the work we do is in the area of dental implantology.

Numerous changes have occurred in dental implant placement technique. In fact, we've been innovators ourselves in extraction techniques and in immediate placement and temporization for patients. By this I mean we can take patients with a failing dentition (either from dental decay or advanced periodontal disease), remove their teeth, place the implants and give them a fully functioning fixed dentition without ever having to transition into a denture.

Because we are now entering a medical era where tissue engineering is not only possible, but also starting to be performed on a daily basis, the fields of periodontics and dental implantology will continue to evolve. There may even come a time in my life when we can actually use tissue engineering to regrow teeth, reducing or eliminating the need to place an artificial dental implant.

**First immediate load case — unplanned, done in 2000**



First immediate load case



Immediate-load pre-op X-ray



Emergency temporary done chairside



Immediate temporary, final clinical



Immediate load two-year post-op X-ray

**DOD:** Where do you think the field will be in another 10 to 20 years?

**Dr. Kolinski:** It's very difficult to predict the future, but if we look at the evolution of the field of periodontics, it started out in its infancy in the '30s, '40s and even into the '50s with a small group of practitioners dedicated to helping people keep their teeth as opposed to the routine at the time, which was to remove them and place dentures. As periodontics became more and more well known and more assimilated into the general dental population, treatment became more and more accepted and now is assimilated into almost every dental practice in the country. Where once practitioners who were specialists in the field did most periodontal treatment, current periodontal treatments — except for the most advanced cases — are being treated in general practices.

The field of implant dentistry evolved in a similar manner. Restorative dentists whose practices focused on implant care were the only group treating implant cases in the '60s, '70s and early '80s, and their patients were referring other patients. We are now in an era where surgical specialists do most of the implant placement for the restorative dentist. Moving forward, a broader-based group of general practitioners are actually placing some of the dental implants.

In my lifetime, though, I believe there will always be a number of dentists who would prefer to refer the surgical aspect of dental

in all areas of dentistry.

**DOD:** Describe for me a particularly challenging case, how you handled it and the outcome.

**Dr. Kolinski:** As a specialist, I find challenging cases coming through my office almost every day. Anything that we have not done before immediately becomes a challenge. In the mid-90s, for example, publications began reporting on cases in which dentists would place implants and then try to give their patients fixed restorations the same day. In the implant community this was considered taboo, as the common approach was to place the implant, allow it to heal and then complete the restoration when the implants were completely integrated. This typically took anywhere from three to six months.

At the time, I was very deeply involved in the concept of extraction and immediate placement, which was also somewhat taboo. I had done a number of these cases with successful outcomes, however, and started to push the envelope further and further. A restorative dentist and I were treating a patient with a failing dentition, one who had a lot of periodontal disease and a lot of infection throughout his mouth. Our plan was to remove all the teeth, place the implants at the same time and then give him a temporary denture.

Because of a gag reflex, however, it turned out that the patient couldn't handle the denture and couldn't wear it, so we converted

**Preplanned immediate load case done in 2004. Below: Pre-op**



**Preplanned temporary**



**Preplanned final**





**Difficult extraction and immediate placement case pre-op**



**Difficult immediate placement five-year post-op clinical**



**Difficult immediate placement seven-year post-op X-ray**

the case to a fixed temporary. Because we didn't have previous study models, the restorative dentist, Dr. Barton Bruntjen, fabricated a temporary chairside "on the fly." It was this case that provided the springboard for us to intentionally remove teeth, place implants and provide fixed temporaries on a regular basis.

I also remember a patient with a huge infection on two upper-back molars. His sinus was in the way and would require grafting; frankly, I wasn't sure the case could be treated by extraction and immediate implant placement because of the infection and the presence of the sinus. I told the patient I would try to do the case in one surgical visit and if it didn't work out, I would remove the implants and redo it at no charge.

We were able to remove the teeth, clean out the infection, do a bone graft into the sinus and place all the implants at the same time. There were only two millimeters of bone to hang onto the implant, and we were relying on the patient's ability to heal to grow the bone around the other 11 millimeters of the implant. Eight months after the procedure, the patient got two teeth and now, seven years later, he still has the implants and teeth and functions well. We now do these regularly, and they've gotten much easier.

Currently, we're working on techniques to reduce the trauma from grafting into the sinus. Typical sinus grafting techniques involve elevating a fairly large flap high into the cheek and making a window on the side of the sinus, lifting up the membrane of the sinus and packing the area with bone. This is a very predictable procedure, but it creates significant trauma for the patient when the flap has to be raised. The technique we are currently working on involves going from underneath the sinus so that the flap does not have to be raised so much. The difficulty is in trying to raise the sinus membrane

without perforating it to allow for good bone grafting.

These are challenging cases because they are so technique sensitive. Over the past several years, however, we have mastered the technique and treat most patients from an inferior approach. This leaves the patient with an equally good result, while significantly reducing the trauma from the grafting techniques requiring a lateral approach.

**DOD: What led you to your chosen field?**

**Dr. Kolinski:** I wanted to be a dentist ever since I was in the sixth grade. I remember then that I had 22 cavities and I was going to my dentist over and over again for almost a year in order to get my mouth healthy again. I also remember thinking at the time that if I had all these cavities and everybody else had all these cavities, as a dentist I would be busy for a lifetime.

Eventually, I thought that orthodontics would be interesting, but when I was in dental school I found that I didn't like bending the wires. I did, however, enjoy the surgical aspects of dentistry. My dentist at the time advised me to go into periodontics rather than oral surgery though, so I took his advice.

I was always interested in the concept of replacing teeth with artificial roots as I felt that was the true sign of being able to rehabilitate a patient who has lost his or her teeth. When the field of dental implantology became more predictable and accepted in the United States, I did everything I could to educate myself to become an expert.

**DOD: If I were to ask them, how might your patients describe you?**

**Dr. Kolinski:** The No. 1 one thing patients observe when they come to our office is how organized we are. We are a very busy practice, but we are also very accommodating. We

**Atraumatic Sinus Graft using inferior approach, before**

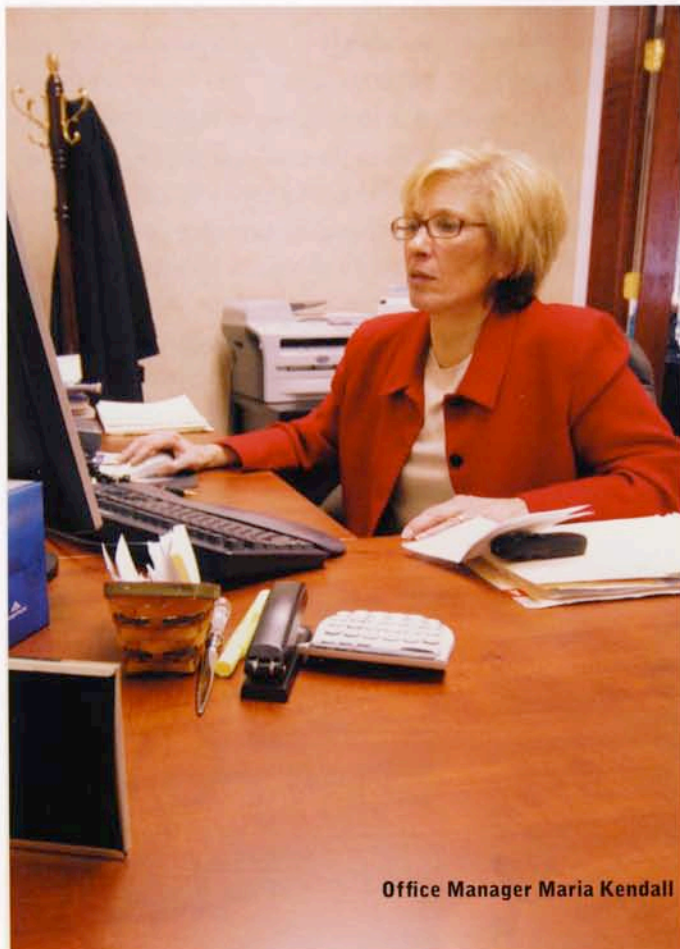


**Graft using inferior approach mid-treatment X-ray**



**Final — no lateral window**





Office Manager Maria Kendall

will always get an emergency in the same day if the patient calls and asks. My team is well trained and we try to accommodate both the patient and the referring dentist. Beyond that, I think patients would say that I am a good surgeon and that we are very quick at what we do. I believe they would also say that we are a friendly office. Everyone who works here likes each other and the patients can see that we enjoy each other's company. Although they might say that I'm busy, they will also say that I am caring. After 28 years in practice, I still personally call every patient the night after their surgery to see how they are doing.

**DOD: If I were to ask them, how would referring dentists describe you?**

**Dr. Kolinski:** Referring dentists would describe us as organized, efficient, accommodating and progressive. We have always been at the forefront of implant dentistry and when evaluating new ideas, we incorporate the ones that seem valuable and discard those that are not. Anytime a dentist asks us to see a patient right away, we are more than happy to work longer if we have to so we can accommodate their patients' needs.

**DOD: Is there one unusual thing that people would be surprised to know about you?**

**Dr. Kolinski:** I'm of Polish descent and have always enjoyed cooking. My grandmother was a butcher and in 1985 I began learning how to make Polish sausage from her. Every



**Dr. Kolinski and his staff (back row left to right): Office Manager Maria Kendall, hygienist Ann Scheuermann, dental assistant Liz Swafield, Dr. Martin Kolinski, hygienist Jane Orr, business assistant Robin Rohrsen. (Front row left to right): dental assistant Dianne Bloyd, dental assistant Megan Griffin, business assistant Debbie Kelly, insurance coordinator Debbie Cronsell**

year now, our family gathers the Friday after Thanksgiving to make approximately 200 pounds of Polish sausage, using my grandmother's original recipe. When she passed away, she left me her original sausage stuffer, which was made in the late 1800s. We have five generations involved in the sausage-making

process and it is a great family tradition that everyone enjoys.

**DOD: How large is your staff and what positions do they fill?**

**Dr. Kolinski:** Our staff numbers 21 and includes a second periodontist, Dr. Tricia Crosby. She's very knowledgeable and an ex-

**Dr. Tricia Crosby and her team (from left to right): business assistant Christie Pietraszak, dental assistant Kris Maple, Dr. Tricia Crosby, dental assistant Corin Armour, administrative assistant Brenda Francis**





PHOTO BY ERIC SKOWRONSKI

**Business assistant Suzanne Havens**

cellent surgeon, and is a welcomed addition to our practice. Maria, who is our Office Manager, is in charge of the entire office and does all the hiring and training of the staff. She is also our technology person, helping with all the advances we have in technology.

Additionally, we have a treatment coordinator, an insurance coordinator and four front desk staff. We like to have at least two to three people at the front desk at all times to accommodate incoming phone calls; this means that patients almost always speak to a “live” person when they call. We have three dental hygienists, eight dental assistants and a transcriptionist who does all our dictation.

**DOD: How do you keep your staff motivated?**

**Dr. Kolinski:** I have never believed that a manager can motivate another individual. We try to hire professionals who enjoy what they

do and perform their work responsibly. I give my staff direction but allow them to think and perform independently. By adopting a “hands off” approach, I find that many staff members not only do their jobs better, but bring a lot of improvements to the practice; improvements I might never have thought of myself. I am proud to work with these professionals.

*Dr. Martin L. Kolinski's practice is located at 525 Tyler Road, Suite E, St. Charles, IL 60174. The office is open Mondays and Thursdays from 8 a.m. to 6 p.m., Tuesdays from 8 a.m. to 5 p.m., Wednesdays from 8 a.m. to 7 p.m. and Fridays from 8 a.m. to 4 p.m. They can be reached by telephone at (630) 377-4677 and by fax at (603) 377-5075. The practice's website is [www.midwestdentalimplantology.com](http://www.midwestdentalimplantology.com). ■*