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# DOCTOR *of* DENTISTRY

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**Dr. Sharyar  
Baradaran**

The Master Periodontal Planner

# Dr. Sharyar Baradaran

## The Master Periodontal Planner

By Travis Anderson

Whether he's exploring new surgical techniques and innovative ideas for advanced surgical care, or providing the highest standard in periodontal care, Sharyar Baradaran, D.D.S., M.S., is a surgeon with a vision and clearly defined plan.

"I know exactly where I want to go," he says. "Fifteen years ago

during my surgical residency, I knew I'd come back home to Beverly Hills, to a competitive environment with outstanding clinicians. I wanted to be able to offer a superior level of care to what colleagues with very established practices were offering."

Raised in Beverly Hills, he developed a passion for helping others

**The staff (top row, left to right): Marian Rodriguez, Kay Rosati, Susie Grimm, Dr. Baradaran. Bottom row: Diane Sumurnkant, Millie Carter, Colette O'Donnell.**



by observing his father, an obstetrician and a pioneer infertility specialist who was in private practice at Cedars-Sinai Hospital. “I would go with him to the operating room from a young age,” says Dr. Baradaran, 39. “I was in awe of what he did for his patients.”

Instead of medicine, however, Baradaran chose to pursue dentistry. “My father often had to leave on short notice to deliver babies, and he wasn’t always with us,” he says. “My father advised me to choose a specialty with fewer true emergencies, so I could manage my time more predictably. I’m glad I did, because periodontal surgery is my passion.”

Dr. Baradaran operates what he describes as “a boutique practice,” where each patient receives his undivided attention. “I don’t see 50 patients a day. I book only one patient at a time,” he says. “We live in a time when everything is fast, quick and done on a mass scale. The old fashioned, sincere and personal level of care and healing is lost in the shuffle. I’ve always wanted to be the opposite. Quality versus quantity is what I strive for every day.”

## AN UNUSUAL EDUCATION

After graduating from Beverly Hills High School in 1985 and completing his undergraduate degree at UCLA in 1988, Baradaran was accepted at the UCLA School of Dentistry and took a decidedly unusual path.

“I completed my master’s degree in oral biology concurrently with my dental training,” he says. “Dental school is rigorous, intensive and very time consuming, but I didn’t want to leave dental school, go to work for a few years, and then return to obtain my advanced specialty degree. Most specialty programs want you to have some experience before they accept you into the postgraduate program. I had to find a solution and make my application stand apart, besides good grades.”

Getting permission wasn’t easy. “I went to see the dean and said, ‘I know it’s unusual, but I’d like you to give me the opportunity,’” Dr. Baradaran recalls. “He looked at me and said, ‘I don’t know how that’s possible, it’s never been done before.’ I used a little persuasion and the dean allowed me to enroll in the master’s program concurrently while I was getting my dental degree. I studied oral biology and took classes during my lunch hour, before and after school, not to mention the late nights and weekends in the research laboratory, which is a requirement for completion of an original thesis paper and



Dr. Baradaran consulting with a patient.

defense. Looking back, I don’t know how I did it. It was a very demanding and rigorous schedule. The surgical components of dentistry, such as gum surgery, implants, tissue regeneration, microsurgery and bone grafting, fascinated me. My plan was to focus on a specialty that I knew I was best at.”

In 1992, with both his Doctor of Dental Surgery degree and master’s in oral biology, Dr. Baradaran enrolled at the Oregon Health Sciences University in Portland, OR, for a two-year periodontics residency. “While the other five postgraduate residents were taking classes for their master’s degree, I could go to my mentor’s office, Dr. Joseph Schwartz, and assist him in doing surgeries in his private practice,” he says. “It was an invaluable experience to learn from an



Dr. Baradaran in surgery

amazing and gifted surgeon. He took me under his wing and taught me everything. During my postgraduate residency, I did many more procedures, gained more insight and developed more expertise than a typical resident. A postgrad resident in periodontics does between 15 and 25 implants during the two-year course in the best-case scenario. When I finished my residency in 1994, I had done more than 100 implants and countless advanced surgical cases. I was well prepared and confident when I started private practice. Today the same residency is a three-year program nationally.”

## BACK TO BEVERLY HILLS

In 1994, Dr. Baradaran returned to Beverly Hills, where he partnered with Joe Frisch, D.D.S.

“He came from a generation that was pre-implant,” he recalls. “There was so much work to do for his patients, especially in the area of implantology and advanced surgical treatment, that I became the expert in that field for him. I was able to offer advanced procedures to his patients. I was 26, he was 70 years old. He had a lot of experience and wisdom from his years of practice, and I had the newest techniques and procedures under my belt. We made a great team. When I worked late hours, Dr. Frisch would remind me that the unfinished charts and reports to be written would still be on my desk when I returned the next day. He certainly put life in perspective for me from the onset.”

Sadly, Dr. Frisch passed away less than three years later. With an influx of new patients, Dr. Baradaran outgrew the once-suitable physical space. He had the good fortune to meet another outstanding and very well-known surgeon, Dr. David Korchek, D.M.D., 37 years his senior. “Korchek is a legend in the community,” says Dr. Baradaran. “His patients over the past 40 years have included President Reagan and the elite of Beverly Hills.” The two merged their practices and it has been an exciting journey since. Dr. Baradaran loves the 1,600-square-foot office they share on Camden Drive in the heart of Beverly Hills.

“It doesn’t feel like a dental office,” he says. “It’s understated, yet elegant and chic. We have two surgery suites and two rooms used by our four hygienists, who provide maintenance care to our patients. We have a great view of Rodeo Drive and Beverly Hills. On a clear day, you can see the airplanes landing at Los Angeles Airport. It’s a beautiful and comfortable environment in the most elegant medical building in Los Angeles.”

However, Dr. Baradaran knows that a prime location alone doesn’t attract patients, so he continues to reach out to patients and colleagues, gauging their past satisfaction and future needs. He remains in constant communication with his dental colleagues, providing evaluation letters



Dr. Baradaran reviewing CT scan X-rays.

PHOTO BY NATE BERGGREN/B&G PHOTOGRAPHY

that include detailed reports and clinical photographs to describe the diagnosis and treatment options for each patient. “I take a comprehensive multidisciplinary approach to treating my patients. Often multiple specialists, that is prosthodontists, orthodontists and endodontists, are necessary to reach the ideal goal in order to rehabilitate the patient.” In addition, Baradaran enlists each patient as an important member of the health care team.

“When patients are seen at the initial consultation, they are apprehensive, reluctant and sometimes scared,” he says. “The patient has to

## Detecting Oral Cancer Early Could Save Your Life

More than 30,000 Americans are diagnosed with mouth and throat cancers each year. Oral cancer can affect any area of the oral cavity, including the lips, gum tissue, cheek lining, tongue, and the hard or soft palate. Despite treatment advances, approximately half the people who get oral cancer die within five years. Like most cancers, early detection can dramatically improve a person’s odds of survival. Therefore, any mouth sore that persists for more than a week should be examined by your dental professional. Other signs of oral cancer that you should watch for include:

- a sore that bleeds easily
- numbness or pain in the mouth or lips, or difficulty moving the jaw or tongue
- a color change of the oral tissue
- a lump, thickening rough spot, crust or small eroded area in the mouth
- a change in the way teeth fit together or loosening of the teeth

The risk of oral cancer increases for people who use tobacco products and consume alcohol heavily. Smokers are six times more likely than nonsmokers to develop oral cancer. Smokeless tobacco increases the risk of cancers of the cheek, gums and lining of the lips by about 50 times. Age and sex also seem to play a role, as most people who get oral cancer are males over age 40. Men are about twice as likely to get oral cancer as women. You may be able to reduce the potential for oral cancer with a nutritious diet. Some research suggests that those who consume lots of fruits and vegetables have less oral cancer. Regular visits to your dental professional can increase the chance that oral cancer will be detected in the early stages and treated effectively.

## SINGLE- TOOTH IMPLANT REPLACEMENT CASE



Implant case — front central incisor #9 unrestorable



X-ray of unrestorable tooth #9



X-ray of implant and final implant crown



Immediate implant placed



Final implant crown

PHOTOS BY DR. SHARYA BARADARAN

become part of the treatment team. Once they know what you are doing, and once they understand why you are recommending the course of treatment, the patients appreciate the outcome much more.”

### THE IMPLANT REVOLUTION

At his Beverly Hills office, Dr. Baradaran offers a full range of periodontal specialty services, including dental implants, gum grafting, bone grafting, osseous surgery, sinus bone grafting, crown lengthening, microsurgery, cosmetic surgery and disease prevention to people from all walks of life.

“I have patients that live down the block and I have patients who come to see me from New York and overseas and everywhere in between,” he says. “I have patients who are CEOs of Fortune 500 companies, heads of the Hollywood studios in Los Angeles and also grandmothers who are on a fixed income. They all receive the same level of care. It makes no difference. Some seek us out, and some who require advanced care are referred to us by other dentists and physicians. They have gum disease and are at the point of no return. They have to go to the next phase of surgical intervention to arrest the disease process.”

Many people visit Dr. Baradaran because of his implant expertise. “The technology has proven itself time after time. This has become a mainstream procedure,” he says. “In the early days, we didn’t know how well they would do or how long they would last. Now, the technology has revolutionized dentistry in an unbelievable way that allows patients to have normal predictable function, excellent aesthetics and a sense of complete rehabilitation. We can help people who have lost

one tooth — by disease or accident — or all of their teeth. We’re able to reconstruct their entire mouth.”

Implants have improved dramatically since being introduced in the mid-1980s. “One big advancement is that they’ve been able to coat the surface of the implants with different compounds to allow a faster integration of the bone to the implant,” Dr. Baradaran says. “We used to wait three to four months in the lower jaw, and approximately six months in the upper jaw, after the implants were placed to move to the next phase of restorative treatment. With the new techniques and implants, we wait significantly less time for the bone to engage the implants. In some cases, we can place the implant and make the tooth almost the same day.” This technique, known as immediate-load implant placement, is possible in carefully selected cases. “There are many factors to consider when deciding if it’s appropriate to do, or whether we should use the traditional model and wait four to six months,” he says. “It becomes a judgment call by the surgeon based on his level of expertise, experience and, of course, the patient.” Few can rival Dr. Baradaran’s experience with immediate-load.

Each patient contemplating implant treatment takes a three-dimensional CT scan that provides an exact topographical image of what the bone looks like. “Before I start the surgery, I know how wide the bone is, how long it is and how thick it is. I know exactly where I’m going. In the jaw, there are several very critical vital structures — the nerve that gives you the sensation to your lower lip and to your chin, for example. If the implant were to touch this very important tissue, you could have complete paresthesia and be numb forever. I don’t like surprises. I am a big proponent of plan, plan, plan, and then do the procedure.”

## TEAMWORK

To avoid the unexpected, Dr. Baradaran works very closely with each patient's general dentist, prosthodontist, orthodontist and endodontist as a multidisciplinary, comprehensive treatment approach, depending on the complexity of the case. The team is involved from the outset.

"Many of these cases are complex. I may be placing 10, 12 or 14 implants in a single patient, and this must be carefully coordinated with the restorative dentist," he says. "I'm creating the foundation, and whatever I create, the dentist is stuck with. I've already poured the concrete. We actually make the final product in the laboratory in wax and stone models. We work backwards and we say, 'This is where we want to go. How close can we come to this ideal result?' I've seen too many completed cases where the restorative dentist gets the implant cases back and says, 'Why is this too far to the right? Why is this too far to the left? Why is this too far back?' I don't want that to happen to my patients. I'll explain to them beforehand, 'I know you want the implant here, but it's not possible. If you want it here, I have to rebuild the bone.' We plan to create an ideal architecture so we have as few compromises as possible. We want to create what nature gave the patient originally. In many cases, we have to do a pre-implant surgical workup to create a more suitable and ideal environment before we place the implant."

## HOPE FOR GUM RECESSION

While many people need dental implants, others seek Dr. Baradaran's expertise because of gum recession caused by genetics or a loss of gum tissue. The condition leaves people looking older, and often with an unpleasant-looking smile.

"You know the old saying about being a little long in the tooth?" he asks. "This is when patients have had gum recession. One of my areas of expertise — one that I am particularly proud of — is that I can recreate and rebuild gum tissue and bring it back to its previous state with an almost 100% success rate. I use very fine instruments. I do some of these procedures under the microscope where the sutures that we use are as fine as a human hair. Incisions are made in such a way that there are no scar lines. The recovery occurs exceptionally fast and the results are outstanding."

Some people experience localized gum recession — perhaps one or two teeth are affected — while others have a widespread issue that affects five, six, even seven teeth, on both the top and bottom. "I use a technique that addresses both the aesthetic and functional concerns," Dr. Baradaran says. "I rebuild the gum tissue in a way that protects the underlying bone. At the same time, it

## Women's Hormones Could Affect Their Oral Health

Women's health care needs are unique and require special care.

- **Menstrual Cycle Affects Periodontal Health** — Researchers found that many women noticed an increase in gingival inflammation and discomfort associated with their menstrual cycle. This is the first time this well-known phenomenon has been studied. Symptoms included a slight burning sensation, bleeding with minor irritation, redness to the gums, oral ulcers and discomfort in the gums. Further studies will be required to examine whether these symptoms will have lasting negative effects.
- **Infertility Treatment and Oral Health** — Researchers found that women undergoing ovulation induction for infertility treatment for more than three menstrual cycles experience higher gingival inflammation, bleeding and gingival crevicular fluid. This fluid contains enzyme and tissue products that are potential markers for progression of periodontitis. These effects are presumably associated with increased levels of progesterone and estrogen. Several studies also provide evidence that the presence of infection is associated with unsuccessful embryo development and implantation failure in in vitro fertilization patients. Since periodontal disease is a chronic bacterial infection, future studies may determine the effects of periodontal status and periodontal treatment on the outcome of infertility treatment.
- **Pregnancy Complication Is Associated with Periodontal Destruction** — The January 2005 *Journal of Periodontology* reported that periodontal inflammation plays a possible role in the development of preeclampsia, a potentially deadly condition that affects approximately 5% of U.S. pregnancies. Researchers found that periodontal disease was more severe in the preeclamptic patients, which suggests an interaction between periodontal disease and pregnancy. In fact, the protein levels of cytokines in the preeclamptic group were nearly three times greater than the healthy group.

recreates the gum tissue the way it was originally. Even another dentist can't ascertain that this was done. I use the patient's own tissue, which I get from the palate. The genetic code is from the patient, so no foreign material is used and there is no rejection. The tissue we take from the

**Functional and aesthetic tissue augmentation: root recession, sensitivity, and lack of adequate protective gum tissue.**



**Connective tissue graft was placed on teeth #6, #7, and #8.**



**Connective tissue graft was placed on the 1st molar #19 and #20**



**Gummy smile: aesthetic crown-lengthening to correct gummy smile. After periodontal surgery, veneers were placed by a restorative dentist.**

palate completely regenerates; the body replenishes it 100%.”

## GUMMY SMILES

While Dr. Baradaran can help people suffering from gum recession, he also offers hope to those with the opposite problem, which he calls a “gummy smile.”

“Some people have too much gum tissue and very short teeth,” he says. “It’s a purely cosmetic issue that can happen to anyone.”

He recalls a 16-year-old girl who came to his office with her parents for a consultation regarding her overabundance of gum tissue. She was so self-conscious about it that she had taught herself to smile without showing her teeth. Dr. Baradaran explained the procedure, which involves cutting back the gum tissue to increase the visible portion of the teeth. The results are instantaneous. The number of teeth to be treated depends on the broadness of one’s smile.

“Someone like Julia Roberts has a very wide smile. When she smiles, you can see her second molars,” Dr. Baradaran says. “My work has to blend in and it has to look natural. Quite often, we also have to contour and sculpt the bone underneath slightly. Sometimes it’s a soft tissue situation, but there also could be too much bone. This procedure offers a fantastic result that will stay forever, but if one makes the mistake of not sculpting the underlying bone where it needs to be contoured, the tissue has a memory and some of it will return. It’s important that this is done by a skilled, experienced specialist, carefully evaluating all the parameters.”

He remembers the joyful reaction of this teenage patient and her parents after he was finished with the surgery. “When I gave her the

mirror, all three of them started sobbing in the room,” Dr. Baradaran says. “They saw a dramatic change from a one-hour procedure done under local anesthetic. It transformed this child instantly. When she came back to the office the next week, she walked in with such confidence and energy. That was extremely gratifying. I did a minor procedure but I made a significant difference in her life.”

## ENTHUSIASTIC RESTRAINT

Confident in his skills and abilities, and anxious for others to know about the latest advances in periodontal care, Dr. Baradaran is tempted to stop people on the street. “I meet people and I have to restrain myself,” he sighs. “I never actually do it, but in my heart I wish I could go tell them, ‘I don’t know if you know, but I could make your gums and smile look better.’”

That passion is fueled by a desire to find new ways to help his patients. “Seven or eight years ago, I began doing implants without making an incision,” Dr. Baradaran says. “It was a technique that wasn’t really taught or spoken of. I came about it intuitively as a surgeon. One summer, I took a continuing education class, and one of the topics discussed was how to place implants without an incision in selected cases. There were world-class lecturers showing me how to handle cases the way I’d been doing it for five years already. That’s why it’s called the practice of dentistry. Every day, I go to the office and ask myself, ‘How can I do better today than I did yesterday?’”

For the surgeon who maps out everything, that sounds like a good plan.

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## Focus on the Family

Sharyar Baradaran, D.D.S., M.S. has been married for 16 years and has three children, ages 13, 9 and 3. Learning a lesson from his physician-father’s experience, Dr. Baradaran tries to be home each night at 6:00 p.m. for dinner with his family. For now, he has even stopped teaching at UCLA and USC to ensure he has more time with his children. “The office is open Monday through Friday, but I try to strike a balance. The kids are growing up fast. Soon, they will be in college and the whole dynamic will change.”