

Dr. Bobby Butler, Guiding Patients to Better Oral Health

By Susan Rich

There are three fundamental causes of tooth loss: cavities, periodontal disease (bone loss) and excessive occlusal (biting) force. “I take each of these factors into account as I treat patients. I strive to evaluate the whole person in diagnosing cases,” explains Bobby Butler, DDS, PLCC. As a Diplomate of the American Board of Periodontology, the downtown Seattle-based periodontist believes in offering a comprehensive-care approach to his patients, whether their diagnosis is periodontal disease, some other oral health problem or they are considering cosmetic dentistry.

To Butler, this means all patients should, before starting treatment, have a comprehensive evaluation that covers periodontal and occlusal conditions as well as restorative options. Next, a treatment plan should be developed that sequences treatment for the most urgent issues first. If dental implants are indicated, he adds, “I believe they should be placed after all active destructive disease is controlled.”

“I believe, before any invasive procedures, we should take the comprehensive approach and consider underlying issues – for example, what caused that tooth to break? Is it an excessive occlusal contact? If it is, and we place an implant in the area, it could fail under excessive Occlusal (biting) force or the crown could fracture.”

The ideal result of Butler’s comprehensive treatment philosophy is a well-educated patient; one who is aware of a variety of options designed to resolve underlying conditions. This approach allows them to make informed decisions and encourages their active involvement in their own oral care.

Technology – We Can’t Practice Without It.

Butler treats periodontal disease using some of the most advanced, state-of-the-art technology available in the Northwest. Technological advances, including digital radiography, internet connectivity for improved communication and treatment modalities that have simplified the process of identifying and treating patients.

He practices with a combination of a surgical microscope and loupes to facilitate microsurgical techniques (for improved healing and decreased pain).

This practice was among the first in the Northwest to begin offering digital radiography, having used it now for close to a decade. This rapidly evolving technology

provides instant images, uses almost 90 percent less radiation than traditional x-rays, and is an excellent tool for educating patients. “We can provide care much faster and easier with digital radiography,” Butler notes. “One of the best aspects is that patients clearly see images of their own teeth on a computer screen. It helps us show bone loss and various anatomical issues with implant cases.”

Butler believes there are still some difficulties with the technology, but that it is improving constantly. One issue he has encountered is the necessity for an office to be fully networked and online with a DSL type highspeed connection. He comments, “I don’t think dentists can avoid getting involved by using the argument ‘I will wait till it’s perfected.’ In my opinion, technology will never be perfect. But we can grow and evolve with the changes that are occurring now.”

A full-sized image on a computer monitor is much easier for a patient to decipher than a thumbnail sized negative, he adds. “We can instantly see the image on the screen. We can make decisions and plan treatment on the spot.”

Although intraoral wands are “great tools” Butler prefers using a 35 mm digital camera to capture and present images on a full-sized computer screen. This approach is relatively inexpensive and offers excellent quality images. The digital photography makes it easier for him to describe treatment plans to patients.

One of the best uses for digital x-rays and photography is the ability to send files electronically, another element of comprehensive care. Such connectivity is critical, he claims. “In general, I believe dentists are an isolated group of healthcare professionals. Technology, such as the Internet, can help us be more connected and provide better care. I communicate daily with multiple dentists about specific cases via email. It’s so much easier than getting a doctor to respond to a phone call.” In the breaks between patients, “I constantly refer to my email to read and respond with information that can enhance a patient’s care.”

In addition to digital radiography, other technological advances have improved identification and treatment of periodontal disease, including the use of a DV2 Perioscopy System, used for over three years. This equipment allows real-time visualization of the deep subgingival anatomy enhanced by intense illumination and magnification up to 46X. It allows the hygienist to see the smallest amounts of calculus,

vastly improving the mechanical debridement process. He commonly recommends the perioscope for non-surgical root planing; which can eliminate the need for surgery in some cases.

Sometimes non-surgical debridements are not enough and surgery is necessary. “We can regenerate bone with the use of growth factors such as Emdogain,” Butler says. “Emdogain is an enamel matrix of proteins isolated from porcine teeth. The growth factor is applied to the root surface in humans that stimulates cementum, the periodontal ligament and bone. The bone can reform around a diseased tooth with periodontal disease.”

Significant advances have also been made with dental implants. “Newer implant designs and surfaces have improved osseointegration of implants with bone at a faster and more predictable rate. Single-tooth implants have a greater than 97 percent success rate now. That rate is higher than anything else we do in dentistry, including root canals, crowns and bridges.”

There are also new advances with esthetic gingival grafting procedures. The use of microsurgical principles can decrease trauma and pain. Occasionally we use the new ‘acellular dermis’ or ‘collagen donor tissues’ for gingival grafting procedures. This method includes the use of donor tissue from human acellular dermis or a product called Alloderm. Another new technology Butler is now offering is the surgical laser. He uses it for certain procedures to decrease surgical trauma as the laser technology allows less invasive surgery.

The Things That I Do . . .

Esthetic microsurgery, which includes crown lengthening and gum augmentation (gum grafting), makes up nearly 35 percent of his practice. The largest portion of the practice involves the placement of implants. Many of the cases he treats are esthetic related, utilizing gingival grafting and crown lengthening with adjacent dental implants. He places implants using some of the latest, simplified implant systems, manages bone regeneration and grafting. Many of the implant cases are in the posterior with sinus grafts, requiring detailed planning. “It’s very satisfying to give someone the ability to have functional teeth again,” he comments, “These are procedures that many patients are not aware of and we receive many post-treatment ‘thank you’s’ for them.”

Since so many oral conditions are inter-related, Butler believes that an inter-disciplinary approach to dentistry is critical to patient care. Depending on patient needs, an inter-disciplinary team could include a restorative dentist (general dentist or prosthodontist), a periodontist, endodontist, orthodontist and oral surgeon. “One can anticipate fairly complex dynamics with a complete inter-disciplinary team that includes several specialists as well as the patient’s general dentist,” he says.

He believes that “the majority of patients don’t require the many aspects of an inter-disciplinary team, but we should work together as a team so that we aren’t missing something. Some cases are straightforward and the patients don’t have other needs, but there are cases where things get overlooked.”

Many treatment options can run concurrently, “but we believe conditions like decay or periodontal disease should be treated before we treat anything else.” It takes time and cooperative healthcare providers to offer this level of service. “We can make a quick diagnosis to place an implant in about 15 minutes, but it can take hours to evaluate other aspects, such as what caused the tooth loss originally. I believe the comprehensive approach is the ideal approach to patient care.

The comprehensive care approach doesn’t always ‘fall hand-in-hand with managed care’ and traditional billing procedures. “If we take the time to educate the patient, have the discussion about what is going on in their mouth, then we need more time with the patient. Insurance carriers, especially dental HMOs, don’t understand that educated patients get more into prevention, get involved in their own care, and are healthier in the long run.”

“When you hold up a mirror during the exam, show the patient bleeding and exudate around the gums, it does motivate them to understand how to prevent periodontal disease,” he comments.

This is especially important because in the last five years medical research has indicated and physicians have become more aware of the links between periodontal disease and potentially life-threatening illnesses such as cardiovascular disease and diabetes. There is also a significant link between periodontal disease and low birth weight, pre-term babies.

“Basically the body is fighting chronic infection, and there are side effects. People

with severe diabetes can have horrible amounts of periodontal disease,” he says. Periodontal disease is relatively painless and most people don’t know they have it until it is advanced. Some people are more genetically susceptible to the disease than others, Butler explains. “Periodontal disease is very similar to other inflammatory diseases like cardiovascular disease. With periodontal disease, it’s the exaggerated excessive inflammatory response to bacteria in the mouth that causes the destruction of bone.”

He comments about elderly patients who have never had any bone loss, rarely sought dental care, brushed or flossed. They have lost teeth to decay, but not periodontal disease, because they are not susceptible.

“Smoking is a major co-factor for periodontal disease. People who are already genetically susceptible and smoke have even more severe periodontal disease (bone loss). Genetically non-susceptible patients can also have periodontal disease and smoking makes them nine times more likely to get the disease than non-smokers.”

Aside from genetic susceptibility, periodontal disease is largely the result of poor oral hygiene (or lack of adequate oral hygiene training), and a lack of regular professional cleanings.

“If a patient is great at oral hygiene (plaque removal), they’re not going to have an inflammatory response, so it doesn’t matter if the patient is genetically susceptible. But most patients aren’t perfect, and that’s where we start to have problems,” he explains.

Despite his expertise in treating periodontal disease, most of Butler’s patients are referred for dental implants to replace teeth or for cosmetic gingival alterations. He has a great passion for treating these types of cases and has made a conscious decision to focus the practice on providing these procedures. “I believe I have a good eye for organizing the multiple factors necessary for optimal outcomes with these types of cases,” he says.

Many patients can have teeth that are too long or too short, leaving them with an asymmetrical (uneven) smile. Crown lengthening and gum grafting, combined with dental implants, can achieve a symmetrical result in a patient’s smile.

This work is profoundly satisfying he says, “I enjoy seeing people happy with their smiles.” Butler believes this area of dentistry will continue to expand, “because we are an esthetic-driven society.” However, even cosmetic procedures should be approached in a comprehensive-care manner. “We should still sequence the problem

before we address the treatment. It's important to take care of decay before putting on a veneer or conducting surgery.

"We're the doctors, we have the knowledge," he emphasizes. "It's our responsibility to educate and guide our patients."

Continuing Education

Butler earned his DDS degree in 1987 from the University of Oklahoma and his Certificate in Periodontology in 1993 from the University of Florida. As a renowned expert in his field, Butler regularly lectures nationally and internationally about periodontal disease, esthetic gingival treatment and implant procedures as well as digital imaging in clinical practice. He has presented to the Academy of Osseointegration, American Dental Association, American Academy of Periodontology, International Association of Dental Research, Western Society of Periodontology and numerous other dental societies.

He also participates in three Study Clubs: The Bolender Study Club, Total Oral and Dental Studies (TOADS) and the 'Network 2'.

With more than 18 years experience, including a four-year stint in the US Navy (1987 to 1991), Butler is committed to his own continuing education and helping his peers advance in theirs. Last year he presented over 20 lectures; this year he's committed to 10. "I enjoy teaching but I am trying to do less lecturing and striving for more balance in the future. The teaching and lecturing makes me grow," he explains. "I enjoy doing it because when I give a lecture I always learn something new. My preparation includes a lot of research about the topic, and I show many photos of my patients. That helps me see what was and wasn't successful. Lecturing helps me learn from my own successes and failures."

The Study Clubs are also an important aspect of his professional development. For the past 12 years he has been a member of The Bolender Study Club, a group that was established 44 years ago. Some of the original members, while retired, are still active, including Dr. Charles Bolender, the founding member. This group meets monthly, for one full day. "We examine patients in the morning, and discuss optimal treatment approaches." Afternoon lectures are devoted to continuing education.

TOADS, meets monthly in the evenings and is comprised of 10 dentists, each

with 15 or more years of experience. The members take turns presenting a topic and leading a discussion forum. “This is an extremely competent and intelligent group. We have a lot to offer in terms of giving and receiving knowledge,” he says. The group is great in that all participants readily share their knowledge without taking themselves too seriously. “If we didn’t have a sense of humor, we wouldn’t have titled the group ‘TOADS’,” he clarifies. (Member, Grant Chyz’s daughter provided the name.)

Finally, ‘Network 2’ meets monthly in the afternoons and follows the precepts of inter-disciplinary dentistry. “It’s a mixed group of specialists and we bring difficult cases to review. We learn more through our combined thoughts and efforts.”

Despite the intense time commitment the Study Clubs require, “They are an important part of my personal and professional growth. I would not have the skills or knowledge I have today without having interacted with these groups over the last 12 years,” he says.

Balancing career with personal time is a challenge for Butler, 43. Raised in Wyoming and Oklahoma, he resides in the Blue Ridge area of North Seattle. Jogging, weight training and travel are at the top of his leisure time activities, and he currently is intent on learning to speak Spanish.

The practice is located in the historic Medical Dental Building in downtown Seattle, an edifice that dates back to the 1920s. The aura of the old building appeals to him; its sense of history and the central location makes it convenient for patients.