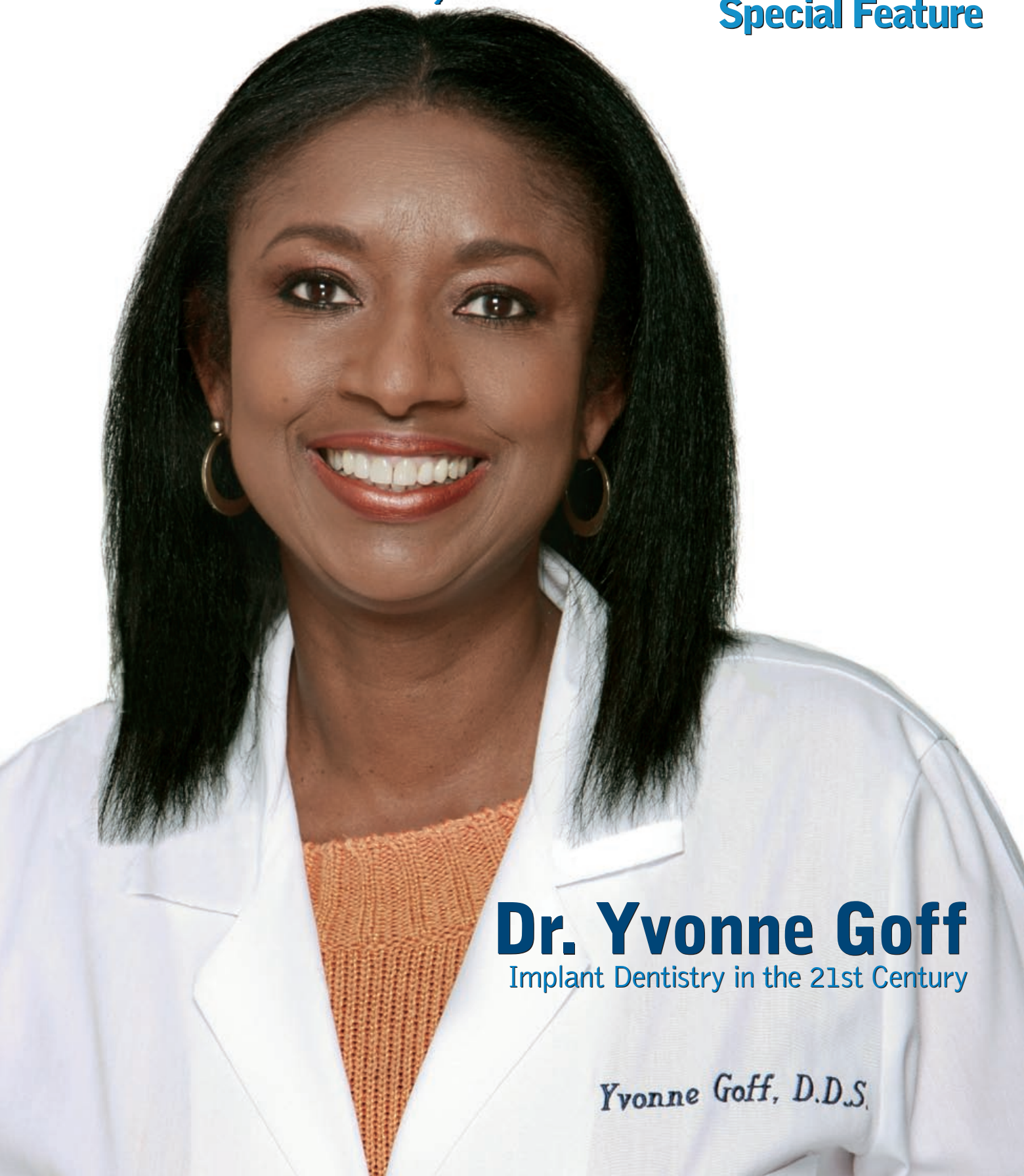


DOCTOR *of* DENTISTRY

Special Feature



Dr. Yvonne Goff
Implant Dentistry in the 21st Century

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Implant Dentistry in the 21st Century

By Debbie L. Sklar

Yvonne Goff, D.D.S., a Santa Monica, CA, general dentist and rising star in the dental implant field, may have gotten a late start, but she's made up for lost time. "I've always been a late bloomer," says the Belize-born Dr. Goff.

Her life philosophy is as colorful as she is: "Bob Marley sang, 'When one door is closed, many more are opened.' I often sing this song in my mind when things don't go as planned. I tell young people that life is transitional and a stable situation can change any time, so you always have to be ready to adapt and try something new."

This life philosophy must be working. These days, Dr. Goff, a Fellow of the International Congress of Oral Implantologists, can happily state that she is well on her way toward transforming her general practice into one that will be primarily cosmetic and implant dentistry within the next five years. She has been placing implants for the past five years, with training and mentorship from Dr. Dennis Smiler at Implant Team Seminars in Encino, CA. She recently completed the Loma Linda University School of Dentistry Implant Maxicourse, and passed the written exam, a requirement to become an Associate Fellow of the American Academy of Implant Dentistry.

She is married to David, a Santa Monica attorney. David has a daughter and a son from a previous marriage; Daryl is a junior at MIT and Dexter will be starting medical school in the fall.

Dr. Goff's journey began in Belize (formerly British Honduras) in Central America, where she was born and raised. From a

very early age, Dr. Goff knew that she wanted a career in a health-related field.

"I've always liked life science. As a child growing up in Belize, I was fascinated with biology. I also remember dissecting a frog in school. There was a Peace Corps volunteer who encouraged me towards life sciences and motivated me at the school I attended."

In 1972, Dr. Goff and her six siblings migrated to the U.S. to join their parents, who were already living and working in Los Angeles. "Like many immigrants, we came to America to have a better life," she says.

"When I graduated from high school in Los Angeles, I wasn't sure what I wanted to do, so I took a course in dental assisting at the Bryman School in L.A.," she says.

She was actually a dental assistant for about five years before she decided that she wanted more out of life.

"While working as a dental assistant, I decided to go to college to fulfill the requirements for the dental hygienist program. I supported myself through college by working on weekends at a 24-hour medical center in Los Angeles in the 1980s," she recalls. But she did so well during her undergrad years at Cal State University, Dominguez Hills, that after earning her Bachelor of Science degree in Biological Science, she decided to apply to dental school and was accepted at the University of California – San Francisco (UCSF).

"After graduating from UCSF in 1989, I worked in Oakland and Berkeley, CA, as an associate dentist. I practiced for three years, but I kept thinking about my home in Belize and the needs of the people I'd left behind." In 1992, she returned to Belize to work for the Ministry of Health. "I wanted to give something back," she explains.

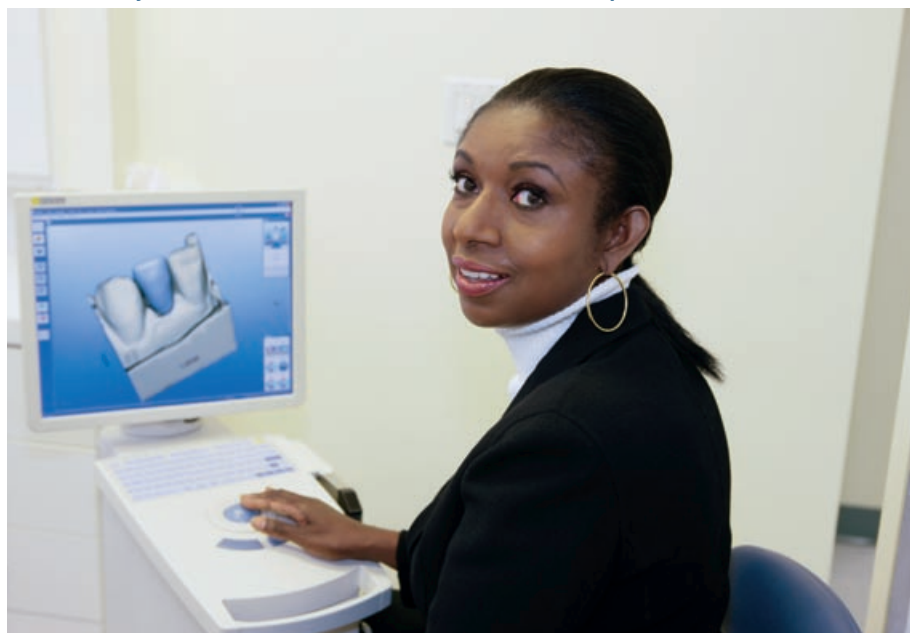
"At the same time, I was not ready for the business of dentistry; I wanted to be a clinician."

CHIEF DENTAL SURGEON

"Everything is political in Belize and the people are very dependent on the government," she shares. "My role in Belize at that time was mainly to educate, motivate and to support women and children to live up to their potential."

When she first arrived, she worked as a dental health educator in the

The CEREC system allows Dr. Goff to create crowns while the patient waits.



elementary schools and, at the same time, ran a community dental clinic for children in Belize City.

“After years of hard work, I was recognized by the government and promoted to become the first female chief dental surgeon of Belize. Because of the lack of resources, my work was extremely challenging. I was responsible for the entire dental department of the Ministry of Health. My work was both administrative and clinical. My surgical duties often included emergency dental treatments at the dental department of the Belize City Hospital,” she says. “I performed thousands of procedures, including simple, complicated and third molar extractions, and fixation of mandibular fractures, and I supervised many more as performed by other dentists.

“I learned to perform surgical procedures by hands-on training,” Dr. Goff recalls. “I was extracting an average of 15 teeth a day. Because restorative dental services were not available to patients in the public service, many patients could not afford to go to a private dentist and would delay treatment until their teeth were unrestorable or abscessed and needed extraction.”

Dr. Goff became very proficient at removing decayed, fractured and infected teeth. “Because I sometimes had to remove some bone around the teeth, I learned that bone is constantly modeling and remodeling.” She didn’t know at the time just how important that experience would become to her later practice of implant dentistry, because the success of dental implants depends on the presence of quality bone.

While in Belize, Dr. Goff also served as the president of the board of directors of the Belize Family Life Association (BFLA), an affiliate of the International Planned Parenthood Federation. She organized numerous community-based health programs in the Belize River Valley.

Dr. Goff also traveled extensively to represent the government of Belize and the BFLA at international meetings in the Caribbean, Cuba, Czech Republic, Ecuador, Mexico and England.

By 1998, she had given seven of her best years to her native country and knew it was time to return to the U.S.

“The seven years of working experience in Belize changed my life,” she says. “I had the opportunity to travel; I learned humility, patience and a deep awareness of poverty in developing countries. I also learned to appreciate all the opportunities that I have in the U.S.”

In January of 2000, Dr. Goff received the UCSF Alumni Award at the Annual Scientific Session for “Crossing the Threshold.”

TODAY’S HIGH-TECH OFFICE

Dr. Goff has fond memories of Belize, but now California is her home. Her 1,600-square-foot office is located on the fourth floor of an office building at 15th Street and Arizona Avenue in Santa Monica. Like her own colorful personality, the office



Dr. Goff explains to each patient what the treatment options are.

PHOTO BY STARLA FORTUNATO

reflects her Caribbean roots with its bamboo wallpaper and gorgeous views.

“I moved in about six months ago; it’s about seven blocks from the old location. This new office is a larger space; it’s brand new and has a panoramic view that includes the ocean, the city of Santa Monica and Los Angeles, Catalina Island, the mountains on the east and even the airplanes taking off from LAX,” she enthuses. “My practice is located in the heart of the Santa Monica/UCLA medical community and it’s an area that is growing quickly with the construction of two hospitals nearby.”

Dr. Goff often sends referrals to her favorite specialists, like Beverly Hills endodontist Dr. Fanny Yacaman, prosthodontist Dr. Frank Vidjak and oral surgeon Dr. Carmel Pradel.

Dr. Goff’s office is equipped with state-of-the-art technology, including CEREC for on-site fabrication of inlays, onlays and crowns; digital X-rays; DIAGNOdent for caries detection; Consult-Pro for patient education and operatories that are networked with PracticeWorks. Her patients enjoy a selection of entertainment via Myvue video glasses while she works. She also has a small lab, but also sends out cosmetic and implant cases to Renzo Casselini at Swiss Quality Lab in Westwood.

Dr. Goff constantly takes continuing education courses and attends seminars, like the annual meetings of AAID and ICOI, to stay abreast of the latest developments in implant dentistry. She says the 2007 AAID’s Western Region “Focus on the Sinus” in Newport Beach, CA, was the best implant meeting she has ever attended.

However, she is quick to emphasize that her best education has come from hands-on experience. That’s where her years of doing so many extractions in Belize have served her well.

“One of the obstacles in placing implants is the lack of quality bone. Oftentimes, a patient needs an implant placed at a site that has a resorbed ridge because the extraction was done a long time ago,” she says. “For a single tooth in the maxilla, where the bone height is 10 mm or less, a sinus elevation is necessary to increase the bone height so that a 12- or 13-mm implant can be placed. The Summers or

the Osteotome Technique can be performed by placing the osteotomy about 1 mm below the sinus membrane, a light, gentle tap with the osteotome and a green stick fracture will elevate the membrane.”

The particulate bone graft material is placed in the osteotomy extending 1 to 3 mm without penetrating or tearing the sinus membrane. The lateral window or the Tatum technique is done by making a window in the bone, elevating the sinus membrane and placing the particulate graft material, thus achieving greater than 5 mm of bone in a severely resorbed maxilla, she explains.

“It is very important that the implant dentist evaluate the density, the height and the anatomy of the vital structures by utilizing the cone beam CT scan [CBCT]. The CBCT is a software that displays the image in a 3-D model with cross-sectional views; it takes the guesswork out of implant surgery,” she says. “It allows me to precisely locate critical structures such as the maxillary sinus, the inferior alveolar nerve and the nasal floor.

“This panograph [above] of a recent patient shows numerous unrestorable teeth that needed extractions. Tooth No. 13, 14 and 19 had a combination of failed root canals and advanced periodontal disease. We started restoring the left side first to stabilize the occlusion and control the further deterioration of the bone. I extracted No. 13, 14 and 19 and socket grafted the sites about four months before the implant were placed,” she stated.

Dr. Goff notes that this particular case was very interesting because she had planned an osteotome sinus lift procedure, but was able to place the implants in the upper left without having to place a sinus graft.

WHAT GENERAL PRACTITIONERS NEED TO KNOW ABOUT IMPLANTS

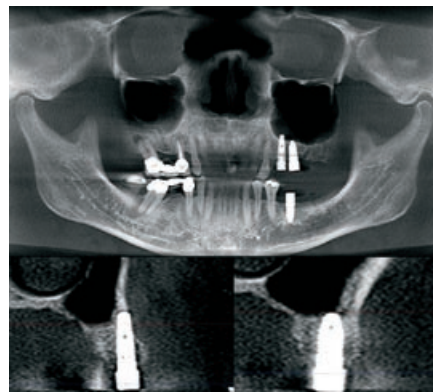
General practitioners (GP) in her vicinity know that when they have an implant situation that is challenging, they can call on Dr. Goff, although she stresses that especially complicated cases should go to oral surgeons, periodontists or prosthodontists.

She notes that the AGD and the AAID provide training for the general dentist to place and restore implants. There are two important points that the GP needs to know:

1. Dental implants are now the standard of care for missing teeth. The general dentist who does not give the patient the option of replacing lost teeth with implants is doing a disservice to the patient and the profession.
2. Implant dentistry is a restoration procedure with a surgical component. The GP is the first and last to see the patient and is the first to evaluate the patient, to perform an examination, to make diagnostic casts, to request the necessary radiographs, to make surgical templates and to plan the treatment. The GP is the one who will present the risk, benefits and alternatives. She understands the patient’s expectations. The GP is the one that will have to give the bad news to the patient if the implant fails.



Top left: Pre-op panograph with surgical templates



Top right: Panograph of three implants, with close-ups of No. 13 and No. 14 precisely proximate to the sinus membrane without penetration

In the March 2000 issue of *Journal of the American Dental Association*, Dr. Gordon Christiansen outlined how the GP can place and restore implants and do it correctly, Dr. Goff says.

“The ADA and the state dental societies have consistently and successfully prevented implant dentistry from becoming a specialty,” she notes. “I believe that the well-trained GP is fully capable of placing single implants as a routine office procedure, while referring out the complicated cases. Of course, you must know your limitations. Many GPs have considered implant placement as an elusive or mysterious procedure done by oral surgeons. In reality, the procedure has less trauma, less bleeding, less pain and less postsurgical complications than a simple extraction,” she says. “In some instances, a single implant can actually be placed without laying a flap.”

Dr. Goff uses several types of implant systems depending on the location of the implant, the quality of the bone and the type of the bone graft used.

In addition to her office duties, Dr. Goff is currently affiliated with the American Dental Association, California Dental Association, Western Los Angeles Dental Society, American Academy of Implant Dentistry, American Academy of Cosmetic Dentistry, the National Dental Association and the International Congress of Oral Implantologists. She was recently elected to the Board of Directors of the Beverly Hills Academy of Dentistry. Her extracurricular activities include reading, traveling, Pilates exercises, dining out and listening to jazz, blues and reggae music.

As for what lies ahead for Dr. Goff, she is upbeat despite the nation’s recent economic downturn.

“This is a good time to be a general dentist. I still see those many doors opening for me. With the rapid advancement of dental technology, many procedures that were once considered too complicated can now be performed by the GP with a high degree of accuracy and success.” ■

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