



The biggest problem with dental implants: **The dentist**

According to dental consultant Roger Levin, DDS, approximately 60% of all dentists do not restore a single implant case in a year.

I've heard myriad excuses, everything from "It's too painful" and "Implants fail all the time," to "They're too expensive." Why do dentists frequently avoid recommending dental implants, which often is the best options for our patients?

Surgical techniques have dramatically improved in the past decade, reducing pain and edema for our patients. With the advent of better grafting and implant products, the routine incorporation of Platelet Rich Plasma (PRP) and less invasive surgical procedures, treatment outcome has improved. With dental implants, the patient looks, feels and chews better and, reportedly, enjoys increased self-confidence.

Platelet Rich Plasma (PRP) accelerates the healing of both hard and soft tissue. This autogenous product is easy to use, and the results are profound. I recently used PRP on my cousin's deeply impacted third molars and was astounded by the reduction in surgical edema and trauma. He had minimal swelling, was back on solid food in three days and required only two pain pills.

Implants do fail, but the majority of implant studies indicate that implants are successful more than 90% of the time, frequently reported in the high 90th percentile. Failure of implants and complications do occur; most implant failures occur within the first 18 months.

Nerve injury, bleeding, lack of stability, devitalization of other teeth, mandible fractures and mal positions happen and require immediate attention. But, I think the majority of these problems are avoidable with better case work-ups.

Dental implantology is a prosthetic discipline with a surgical component. Proper radiographs, photographs, impressions and CT imaging are essential. The patient's input and understanding is crucial. At a recent OMS risk management seminar, I learned that most legal problems stemming from dental implants are the result of poor treatment planning and inadequate patient communication. Dentists have been successfully sued in California for placing bridges instead of implants.

Carl E. Misch, DDS, indicates it is necessary to assess

the crown-height space and the occlusal vertical dimension. Like teeth, unfavorable crown-root (implant) ratios are deleterious. Sound occlusal, periodontal and prosthetic principles must be adhered to strictly.

Implant placement without CT scanning is like working in the dark. Incorporating image-guided technology is the only way to fully assess the patient. We perform three dimensional digital scans on all of our implant patients. We can see bone anatomy, bone density, bone morphology and implant receptor sites with high-resolution clarity, and are accurate to 0.01 mm. Splint construction, flapless surgery when indicated, and implant placement are greatly facilitated by image-guided technology.

Although a stable removable prosthesis remains a treatment possibility, the atrophic mandible poses a unique problem. The tongue, floor of the mouth, saliva, intraoral muscles and bone resorption add to the difficulty of a stable, functional denture. Masticatory efficiency and facial aesthetics are increased when used with implant support. A very satisfying restoration has been the lower overdenture using two dental implants.

With a more detailed assessment through conventional and image-guided treatment planning, we can better ascertain the feasibility of simultaneous extraction, implant placement and immediate provisional restoration. Frequently this can be predictably performed. This helps preserve the aesthetic zone, papillary architecture and emergence profile. Impressions could be taken at implant placement for construction of abutments and final crowns.

With good case planning, patient costs in the long term are much lower when compared to multiple, non-implant treatment modalities. Implant dentistry is standing the test of time. When done appropriately, longevity is common. Like teeth, implant maintenance and periodontal management are essential. If everyone does his part, including the patient, implants last.

Let's dispel all of the implant myths. Patients deserve to be offered this state-of-the-art technology. Implant dentistry is fun and profitable. The real winner is the patient. ■

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