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Dental Implantation, the Standard Therapy of the Dentist in the Dental Office

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Dental Implantation, the Standard Therapy of the Dentist in the Dental Office

If a CT/DVT diagnosis, a navigated implantation with a template and complex bone formation techniques are needed, dental practitioners often think that Implantology is only successful on a high-tech level in highly specialized dental offices. However, there are also other possibilities.

Patients do not primarily see the dentist for a dental implantation, but they rather look for the best treatment to solve their dental problems

Implantology is a very important field in our treatment concept. In many situations there is no better alternative. That is why Implantology should not just be affordable for high-income patients. Instead, Implantology should be offered as a standard therapy in every dental office. Patients do not just want to have implants but a solution for their problem. We have to think about therapy possibilities and costs. However: what is actually necessary? In the current discussion about the possibilities of high-tech Implantology, I also fear that there is a risk of even too much diagnosis and therapy.

What do I need for the start?

Are such high investments in equipment and master courses really needed for Implantology in non-specialized dental offices?
Of course, in special cases high-tech material is necessary or even essential. It seems to some dentists, though, that Implantology can only be integrated in the dental office with a lot of efforts.
I am very critical about this development: to give the patient a "state-of-the-art" treatment, you do not only need the dental equipment with a "green" contra-angle but also these three skills and character traits: profound knowledge, finger dexterity, and self-confidence.

Important skills: professional, profound knowledge, finger dexterity, and self-confidence

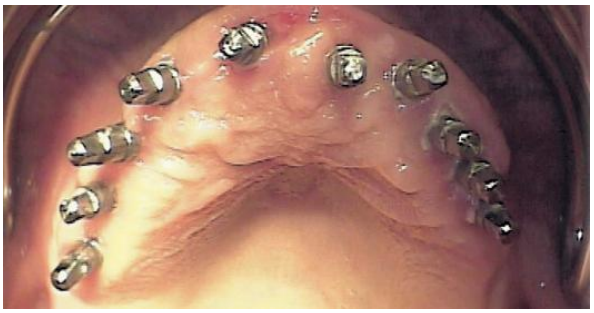
The right patients?

First, the location of the dental office does not play a major role. Second, the health insurance of the patient is not important either.
I insert 90% of all implants, that is 500 implants per year, for patients with a statutory health insurance. The consultation plays an important role. Patients must appreciate the dental additional value because they must pay it themselves.

That is why patients are treated as VIP guests by the whole team.
The consultation takes place with the current X-rays, casts, the clinical findings, different demo materials and documented cases.
All needs and concerns of the patient are taken seriously, and the following questions are answered: is the surgery painless? Are there any constraints? When can I work again? Which improvements do implants offer and how much do removable prostheses cost? The offer of interest-free payments can make the decision easier.

Which concept do I have?

According to my experience, especially one-piece implants are suitable for the minimally invasive method of implantation (MIMI) and for providing an immediate restoration (the superstructure that is immediately provided and connected).
Both concepts have been successful for over 20 years, and they are reliable as well as easy to learn.
In my opinion: the safest and best abutment is "no abutment". With one-piece implants, there is no risk that the bone will develop peri-implantitis, which can be caused by the micro gap of two-piece implants even when the intra-implant connections are optimized.
Whenever possible, one-piece implants are possibly inserted transgingivally by following the minimally invasive procedure. Then, the bone is laterally condensed with a bigger dimensioned spreader and implants, without pathologically deforming the bone. With the slightly conical implant design, the required compression and sufficient primary stability can be achieved. The implant is inserted with a torque ratchet that bends as soon as a particular torque (of approximately 30 Ncm) is reached.
Micro and relative movements of the implants and over-loadings of the peri-implant bone are to be avoided in each phase after surgery. Then, the same success rates can be reached as for the healing concept without loading. The insertion of the one-piece, compression implants is easier, quicker and therefore affordable. Additionally, patients scarcely suffer from swellings and pain after the "minimally-invasive surgery" although patients usually only receive Chlorhexidin und Ibuprofen 400.



Picture above: view of the atraumatic soft tissue directly after the implantation. The different directions of insertion were parallelized without a preparation of the implants, through cementable NEM-meso structures, on which fixed ceramic bridges were fitted.

A system for every dental office?

From my point of view, a transgingival, "flapless" implantation, followed by the immediate prosthodontic treatment, is indicated for about 90% of the cases. To guarantee a long-term success of implant-supported teeth replacements, an optimal oral hygiene is very important, no matter whether the patient is treated with one-piece or two-piece implants.

When and how are restorations fitted on compression implants?

It is much easier to provide a restoration for classical one-piece square-shaped implants than for more-piece implants. Usually, it takes two weeks at the most until we can provide a definite superstructure for the implants. In order to guarantee the long-term success of immediately loaded implants, a possibly connected and passively fitted superstructure should allow an optimal distribution of forces on preferably many implants (teeth or supports) that have achieved primary stability – in connection with periodontally sound teeth.
Eight to twelve teeth/implants per jaw should be available for a fixed dental restoration.
And the red-white aesthetics? Regarding these, one often hears that two-piece systems are absolutely necessary. However, I have documented several patient cases that contradict this view. Since: the one-piece implant can be prepared subgingivally like it can be done for a tooth crown. Aesthetic papillae can be formed with temporary, self-made synthetic pontics.

The implant-supported therapy is more and more known, and primarily the dental practitioners should offer this type of therapy in their dental offices.

In which case does a patient need an implant-supported treatment?

Usually, the classical starting case is the implant-supported treatment for the patient who has an endentulous lower jaw with at least four interforaminally inserted implants or a free-end case with two or three implants in connection with the patient's own teeth.
Then, more implants are inserted to be able to support a fixed superstructure on the whole jaw, and then the molar is replaced with two one-piece implants.

The insertion of one-piece implants or immediate implants (extraction and implantation in one session) should be done with Prep Caps, which are cemented on the implants, and when the other superstructures can be fitted as a matter of routine.

Summary

I have achieved reliable and predictable results for over twelve years with the preparation of the under-dimensioned implant bed and the conical-compressive shaped implant thread. Thanks to the minimally invasive surgery, the insertion of the implant causes only very little pain or no pain at all. With the shape of these one-piece implants, there are no complications through the loosening of internal screws, no fractures of abutments and implants and no infections and resorptions because of the micro gap.
Of course, in the meantime, all implant systems that are used are first-class and function properly if adequately used. Apart from the quality and the user-friendliness, the implant price is a very important aspect when opting for implants. In my view, what is certain is: the implant-supported therapy is known more and more and should to be offered by dental practitioners in their dental offices.

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